Original Research Article

Spectrum of gynecological disorders in elderly women

B Aruna Kumari[1*], Aruna Ramaiah[2], A. Suman Chandra[3]

[1]Assistant Professor, [2]Professor and HOD,
Department of Gynecology and Obstetrics, Modern Government Maternity Hospital, Osmania Medical College, Hyderabad, Telangana, India
[3]Professor and HOD, Department of Radiology, Osmania General Hospital, Hyderabad, Telangana, India
[*]Corresponding author email: **arunasuman18@yahoo.com**

International Archives of Integrated Medicine, Vol. 3, Issue 11, November, 2016.

Available online at http://iaimjournal.com/
ISSN: 2394-0026 (P) **ISSN: 2394-0034 (O)**
Received on: 04-11-2016 **Accepted on:** 09-11-2016
Source of support: Nil **Conflict of interest:** None declared.
How to cite this article: B Aruna Kumari, Aruna Ramaiah, A.Suman Chandra. Spectrum of gynecological disorders in elderly women. IAIM, 2016; 3(11): 112-117.

Abstract

Introduction: Postmenopausal phase is important that primary care clinicians be aware of common gynecologic concerns and the potential impact of these on the function and quality of life of older women.

Aim: This study was done to know dimensions of various gynecological disorders in women above 60 years and to emphasize on increasing the different screening programmes for early detection and management of cancers and also to show the necessity of establishing geriatric units for women to give better quality of life to elderly women.

Materials and methods: A Prospective study done for 1 year. Out of 7156 patients, 273 women who were above 60 years were included in study. Both in patient, out patients and patients who referred to cancer hospitals and other hospitals were studied.

Results: Among 7156 women attending our OPD in one year, 273 (3.81%) were above 60 years, including surgical (7%) and natural (93%) menopause. Pelvic organ prolapsed (43.2%) was the most common gynecological disorder in the study. Total out of 82 patients of post menopausal bleeding 48 (59%) (17.5% out of 273) were benign and Malignancy among the study group was 34 (41%) (12.4%, Out of 273). The commonest cancer was cancer cervix in about 22% among postmenopausal bleeding. Ovarian cancer is 13%. Pelvic organ prolapse was most common gynecological disorder in elderly women after 60 years was pelvic organ prolapse seen in 43%. Out of 63 Urogenital infections 24 (38.09%) were with Urinary tract infections.

Conclusions: The responsibility of the gynecologist as the primary physician for geriatric patients increases, to detect the cancer earlier and manage it to decrease morbidity and mortality. There should

be increased screening programmes for cancer making this available for all the women at all stages and at all levels.

Key words

Gynecological disorder, Elderly, Women.

Introduction

With the typical age at menopause being between the ages of 50 to 55 years, women in the geriatric age group are well into their postmenopausal phase of life. As life expectancy increases, postmenopausal years may exceed the duration of the reproductive years for many. It is important that primary care clinicians be aware of common gynecologic concerns and the potential impact of these on the function and quality of life of older women.

The older population is the one growing fastest in India. The number of people aged "60 years has grown from 5.4% in 1951 to 7.5% in 2001 and is projected to become 12.5% in 2025 [1, 2]. In the age-group of 19 to 59 years, the maleto-female ratio is 1.065:1. However, in the age-group of "60 years, females outnumber males, with the ratio being 0.972:1. There were more than 38 million older women in India as per the 2001 census [1, 2].

The most common gynecologic problems encountered in elderly women are vulvovaginal inflammation, genital prolapse, postmenopausal bleeding, and alterations in bladder function. The spectrum of gynaecological disorders in India differ from that in developed countries, as there are no screening programmes for early detection and hardly any dedicated geriatric units. This study done to know dimensions of various gynecological disorders in women above 60 years and to emphasize on increasing the different screening programmes for early detection and management of cancers and also to show the necessity of establishing geriatric units for women to give better quality of life to elderly women.

