Analysis of Leucorrhoea manifestations an observational case study

Tabassum.K, Sayeeda Begum, Nishat Rais, Zulkifle

ABSTRACT
Leucorrhoea is an abnormal excessive vaginal discharge often associated with irritation. It is a symptom of underlying pelvic pathology. Sometimes this symptom is so severe that it overshadows actual disease and women seek the treatment for only this symptom. This paper focuses on whether the symptoms associated with leucorrhoea are due to underlying pelvic pathology or not. The aim of the study is to observe the association of symptoms of leucorrhoea with underlying pelvic pathology. This study was conducted at Dept. of OBG, NIUM, Bangalore during the year of 2014. The study consisted of 150 women of age group of 15-55 years with complaint of white discharge. The detailed history regarding compliant and its association with other symptoms was recorded and analyzed statistically. It was concluded that Leucorrhoea is common symptoms of pelvic pathology and the associated symptoms of leucorrhoea are not related to underlying pathology. It merely due to psychological only.

Keywords: Leucorrhoea, Associated Symptoms, Observation, Underlying Pelvic Pathology

1. Introduction
Leucorrhoea is an abnormal vaginal discharge often associated with irritation and is non-hemorrhagic in nature. The discharge may be white, yellow or greenish in colour. It is a symptom of underlying pelvic pathology. It accounts for more than an estimated 1/4th genae patients visits to gynaecologist [1]. It is one of the common problems that women’s have to face in their lifetime. Sometimes this symptom is so severe that, it overshadows actual disease and women seek the treatment of only this symptom [2-4].

Leucorrhoea is physiological when associated with various phases of menstrual cycle. It is considered that changes in the vaginal epithelium; changes in the normal bacterial flora and pH of the vaginal secretion predispose to leucorrhoea. But when in turns into pathological condition it produces associated problems like low backache, itching and burning sensation of vulva, poor appetite, discomfort, general weakness, pain in both legs etc. Chronic illness, fatigue, malnutrition, emotional disturbances, unhygienic condition, improper diet, constipation and chronic retroverted uterus are responsible for leucorrhoea. Some time it is associated with infection like Trichomonas vaginalis, Candida albicans or mixed bacterial infections, gonococcal, monilial infections, vulvovaginitis, lesions of the vaginal wall and uterine cervix have all been associated with leucorrhoea [5-7]. It is also difficult condition to treat satisfactorily in view of its multiple etiology.

Infection with Trichomonas is associated with a significant risk of morbidity in women, including pelvic inflammatory disease, adverse pregnancy outcomes like abortion, preterm labor, cervical dysplasia and infertility, increased risk of postoperative infection and HIV acquisition and transmission [8-10]. Some general and systemic disorders produce excessive vaginal discharge. Women with pale color vaginal discharge are unable to conceive [11, 12]. Peculiar vaginal discharge is stated which is generally associated with body aches and thirst [13]. Leucorrhoea is usually associated with Low backache, vulval itching, abdominal pain, pain in legs, general weakness and loss of appetite. It also affects psychology of the female unless treated properly. Health and efficiency of women are also affected. This psychological bearing makes it imperative for the physician to do his utmost for its relief. This paper illustrates the relationship between the associated symptoms of leucorrhoea and underlying pelvic pathology.

2. Objective
To observe the association of symptom of leucorrhoea with underlying pelvic pathology.
3. Methodology

The present Study was conducted at Dept. of Obstetrics and Gynecology, National Institute of Unani Medicine, Bangalore during the year of 2014. The study consisted of 150 women of the ages between 15-55 years with complaint of white discharge per vagina. The detailed history regarding the age, compliant and its associated symptoms was interrogated and recorded. The collected data was analyzed statistically.

3.1 Study design: Observational Study.

3.2 Duration of Study: 2 months

3.3 Sample size: 150

3.4 Method of collection of data: By History

3.5 Inclusion criteria: All women complaining of leucorrhoea irrespective of pathology

4. Results and Analysis

The present study was conducted to observe the relationship between Leucorrhoea and its associated symptoms. The study consisted of 150 cases of leucorrhoea. The data observed were as:

4.1 Age

The present study revealed that the disease is prevalent throughout life i.e. 15-55 years, but higher prevalence was observed in mid reproductive period i.e. 25-34 years. [Table 1] Regarding the age distribution analysis out of 150 cases of leucorrhoea 27 [18%] cases were between the age of 15-24 years, 71[47.33%] cases were between the age of 25-34 years, 42[28%] cases were between the age of 35-44 years and 10 [6.66%] were between the age of 45-54 years. [Table1]

