LETTER TO THE EDITOR
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Clinical characteristics of gynecological patients treated in MINUSCA level II Military Hospital, Bangui, Central African Republic

Kliničke karaktertistike ginekoloških pacijentkinja lečenih u MINUSCA vojnoj bolnici nivoa 2, Bangui, Centralnoafrička Republika

To the Editor:

Up until one century ago, armies were predominantly comprised of men. However, women are becoming more prevalent in modern armies in all countries worldwide, with about 30%, which is why appropriate gynecological care is necessary [1]. Papers on this topic in professional journals are quite scarce, therefore, any experience of that matter is valuable in order to improve the health care of the female military staff.

The current division consists of five medical care levels applied by the United Nations Peacekeeping: basic level, level 1, level 2, level 3, and level 4 [2]. Nevertheless, this five-level organization of health care sometimes overlaps in the field, depending on the contingent and resource capabilities. Hence, there is no firm division [3, 4]. In practice, however, the need for gynecology and orthopedics services was recognized at level 2. On that account, we accept solutions that are beneficial and economically sustainable [3, 5]. Bearing in mind that national organizations of different medical care contingents are formed from different countries using their own terminology, there is a need to standardize the terminology for better understanding. For that reason, the English language and the 10th revision of the International Classification of Diseases and Related Health Problems (ICD-10) are used.

Medical resources are planned according to the mandate of the peacekeeping operation, the medical infrastructure, geographical factors, and the estimated medical threats [6, 7]. Procurement of equipment, necessary instruments, apparatus, medicine, and a gynecologist trained to provide the necessary medical procedures has proven to be the most important factor in practice.

The aim of this paper was to present our experiences in providing gynecological care to female military staff engaged in a peacekeeping mission in the Central African Republic (CAR) during the period from May 29, 2019, to March 1, 2020. The survey included patients treated in the Gynecological Clinic of MINUSCA Level II Hospital, Bangui, CAR. We performed 369 examinations/treatments: 68% related to patients with gynecological problems and 32% to pregnant women. The mean age of the patients was 27.2 years. Observing the regional-geographical affiliation of patients, the most represented were patients from Africa (45.8%), followed by Europe (26.6%), Asia (10.8%), North America (8.4%), South America (7.3%), and the least represented were from Australia (1.1%). The leading diagnosis in

Table 1
Review of diagnoses, diseases, and conditions in patients with gynecological problems according to the ICD-10

Disease code	Morbidity list (ICD-10)	n	%
N91.2	Amenorrhea, unspecified	107	42.5
D 25	Leiomyoma of uterus	72	28.6
N 76	Acute vaginitis	47	18.7
Z30	Contraceptive management	8	3.2
N83.2	Other and unspecified ovarian cysts	7	2.8
N94.6	Dysmenorrhea, unspecified	7	2.8
N85.7	Haematometra	1	0.4
R10.30	Lower abdominal pain unspecified	1	0.4
O 031	Spontaneous abortion	1	0.4
O009	Ectopic pregnancy, unspecified	1	0.4
Total		252	100

ICD – International Classification of Diseases, 10th revision.

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Table 2

Review of diagnoses, diseases, and conditions in pregnant women according to the ICD-10

Disease code	Morbidity list (ICD-10)	n	%
Z35	Supervision of high-risk pregnancy	13	11.1
Z34	Supervision of normal pregnancy	17	14.5
D50	Iron deficiency anemia	30	25.6
D 25	Leiomyoma of uterus	19	16.2
N 76	Acute vaginitis	6	5.1
O02.1	Missed abortion	5	4.3
B 50	Malaria	5	4.3
O21.9	Vomiting of pregnancy, unspecified	4	3.4
R19.7	Diarrhea, unspecified	4	3.4
L30.3	Infective dermatitis	4	3.4
N39.0	Urinary tract infection, site not specified	3	2.6
R50.9	Fever, unspecified	2	1.7
O60.10	Preterm labor with preterm delivery	1	0.9
E 03.9	Hypothyroidism, unspecified	1	0.9
J 00	Acute nasopharyngitis	1	0.9
J02	Acute pharyngitis	1	0.9
Q05	Spina bifida	1	0.9
Total	Total	117	100.0

ICD – International Classification of Diseases, 10th revision.

gynecological patients was Amenorrhea, unspecified (42.5%), followed by Leiomyoma of the uterus (28.6%), and Acute vaginitis (18%) (Table 1). The leading diagnosis in pregnant women was Iron deficiency anemia (25.6%), then Leiomyoma of the uterus (16.2%), and Acute vaginitis (5.1%). With a prevalence of 4.3% were Malaria and Missed abortion (Table 2). Two cases of emergency hospitalization should be emphasized: one due to abortion and the other due to ectopic pregnancy (Table 1). Emergency surgical interventions were performed on both patients; equipment and training were crucial. Therefore, Anemia predominates in pregnant women and Amenorrhea in patients with gynecological problems. Leiomyoma of the uterus is in second place in both groups. Acute vaginitis is highly prevalent and is in third place in both groups. On that account, the preventive use of antibiotics is justified in certain situations.

The results presented might be useful in future planning and preparation of medical resources needed to support peacekeeping operations. The importance of providing necessary equipment, instruments, medicine, and a trained gynecologist should be emphasized.

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