Materials and methods

A Prospective study was done from June 2013 to June 2014 at Modern Government Maternity Hospital, Petlaburz, Hyderabad, Andhra Pradesh. Study was approved by ethics committee. Out of 7156 patients, 273 women who were above 60 years were included in study.

Both in patient, out patients and patients who referred to cancer hospitals and other hospitals were studied. Patient demographics and the medical history were recorded. A thorough medical history is taken including age at menopause, type of menopause, thorough clinical and gynecological examination done. Routine investigations including all blood tests, ultrasound is done. Doppler study, CT scan, MRI - done in indicated cases. Fractional curretage, hysteroscopy, hysteroscopic guided biopsy, laparoscopy and examination under anesthesia is done. Pap smear is done in all the women. No patient was on HRT, none was aware.

Postmenopausal bleeding (PMB) was defined as vaginal bleeding 12 months after spontaneous amenorrhoea. Atrophic vaginitis was inflammatory vaginitis accompanied by purulent discharge with atrophy of external genitalia and loss of vaginal rugae. Urinary incontinence was defined as any involuntary leakage of urine; stress urinary incontinence was associated with increased intra abdominal pressure. Urinary tract infection (UTI) was the presence of viable microorganisms within the urinary tract in cultured urine. Pelvic organ prolapse (POP) was graded as per the Baden Walker system on a scale of 0 to 4; grade 0 was defined as no prolapse, grade 1 as prolapse halfway to the hymen, grade 2 as prolapse to the introitus, grade 3 as prolapse halfway beyond the hymen, and

grade 4 and complete prolapse.4 The degree of cystocele, urethrocele, rectocele, and enterocele was also assessed.

Results

Among 7156 women attending our OP in one year 273 (3.81%) were above 60 years, including surgical (7%) and natural (93%) menopause (**Table – 1**). Pelvic organ prolapsed (43.2%) is the most common gynecological disorder in the study (**Table – 2**).

Table - 1: Patient demographics.

Age (Years)	**Number**	**%**
60-65	153	56.04
66-70	75	27.47
71-85	36	13.18
Above 85	9	3.29
Socio economic status		
Low	163	59.70
Middle	85	31.13
High	25	9.15
Educational status		
Illiterate	206	75.45
Literate	67	24.54
Parity		
Nulligravdia	4	1.46
Para 1 - 2	93	34.06
Para 3 - 4	124	45.42
> 4	52	19.04
Age at menopause		
35 – 40 years	29	10.62
41 – 45 years	96	35.16
46 – 50 years	142	52.01
> 50 years	6	2.19

Low economic status: < 1000 / month
Middle economic status: 1000 – 2000
High economic status: > 2000 and above.
The mean age of menopause was 47 ½ years

Total out of 82 patients of post menopausal bleeding 48(59%) (17.5% out of 273) were benign and Malignancy among the study group was 34 (41%) (12.4% Out of 273).

Table - 2: The commonest Gynecological disorders.

Gynecological disorders	**Number**	**%**
Post menopausal bleeding	82	30
Pelvic organ prolapse	118	43.2
Urogenital infections	63	23
Others	10	3
Total Number	273	

Total Number of Pelvic organ prolapse patients out of 273 = 118 (43.22%) POP graded as per Baden Walker System, All the patients were in grade 3 and 4. Stress incontinence present in 16% and Decubetus ulcer in 9% (**Table – 3**).

Table - 3: Post menopausal bleeding.

Benign	**No.**	**%**
Atrophic endometerium	8	9.75
Proliferative endometerium	2	2.43
Simple endometrial hyperplasia without atypia	8	9.75
Uterine fibroids	9	10.97
Benign ovarian tumors	12	14.63
Vulval intra epithelial disorders	3	3.65
Foreign body	5	6.09
TB Cervix	1	1.21
Total benign	48	59
Malignant		
Cancer Cervix	18	21.95
Cancer Ovary	11	13.14
Cancer endometrium	4	4.87
Cancer vagina	1	1.21
Total Malignant	34	41

Out of 63 Urogenital infections, 24 (38.09%) were with Urinary tract infections (**Table – 4**).