Table 1: Age wise distribution of patients: n=150

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Age group</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15-24 years</td>
<td>27</td>
<td>18%</td>
</tr>
<tr>
<td>2</td>
<td>25-34 years</td>
<td>71</td>
<td>47.33%</td>
</tr>
<tr>
<td>3</td>
<td>35-44 years</td>
<td>42</td>
<td>28%</td>
</tr>
<tr>
<td>4</td>
<td>45-54 years</td>
<td>10</td>
<td>6.66%</td>
</tr>
</tbody>
</table>

Fig 1: Age wise distribution of patients:

Table 2: Associated symptoms of leucorrhoea: n=150

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Symptoms</th>
<th>No. of patients</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Low Backache</td>
<td>110</td>
<td>73.33%</td>
</tr>
<tr>
<td>2</td>
<td>Vulval Itching</td>
<td>54</td>
<td>36%</td>
</tr>
<tr>
<td>3</td>
<td>Pain in legs</td>
<td>19</td>
<td>12.66%</td>
</tr>
<tr>
<td>4</td>
<td>General weakness</td>
<td>57</td>
<td>38%</td>
</tr>
<tr>
<td>5</td>
<td>Loss of appetite</td>
<td>27</td>
<td>18%</td>
</tr>
<tr>
<td>6</td>
<td>Other symptoms Headache, Giddiness, Hair fall etc.</td>
<td>29</td>
<td>19.33%</td>
</tr>
</tbody>
</table>
4.2 Associated symptoms of Leucorrhoea

According to the symptoms associated with leucorrhoea out of 150 patients 73.33% patients complained of low backache, 36% had vulval itching, 12.66% had pain in both legs, 38% had general weakness, 18% had loss of appetite and 19.33% patients had other symptoms like headache, giddiness, hair fall etc.

The most common causes of leucorrhoea include vaginal, cervical and uterine pathology. These pathologies which are manifested as leucorrhoea have their specific clinical spectrum. In almost every disease local manifestations dominate the picture. For example vaginal diseases that are the cause of leucorrhoea often manifested as pain in legs, general weakness etc., similarly cervical diseases are manifested as low backache, uterine and other pelvic diseases are mainly manifested as low backache and lower abdominal pain. In present study analysis of leucorrhic manifestations revealed that leucorrhoea itself causes some manifestations which are difficult to explain on the basis of underlying pathology. The logical link and biological plausibility almost impossible to establish. The uniformity of the symptoms present with leucorrhoea as shown in table no. 2 raises the doubt whether these manifestations are real or psychological. Uniform distribution of leucorrhic symptoms itself is sufficient for strong association. Since leucorrhoea is of varying pathology and in present study the underlying causes were not considered. Biologically unpalatable and pathologically irrelevant symptoms present in leucorrhic patients like headache, general weakness, leg pain usually subside with improvement in white discharge irrespective of status of underlying diseases. Were these symptoms of underlying diseases, they would have been distributed non-uniformly and should have been present without leucorrhoea in patients of particular disease. No study has reported these symptoms with pelvic pathology of particular etiology. Except few clinical trials in no study this aspect has been addressed. The present study revealed that patients frequently visit the consultant for leucorrhoea and associated symptoms not due to underlying disease. Every patient is more concern about the discharge and so many complaints are attributed to this discharge. Psychological upset of certain degree is always associated with this. Because of so many attributes now leucorrhoea is going to obtain the status of syndrome and syndromic approach of treatment should be adapted to alleviate the psychological stress. In textual description of disease leucorrhoea is mentioned as symptoms associated with so many pelvic pathologies. The association of leucorrhic symptoms with any disease has not been mentioned in any text. The origin of the associated manifestations of leucorrhoea should be studied thoroughly and biological plausibility and logical link should be established. In unani system of medicine leucorrhoea is described as a definite disease with definite etiology and treatment. All the complaint associated with this are addressed and explained logically. Malnutrition has been described as the most important and leading cause of the leucorrhic manifestations. Hence exploratory studies supported by suitable experimental pathological and biological evidences should be conducted to explain the leucorrhic manifestations.

5. Summary

Leucorrhoea is the most common and certainly the most annoying problem confronting the gynecologist in practice. 1/4th genaec patients suffered with this problem. An observational study was carried out to observe whether the associated symptoms of leucorrhoea are due to some underlying pelvic pathology or not. It was revealed that the disease is more prevalent in mid reproductive life and maximum patients were with complaint of low backache (73.33%) followed by general weakness (38%), vulval itching (36%), loss of appetite (18%), pain in both legs (12.66%) and other complaints (19.33%). Presence of these complaints cannot be linked to underlying pelvic pathology. Hence it can be inferred that these manifestations are functional rather than organic.

6. References

2. Sutton M, Sternberg M, Koumans EH et al. The prevalence of Trichomonas Vaginalis infection among