

GYNAECOLOGICAL DISORDERS IN ELDERLY FEMALES: A HOSPITAL BASED PREVALENCE STUDY.

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ABSTRACT:

INTRODUCTION: Gynaecological disorders in older women differ from those who are in younger age group.

AIMS AND OBJECTIVES:

- 1) To study the spectrum of gynaecological disorders in women above 60 years of age.
- 2) To emphasize on the necessity of establishing geriatric units for women to give better quality of life to elderly women.
- 3) To emphasize on increasing the different screening programmes for early detection and management of different gynaecological disorders in geriatric age group.

MATERIALS AND METHODS:

This was a prospective hospital based observational study and included 150 patients aged equal to or greater than 60 years. Patient demographics and a detailed history was taken. General physical and systemic examination with emphasis on gynaecological examination was done.

RESULTS:

A total of 150 randomly selected females aged greater than or equal to 60 years were included in the study.

In the study the most common gynaecological disorder found was pelvic organ prolapse (44%) with grade 3 cervical descent being the commonest. The second most common gynaecological disorder was postmenopausal bleeding (30%) with endometrial hyperplasia being the most frequent cause. Other gynaecological disorders found were benign/malignant disorders of genital tract (16%); atrophic vaginitis (13.3%); vulvar lesions / lichen sclerosis (11%); vaginal wall cyst (2.66%); hematometrium (2%). Co-existent urinary disorders were present in 20% of study group.

The mean age of menopause in the study was 44 – 47 years (42%) while as 33.3 % had menopause between the age of 48 -51 years. 18% had menopause between 52 – 55years of age and 3 % had menopause between 40 – 43 years of age.

CONCLUSION:

The spectrum of various gynaecological disorder in elderly women of Kashmir include pelvic organ prolapse, postmenopausal bleeding per vaginum, urinary disorders, benign/ malignant disorders of genital tract, atrophic vaginitis, vulvar lesions, vaginal wall cyst and hematometrium. The absence of specific health care facilities for elderly women along with poor health education leads to frequent complications as these patients do not seek advice in early stages.

INTRODUCTION:

A major challenge for the world in 21st century is the ageing of its population. As the health care has improved significantly, more people are living longer. The older population is growing fastest in India. The number of people aged greater than or equal to 60 years has grown from 5.4% in 1951 to 7.5% in 2001 and is projected to become 12.5% in 2025. In the age group of 19 to 59 years male to female ratio is 1.065: 1. However in age group of greater than 60 years females outnumber males, with ratio being 0.972: 1. [1]

Gynaecological disorders in older women differ from those who are younger.[2] Disorders peculiar to ageing population are pelvic organ prolapse, postmenopausal bleeding, vulvovaginal inflammation and malignancies. The spectrum of gynaecological disorders in India differs from that in developed countries as there are no screening programmes for early detection and hardly any dedicated geriatric units. [3] The low literacy rate, lack of awareness/ screening programmes and lack of health education and non-availability of medical facility make most of the elderly women come to hospital only when symptomatic and with more incidents of complications. [4] While elderly people tend to utilize more medical services than other age groups, elderly women utilized gynaecological care less frequently than other age groups.

Gynaecological care is so distinct from general medical care that non gynaecological medical personnel are less trained to provide sufficient gynaecological care. [5]

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MATERIAL AND METHODS:

This prospective study was conducted in the Department of gynaecology and obstetrics of SKIMS Medical College and hospital, Bemina from June 2017 to June 2019. Written informed consent was taken from all women recruited in the outpatient department.

A total of 150 patients were included in the study.

Inclusion criteria: age greater than or equal to 60 years having gynaecological disorders

Exclusion criteria: age less than 60 years

Patient demographics and a detailed history was taken. General physical and systemic examination with emphasis on gynaecological examination was done.

All baseline investigations, ultrasonography pelvis, pap smear, biopsy, USG Doppler, CT scan, MRI, Diagnostic Curettage was done in indicated cases.

RESULTS:

This study was conducted in Department of gynaecology and obstetrics of SKIMS Medical College and hospital, Bemina. A total of 150 randomly selected elderly women aged greater than or equal to 60 years were included in the study.

The most common gynaecological disorder found in the study group was pelvic organ prolapse present in 66 females (44%). In the study the second most common gynaecological disorder was postmenopausal bleeding per vaginum present in 30% of the study group. The commonest cause found was endometrial hyperplasia (71.1%) followed by uterine fibroids (20%), cancer cervix(4.4%), cancer ovary(2.22%), endometrial polyp(2.2%). In the study cervical cancer was the most common genital tract malignancy (4.4%) followed by ovarian cancer(2.2%).

Coexistent urinary disorders constituted the third most common presentation in 20% of the study group. 20 patients (66.6%) complained of urinary retention while as 10 patients (33.33%) complained of urinary incontinence with stress urinary incontinence being the most common. In the study urinary retention was due to urethral caruncle (26.6%) or due to underlying pathology like prolapse, cystocele, rectocele or fibroids.

Atrophic vaginitis and lichen sclerosis was present in 13.3%and 11.3% of the study group. Vaginal wall cyst was present in 2.66% of the study group. More than one disorder was present in patients.