Discussion

The low literacy rate, lack of awareness of screening programmes and lack of health education, the non availability of medical facility, most of these women came to hospitals only when symptomatic. Most of the patients didn't have pap smear or any other screening test

done. One of the possible reasons is that gynecological care is so distinct from general medical care that non-gynecologists are less well-trained to provide sufficient gynecological care [3]. Another reason is that women might have a preference for gynecologists to provide gynecological care [4].

Table - 4: Urogenital infections and other disorders in study.

Disorder	**No.**	**%**
Urinary tract infections	24	38.09
Stress incontinence	17	26.98
Vaginitis	14	22.22
Pelvic inflammatory disease	08	12.69
Total	63	23.07
Other disorders		
Vault prolapse	4	40
Uretheral curuncle	1	10
Inversion of uterus	2	20
Urethral genital rectal prolapse	1	10
High grade squamous intraepithelial neoplasia	2	20
Total	10	3.66

While elderly people tend to utilize more medical services than other age groups in previous studies [5], elderly women utilized gynecological care less frequently than other age groups in our current study. An American study [6] revealed similar results. One possible explanation is that overall gynecological conditions may become less frequent to elderly women once they are menopausal naturally or after major gynecological surgery, such as hysterectomy [6]. Furthermore, most elderly women are out of the targeted range of age for promotional campaign of cancer screening sponsored by government in Taiwan [7]. For example, breast cancer screening is provided to women aged 45–69 years.

Post menopausal bleeding occurred in 30% is most alarming and caused apprehension. Thorough evaluation is done always focusing to exclude malignancy. Most of the women came in late stages of cancer which increased the mortality and morbidity. The commonest cancer is cancer cervix in about 22% among postmenopausal bleeding. Ovarian cancer is 13% in my study. The third commonest cancer is endometrium cancer i.e., about 4.87%. 13% of the patients came in advanced stage. Atrophic endometrium was the commonest histopathological finding in 50% of patients with PMB in a Swedish study [8], as compared to 20% in ours, whereas adenocarcinoma of the endometrium as a cause was comparable. The low incidence of malignancy as a cause of PMB in Sweden reflects the effectiveness of screening programme against cervical cancer. Prior to the screening programme, 30% of Swedish women with PMB had an underlying malignancy, of which one third were cervical cancers. The scenario depicted in our study resembles that of the Sweden study prior to cervical cancer screening. In our study, 4.8% of older women with PMB had endometrial carcinoma. The risk of endometrial cancer in women with PMB increases with age from 1% at age 50 years to 25% at age 80 years [8]. Hence, PMB in older In western older women, endometrial carcinoma was the commonest malignancy of the genital tract, followed by ovarian malignancy [9]. This was in contrast to our population, where carcinoma of the cervix and ovary were the common malignancies; endometrial carcinoma ranked third. According to the Indian cancer registry, there is an increasing trend for ovarian and corpus uteri malignancies in the past 2 decades [10]. Most gynaecological malignancies were observed at advanced stages; late detection of carcinoma of the cervix was due to the lack of a screening programme. Uneducated women with poor socioeconomic status coupled with cursory clinical evaluations they undergo at primary health care facilities lead to delays in presentation and diagnosis. Women should be considered a sign of underlying genital cancer and warrants thorough evaluation.

Pelvic organ prolapse is most common gynecological disorder in elderly women after 60 years is pelvic organ prolapse seen in 43%. Symptomatic women forced to seek medical

advise coming first time to the OP in late stages where the surgery was necessary. Oslen AL, et al. showed in their study that the age-specific incidence of genital prolapse increased with advancing age and most patients were older, postmenopausal, parous, and overweight [11]. This was similarly found in our study. Moreover, in our study we have only taken gynecological indoor patient into consideration and that is why there was not a single case of senile vaginitis or endometritis. The pelvic floor plays a very important role in pelvic organ support. Obstetrician may be able to reduce pelvic floor injuries by minimizing unnecessary forceps deliveries by allowing passive descent in the second stage, and by selectively recommending elective caesarean delivery. Postmenopausal estrogen replacement therapy may reduce the incidence of prolapse [12].

