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Title (type in CAPITAL LETTERS): DIFFERENCES IN THE PROPORTION OF PELVIC ORGAN PROLAPSE COMPARED TO OTHER INDICATIONS FOR HYSTERECTOMY FOUND IN DIFFERENT RACIAL GROUPS

AIMS OF THE STUDY: Our aim was to examine the differences in proportions of women with pelvic organ prolapse having a hysterectomy between ethnic groups presenting for hysterectomy in Hawaii

METHODS: A retrospective descriptive study was conducted which included a review by computer search of all hospital admissions for pelvic organ prolapse surgery and for hysterectomy from 1983 through 1998. This was accomplished by determining the number of hospital admissions with ICD-9 codes for genital prolapse (ICD-9 codes 618.0-618.9) and for hysterectomy (ICD-9 codes 68.4-68.9). The two categories were stratified by race and compared with "The County of Honolulu Resident Population Percent Distribution by Race" obtained from the U. S. Bureau of the Census produced by the Hawaii State Data Center, 1990 Census STF1A. The 5 major racial groups in the general population included the following: Caucasian (31.6%), Japanese (23.3%), Filipino (14.4%), Hawaiian/part (11.0%), Chinese (7.6%) and other (10.5%). The proportion of genital prolapse admissions to hysterectomy admissions was compared and found to be 22% overall. For Caucasians it was highest at 28.7% and lowest for part Hawaiians at 12.5%. From this data a power analysis was performed using hysterectomy for genital prolapse as the outcome variable resulting in the need to review 259 Hawaiian/part admissions for hysterectomy and 259 other race hysterectomy admissions for a 95% confidence and 80% power and an odds ratio of 0.50. A comparison of known risk factors including age and parity will be compared using Chi-square with Fisher's exact test and logistic regression will be performed where appropriate.

RESULTS: A total of 1458 (1230 in the 5 major racial groups) admissions for genital prolapse were discovered and 6648 (5495 in the 5 major racial groups) hysterectomies were performed in the same15 year time period. The racial distributions for genital prolapse and hysterectomy were as respectively as follows: Caucasian (25.5% and 19.5%), Japanese (31.0% and 28.4%), Filipino (15.6% and 14.3%), Hawaiian/part (7.1% and 12.5%), Chinese (5.1% and 7.9%) and other (15.6% and 17.3%). The gross proportion of genital prolapse to hysterectomy admissions was the following: Caucasian (28.7%), Japanese (23.9%), Filipino (24.0%), Hawaiian/part (12.5%), Chinese (14.0%) and other (19.8%). The chart reviews are in progress.

CONCLUSIONS: There may be a lower proportion of hysterectomy done for pelvic organ prolapse in certain ethnic or racial groups. The difference may ultimately reflect a difference in the supporting tissues that is either genetically determined or may be related to a difference in exposure to risk factors. If there is evidence of an ethnic pre-disposition then further studies of the connective tissue and extra-cellular matrix may be warranted along with evaluating differences in other risk factors such as childbirth practices. This may further efforts at identifying populations at risk and in helping us develop a better understanding of the epidemioloy, natural history and, eventually, therapy for this often times recurrent problem.

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