

PELVIOMETRIC PARAMETERS OF FEMALE PELVIS DEPENDING ON AGE

Khidirov, E.A.¹, Ganbayeva, Sh.F.¹, Isayev, N.N.²

Department of Human Anatomy and Medical Terminology, Azerbaijan Medical University, 23 Bakikhanov str., Baku 1008, Azerbaijan¹

Poltava State Medical University Psychiatry, Narcology and Department of Medical Psychology, Poltava, Ukraine²



Keywords:

Female pelvis, pelviometric signs, age morphodynamics, analysis of variance

ABSTRACT

Pelviometric studies of 36 female pelvises of a narrow configuration (18 pelvises with a uniformly constricted shape and 18 - with a transversely narrowed) were conducted. The change in the dimensional characteristics of these pelvises was studied depending on age (age range 16-60 years). It was found that both groups of constricted pelvic forms were not characterized by high variability in the age aspect and their sizes were relatively stable throughout life. At the same time, it was found that the parameters of the transversely shaped forms of the pelvises were more susceptible to changes than the dimensions of the uniformly constricted configurations.



This work is licensed under a Creative Commons Attribution Non-Commercial 4.0 International License.

1. Introduction

Currently, the problem of analyzing the size characteristics of narrow female pelvis remains in the focus of attention of researchers of various medical profiles. There is evidence [1] that a functionally narrow pelvis is found in every tenth parturient woman. Specialists in various fields of medicine indicate a significant increase in the risk of disability and morbidity in a child with an anatomically narrowed pelvis [2- 4], childbirth aggravated in such cases of perinatal pathology and early neonatal mortality is noted [5], [6]. However, despite the relevance, the age dynamics of the osteometric parameters of the female pelvis remains a poorly developed topic. Based on the analysis of literature data and having a sufficiently large osteological material, we set a goal to study the age-related morphodynamics of pelviometric signs of women in the range from 16 to 60 years.

2. Materials and Methods

The research material was the osteological collection from the museum of the department of Human Anatomy of the Azerbaijan Medical University (more than 100 preparations of mounted female pelvis preparations). The passport age of these objects, according to the museum register, ranged from 16 to 60 years and corresponded to the adolescent age period (16-21), as well as the I (22-35) and II (36-60) maturity periods. From this material were selected (using osteometric procedures) preparations that morphologically corresponded to narrow forms of the pelvis. Tazy with a transverse diameter of less than 11.8 cm. and the

transverse diameter of the exit of the pelvis less than 10.5 cm. were attributed to cross-contracted forms of the pelvis, according to the recommendations used in gynecology [7]. There were 18 such objects in the collection. In addition, the objects that had osteometric characteristics (true conjugate, diagonal conjugate, transverse diameter, ridge spacing, transverse size of the wide part, etc.) differing from the average downwards by 1.5 cm. and more were attributed to general uniformly constricted pelvic forms. The selection was carried out on the basis of a comparison of their sizes with the standards of average parameters, which are given by many authors as average values of pelviometric characteristics in women of the European race [8- 10]. As a result, the pelvis with a general uniform form also turned out to be 18. Preparations classified as narrow pelvic forms were distributed by age categories evenly and thus, in both groups, 6 objects corresponded to the adolescent age period, 6 - I period of maturity, and 6 - II period maturity. On each anatomical preparation of the bone pelvis, 15 pelviometric features were measured according to the generally accepted standard procedure [11]. A list of these signs is given in the tables below. The actual data collected using osteometric procedures were processed by simple methods of variation statistics [12]. The necessary statistical calculations were carried out using the appropriate Microsoft Excel software package.