Table 1, showing gynaecological disorders present in the study group.

S.No.	Disorder	Number	Percentage of Patients
1.	Prolapse	66	44%
2.	Post-Menopausal Bleed	45	30%
3.	Urinary problems	30	20%
4.	Benign or Malignant disorder of genital tract	24	16%
5.	Atrophic Vaginitis	20	13.30%
6.	Vulvar Lesion (Lichen Sclerosis)	17	11.33%
7.	Vaginal wall cyst	4	2.66%
8.	Hemetometrium	3	2%

With regard to prolapse present in 66 patients, grade 3 cervical descent being the most common present in 44.1% of prolapse patients. Grade 2 cervical descent was the second most common prolapse in the study present in 16%. This was followed by grade 4 cervical descent (procidentia) (16.1%) and grade 1 cervical descent (2%). Associated cystocele and rectocele was present in 13.2 % and 16.1% of the study group. Vault prolapse was present in 4.5% of the study group.

[Table 2]. Shows classification for grading of prolapse was used in the study.

S.No.	Type	Percentage
1.	Grade 1	2%
2.	Grade 2	16%
3.	Grade 3	44.1%
4.	Grade 4	16.1%
5.	Vault Prolapse	4.5%
6.	Cystocele	13.2%
7.	Rectocele	16.1%

In the study a strong correlation was found between parity and prolapse. Out of the total prolapse cases 27.4% had a parity of 6, 22.5% had a parity of 5, 20.9% had a parity 4, 12.9 % had a parity of 3, 4.8% had a parity of 2, 1.6% had a parity of 1. There was only 1 case of nulliparous prolapse.

[TABLE 3] correlation of prolapse and parity.

S.No.	Parity	No. of Cases	Percentage
1.	Null gravida	1	1.6%
2.	1	1	1.6%
3.	2	3	4.8%
4.	3	8	12.9%
5.	4	13	20.9%
6.	5	14	22.5%
7.	6	17	27.41%
8.	7	5	8.06%

In our study we found that natural menopause was attained by 98% of study group while as surgical menopause was present in 2% of the study group. The mean age of menopause in the study group was between the ages of 44.5 yrs. In the study 3% had a menopause between 40-43 years of age, 45% had menopause between the age of 44-47 years, 33.3% had menopause between the age of 48- 51, 18% had menopause between 52- 55 years of age.

In the study a correlation was found between socioeconomic status and gynaecological disorder. Gynaecological disorders were more common in females belonging to lower socioeconomic status. Socioeconomic status was evaluated as per the modified BG Prasad scale. 39.3% of the study group belonged to lower middle class, 31.6% belonged to lower class, 25.3% belonged to middle class, and 4% belonged to upper class.

DISCUSSION:

This study was conducted in department of gynaecology and obstetrics of SKIMS medical college and hospital, Bemina. A total of 150 randomly selected elderly women aged greater than or equal to 60 years were included in the study.

The most common gynaecological disorder found in the study group was pelvic organ prolapse present in 66 females (44%) with grade 3 cervical descent being the commonest present in 44.1% of prolapse patients.

N Takkar et al in their study found that pelvic organ prolapse with postmenopausal bleed were the major gynaecological problems in elderly women. [6]

Mriganka et al in their study concluded that most common gynaecological disorder was uterovaginal prolapse (51.1%) followed by genital malignancy. [7]

In the study a strong correlation was found between parity and prolapse. Out of the total prolapse cases 27.4% had a parity of 6, 22.5% had a parity of 5, 20.9% had a parity 4, 12.9 % had a parity of 3, 4.8% had a parity of 2, 1.6% had a parity of 1. There was only 1 case of nulliparous prolapse. Oslen AL et al in their study concluded that incidence of genital prolapse increased with advancing age and most patients were older, with higher parity and postmenopausal. [8]

In the study the second most common gynaecological disorder was postmenopausal bleed present in 30% of the study group.

Takkar N et al in their study found that pelvic organ prolapse, postmenopausal bleed were the major gynaecological problems in elderly women. [6]

In the study cervical cancer was the most common genital tract malignancy (4.4%) followed by ovarian cancer (2.2%). Maclean AB, [9] Takkar N et al found that postmenopausal bleed was a feature of possible underlying malignancy of which carcinoma cervix was the commonest cause. This emphasizes the need for screening programme for Indian women. Uneducated women with poor socioeconomic status coupled with cursory clinical evaluations they undergo at primary health facilities lead to delays in presentation, diagnosis and management.

Atrophic vaginitis was found in 13.3% of study group as was reported in literature. Santoro N et al found that old age is accompanied by atrophy of vulva, thinning, disappearance of labial furrows and vaginal atrophy. [10]

The mean age of menopause in the study group was between the ages of 44-47 yrs. This was similar to results found in literature. [11,12]

CONCLUSION

The spectrum of gynaecological disorders present in older women is of different nature than those found in younger women. A multifactorial cause is present especially in women of lower socio economic status which leads to delay in seeking advice and increases the complication rate associated with these disorders. Health education of the masses can certainly reduce the delay in presentation and management of these patients.

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