

As demonstrated in over 300 vaginal appendectomies, the risk of complication for this procedure is low [2,3], and, as evidenced by the confirmation of pathology in 3 of the 11 appendices in our series, the chance of removing pathology is good. Prior consent to perform an incidental appendectomy (if the appendix appears) should be obtained, and an intraoperative marker (surgical clip) or an operative note or letter should be given to the patient documenting removal of the appendix.

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Cervical cancer screening; first results and future directions in Ghana

To the Editor

June 20th, 1993

A recent WHO report cited carcinoma of the cervix to be on the increase on the African continent. Junaid [1], found that it was the most common cancer among Nigerian females. The prevalence of pre-invasive cervical carcinoma in Ghanaian women has never been studied. We are now able to report the results of a 4.5 years mass cytological screening program carried out from January 1988 to July 1992 at a Mission hospital in Battor, Ghana. This rural hospital has a large catchment area with about 22% of its patients living more than 100 km away. In this study the majority of patients screened (74.44%) were mostly from urban settlements within the large catchment area.

Cervical smears were taken from women aged 20 years or older who reported for screening or with gynecological symptoms including those suggestive of early cervical cancer. An unlubricated bivalve speculum and Ayre's spatula were used. The cells were prepared according to the Papani-

colaou method, and evaluated independently by both authors who are trained cytologists.

A total of 4053 smears were taken; 3509 (86.58%) were classified as Papanicolaou grade (Pap) I, 383 (9.45%) Pap II, 54 (1.33%) Pap III and 53 (1.31%) Pap IV (Table 1). Thus, a total of 53 (1.31%) were considered positive. Complete information was available for 47 of these positive women. Their mean age was 53.60 years (S.D. \pm 13.11 years). Thirty-one were aged 50 years or older. Twenty-three were of parity five or greater. Twenty were rural dwellers who are generally of lower socioeconomic status. Subjects presenting with positive smears were therefore more likely to be the older multiparous women.

With its many other priority health needs, mass screening for cervical cancer in Ghana is not yet feasible. Our findings suggest that screening targeted at elderly grand-multiparous women especially in rural areas could detect the majority of pre-invasive carcinomas. For such screening to be effective, we recommend the following: The two teaching hospitals in the country should have a well trained cytotechnologist and histopathologist, colposcopy facilities and a colposcopist, since col-

Keywords: Pre-invasive cervical carcinoma; Pap smear; Colposcopy; Cervical biopsy.

Table 1. The incidence of positive Pap smears by age, parity and place of residence.

	Total no. women	No. of positive subjects	Incidence per 1000
<i>Age group</i>			
≤24	479	0	0
25-39	2783	8	2.97
40-49	539	8	14.84
≥50	172	31	180.23
Not known	80	6	—
Total	4053	53	13.08
<i>Parity group</i>			
0	949	1	1.05
1	1079	2	1.85
2-4	1366	11	8.05
≥5	568	33	58.10
Not known	91	6	—
Total	4053	53	—
<i>Residence</i>			
Rural	932	20	21.46
Urban	3017	27	8.95
Not known	104	6	—
Total	4053	53	—

poscopic directed biopsy is a more accurate method for determining cervical pathology; treatment facilities such as conization, loop electrosurgical excision, cryosurgery and electrocautery.

Elevated CA 125 in Meigs syndrome

To the Editor

June 6th, 1993

Meigs syndrome was first described in 1937 and consists of a benign ovarian tumor, usually a fibroma associated with pleural effusion and ascites. We report another case of Meigs syndrome with a significant amount of CA 125 production [1,2].

It was found that <1% of the normal population have CA 125 levels greater than 35 IU/ml.

The patient was a 63-year-old nulligravid

Keywords: Meigs Syndrome; CA 125.

Finally, in order to reach those at greatest risk, mass public education will be necessary to raise awareness about the disease and to explain the advantages of successful early intervention.

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woman complaining of increased abdominal girth over 5 months. Abdominal and pelvic examinations revealed a 15 × 10 × 10 cm, mobile, hard mass on left side with obvious ascites. Chest radiography revealed pleural effusion on both sides. Ultrasonography of the abdomen and pelvis demonstrated a 18 × 9 × 15 cm, solid mass in the left lower quadrant with ascites. Blood tests were normal except for a serum CA 125 level of 743.6 IU/ml obtained 3 days before the laparotomy.

The patient underwent an exploratory laparotomy under general anesthesia. On opening the abdomen, we noted clear, straw colored ascites, a