3. RESULTS AND DISCUSSION

As a result of osteometric studies, corresponding pelviometric characteristics were obtained, which were recorded in special pelviometric blanks. These parameters were grouped and entered into the spreadsheet environment of Microsoft Excel. Then, for the entire studied osteological sampling, the corresponding variational-statistical parameters were calculated. Using the results obtained, it was necessary to clarify the behavior of pelviometric signs in the age dynamics taking into account the configuration features of the pelvis. That is, it was necessary to determine how the osteometric parameters of the female pelvis correlate with each other in three age categories with its transversely contracted and generally uniformly constricted configuration. As we already noted in the studied collection of pelvic preparations, the configuration of which was classified as transverse-contracted forms, there were a total of 18 objects. These pelvic preparations were characterized by small transverse dimensions. When objects were distributed from this population, 6 pelvic preparations were in each of the age groups under consideration. For transversely shaped pelvic forms, there was a large variation in metric indices. The most varying features were such signs as anatomical and true conjugates, the straight and transverse size of the wide part of the pelvis, as well as oblique diameter, the transverse size of the narrow part of the pelvis, the intercrest distance and the height of the pelvis. At the same time, the last four signs in different age periods differ by more than 1 cm, and the difference in the size of the pelvis height between the age groups of the first and second mature periods is more than 4 cm. Also, a sharp increase in parameters in the second mature period was characteristic of the transverse size of the narrow part pelvis and intercrest distance. However, all other metric indicators with this form of the pelvis change little with age. The transverse size of the inferior aperture of lesser pelvis, diagonal conjugate, the straight size of narrow part of pelvis and transverse diameter had the most stable dimensional characteristics.

4. REFERENCES

- [1] Rinella ME. Nonalcoholic fatty liver disease: a systematic review. *JAMA*. 2015;313:2263–73.
- [2] Brunt EM, Wong VW, Nobili V, Day CP, Sookoian S, Maher JJ, Bugianesi E, Sirlin CB, Neuschwander-Tetri BA, Rinella ME. Nonalcoholic fatty liver disease. *Nat Rev Dis Primers*. 2015;1:15080.
- [3] Wong RJ, Aguilar M, Cheung R, Perumpail RB, Harrison SA, Younossi ZM, Ahmed A. Nonalcoholic steatohepatitis is the second leading etiology of liver disease among adults awaiting liver transplantation in

the United States. *Gastroenterology*. 2015;148:547–55.

[4] Goh GB, McCullough AJ. Natural history of nonalcoholic fatty liver disease. *Dig Dis Sci*. 2016;61:1226–33.

[5] Younossi ZM, Blissett D, Blissett R, Henry L, Stepanova M, Younossi Y, Racila A, Hunt S, Beckerman R. The economic and clinical burden of nonalcoholic fatty liver disease in the United States and Europe. *Hepatology*. 2016;64:1577–86.

[6] Angulo P, Kleiner DE, Dam-Larsen S, Adams LA, Bjornsson ES, Charatcharoenwittaya P, Mills PR, Keach JC, Lafferty HD, Stahler A, Haflidottir S, Bendtsen F. Liver fibrosis, but no other histologic features, is associated with long-term outcomes of patients with nonalcoholic fatty liver disease. *Gastroenterology*. 2015;149:389–97.

[7] Singh S, Allen AM, Wang Z, Prokop LJ, Murad MH, Loomba R. Fibrosis progression in nonalcoholic fatty liver vs nonalcoholic steatohepatitis: A systematic review and meta-analysis of paired-biopsy studies. *Clin Gastroenterol Hepatol*. 2015;13:643–54.

[8] Kwok R, Choi KC, Wong GL, Zhang Y, Chan HL, Luk AO, Shu SS, Chan AW, Yeung MW, Chan JC, Kong AP, Wong VW. Screening diabetic patients for non-alcoholic fatty liver disease with controlled attenuation parameter and liver stiffness measurements: a prospective cohort study. *Gut*. 2016;65:1359–68.

[9] Koehler EM, Plompen EP, Schouten JN, Hansen BE, Darwish Murad S, Taimr P, Leebeek FW, Hofman A, Stricker BH, Castera L, Janssen HL. Presence of diabetes mellitus and steatosis is associated with liver stiffness in a general population: The Rotterdam study. *Hepatology*. 2016;63:138–47.