In urogenital disorders UTI and other infections like candida vaginitis, trichomonas and mixed infections are common because of lack of estrogen and change in vaginal pH and other medical disorders. Incomplete and ineffective voiding of urine causes urinary stasis causing UTI. Vaginitis and UTI were common urogenital infections, for which candida vaginitis was the commonest cause. In older women, vaginal pH changes owing to lack of oestrogen and predisposes to candida vaginitis. Ineffective voiding and incomplete bladder emptying leads to urinary stasis and colonisation by pathologic bacteria resulting in UTI [13]. UTI was the sole source of infection in 10% of febrile older women [14].

Conclusion

Changing demographics rise the problem of providing gynecological care for these elderly women. The responsibility of the gynecologist as the primary physician for geriatric patients increases, to detect the cancer earlier and manage it to decrease morbidity and mortality. There should be increased screening programmes for cancer making this available for all the women at all stages and at all levels. There should be establishment of geriatric units to improvise on the health of women over 60 years to give them quality of life. Old age should be a boon and not a curse to our mothers and elderly women.

References

1. Census of India 2001. Available from: http://www.censusindia. gov.in/Census_Data_2001/India_at_glance/broad.aspx. Accessed 2 October 2009.
2. Kohli HS, Bhaskaran MC, Muthukumar T, Thennarasu K, Sud K, Jha V, et al. Treatment-related acute renal failure in the elderly: a hospital-based prospective study. Nephrol Dial Transplant., 2000; 15: 212-7.
3. Bartman B.A., Weiss K.B. Women's primary care in the United States: A study of practice variation among physician specialties. J. Womens Health, 1993; 2: 261–268.
4. Schmittdiel J., Selby J.V., Grumbach K., Quesenberry C.P., Jr. Women's provider preferences for basic gynecology care in a large health maintenance organization. J. Womens Health Gend. Based Med., 1999; 8: 825–833.
5. Chen T.J., Chou L.F., Hwang S.J. Patterns of ambulatory care utilization in Taiwan. BMC Health Serv. Res., 2006; 6.
6. Nicholson W.K., Ellison S.A., Grason H., Powe N.R. Patterns of ambulatory care use for gynecologic conditions: A national study. Amer. J. Obstet. Gynecol., 2001; 184: 523–530.
7. Health Promotion Administration, Ministry of Health and Welfare, Taiwan. Accessed on 11 April 2014; Available online: http://www.hpa.gov.tw/English/ClassShow.aspx?No=201312110001.
8. Gredmark T, Kvint S, Havel G, Mattsson L. Histopathological findings in women with postmenopausal bleeding. BJOG, 1995; 102: 133-6.
9. Jemal A, Siegel R, Ward E, Murray T, Xu J, Smigal C, et al. Cancer statistics,

2006. CA Cancer J Clin., 2006; 56: 106-30.

10. Yeole BB. Trends in cancer incidence in female breast, cervix uteri, corpus uteri, and ovary in India. Asian Pac J Cancer Prev., 2008; 9: 119-22.
11. Oslen AL, Smith VJ, Bergstrom JO, Colling JC, Clark AL. Epidemiology of surgically managed pelvic organ prolapse and urinary incontinence. Obstet Gynecol., 1997; 89: 501-6.
12. Handa VL, Harris TA, Oestergard DR. Protecting the pelvic floor: Obstetric managementto prevent incontinence and pelvic organ prolapse. Obstet Gynecol., 1996; 3: 470-80.
13. Magon N, Kalra B, Malik S, Chauhan M. Stress urinary incontinence: What, when, why, and then what? J Midlife Health, 2011; 2(2): 57-64.
14. Nicolle LE. Urinary tract infection in long-term-care facility residents. Clin Infect Dis., 2000; 31: 757-61.