[10] Unalp-Arida A, Ruhl CE. Noninvasive fatty liver markers predict liver disease mortality in the U.S. population. *Hepatology*. 2016;63:1170–83.

[11] Reeves HL, Zaki MY, Day CP. Hepatocellular carcinoma in obesity, type 2 diabetes, and NAFLD. *Dig Dis Sci*. 2016;61:1234–45.

[12] Mittal S, El-Serag HB, Sada YH, Kanwal F, Duan Z, Temple S, May SB, Kramer JR, Richardson PA, Davila JA. Hepatocellular carcinoma in the absence of cirrhosis in United States veterans is associated with nonalcoholic fatty liver disease. *Clin Gastroenterol Hepatol*. 2016;14:124–31.

[13] European Association for the Study of the Liver (EASL), European Association for the Study of Diabetes (EASD), European Association for the Study of Obesity (EASO). EASL-EASD-EASO Clinical Practice Guidelines for the management of non-alcoholic fatty liver disease. *J Hepatol*. 2016;64:1388–402.

[14] Zhou Y, Orešič M, Leivonen M, Gopalacharyulu P, Hyysalo J, Arola J, Verrijken A, Francque S, Van Gaal L, Hyötyläinen T, Yki-Järvinen H. Noninvasive detection of nonalcoholic steatohepatitis using clinical markers and circulating levels of lipids and metabolites. *Clin Gastroenterol Hepatol*. 2016;14:1463–72.

[15] Loomba R, Quehenberger O, Armando A, Dennis EA. Polyunsaturated fatty acid metabolites as novel lipidomic biomarkers for noninvasive diagnosis of nonalcoholic steatohepatitis. *J Lipid Res*. 2015;56:185–92.

- [16] Kaswala DH, Lai M, Afdhal NH. Fibrosis assessment in nonalcoholic fatty liver disease (NAFLD) in 2016. *Dig Dis Sci*. 2016;61:1356–64.
- [17] Boursier J, Vergniol J, Guillet A, Hiriart JB, Lannes A, Le Bail B, Michalak S, Chermak F, Bertrais S, Foucher J, Oberti F, Charbonnier M, Fouchard-Hubert I, Rousselet MC, Calès P, de Lédizinghen V. Diagnostic accuracy and prognostic significance of blood fibrosis tests and liver stiffness measurement by FibroScan in non-alcoholic fatty liver disease. *J Hepatol*. 2016;65:570–8.
- [18] Cassinotto C, Boursier J, de Ledinghen V, Lebigot J, Lapuyade B, Cales P, Hiriart JB, Michalak S, Bail BL, Cartier V, Mouries A, Oberti F, FouchardHubert I, Vergniol J, Aube C. Liver stiffness in nonalcoholic fatty liver disease: A comparison of supersonic shear imaging, FibroScan, and ARFI with liver biopsy. *Hepatology*. 2016;63:1817–27.
- [19] Yoneda M, Thomas E, Sclair SN, Grant TT, Schiff ER. Supersonic shear imaging and transient elastography with the XL probe accurately detect fibrosis in overweight or obese patients with chronic liver disease. *Clin Gastroenterol Hepatol*. 2015;13:1502–9.
- [20] Decaris ML, Li KW, Emson CL, Gatmaitan M, Liu S, Wang Y, Nyangau E, Colangelo M, Angel TE, Beysen C, Cui J, Hernandez C, Lazaro L, Brenner DA, Turner SM, Hellerstein MK, Loomba R. Identifying nonalcoholic fatty liver disease patients with active fibrosis by measuring extracellular matrix remodeling rates in tissue and blood. *Hepatology*. 2017;65:78–88.
- [21] Neuschwander-Tetri BA. Hepatic lipotoxicity and the pathogenesis of nonalcoholic steatohepatitis: the central role of nontriglyceride fatty acid metabolites. *Hepatology*. 2010;52:774–88.
- [22] Cusi K. Role of obesity and lipotoxicity in the development of nonalcoholic steatohepatitis: pathophysiology and clinical implications. *Gastroenterology*. 2012;142:711–25.