



PATTERN OF GYNAECOLOGICAL DISORDERS IN FEMALES OF MORE THAN 60 YEARS OF AGE AT TERTIARY CARE HOSPITAL IN WESTERN RAJASTHAN

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ABSTRACT

Objectives : To study the prevalence and type of gynaecological disorders in females aged >60 years.

Methods : The study was conducted in the Department of Obstetrics and Gynaecology, S.P. Medical College associate AGH, Bikaner, Rajasthan during 1st October 2017 to 30th September 2018. 290 cases of Age >60years with gynecological disorders were included in the study.

Results : Out of total 290 cases, pelvic organ prolapse was in 134(46.2%) cases, post menopausal bleeding was in 86(29.7%) cases. Urogenital infections were observed in 59(20.3%) cases and other (vault prolapse, urethral caruncle, inversion of uterus) were 11(3.8%). 216(74.5%) had normal 49(16.9%) had inflammatory 8(2.76%) had LSIL, 10(3.4%) patients had HSIL and 7(2.4%) patients had ASCUS PAP smear.

Conclusion : Unlike other fields of medicine, post menopausal and geriatric gynaecological problems have not received adequate attention due to lack of awareness and educated among women.

KEYWORDS : PAP Smear; Prolapse; Urogenital; Caruncle

INTRODUCTION

In India, in the last one and half decades longevity of the people has increased due to decline in mortality rate, better medical and health care facilities and improvements in overall quality of life of people¹. Due to the increase in longevity of the people, geriatric population is on the rise. Presently India has the second largest geriatric population on the globe^{2,3}. In 2001, geriatric population was 77 million in India and it is estimated that in India total number of elderly will rise to 150 million by 2025⁴ and by the year 2050 the number would rise to about 324 million⁵. Geriatric gynaecology deals with gynaecological pathologies encountered in postmenopausal women aged 65 years and above. The Indian society which was pyramidal till 20th century is now on the verge of becoming a rectangular society- a society in which nearly all individual survive to advanced age and then succumb rather abruptly over a narrow age range centering around the age of 85⁶. Gynecological cancers are among the leading causes of cancer-related deaths worldwide and the distribution and frequency vary from one region to the other. It accounts for about 10% of all cancers diagnosed in women. The proportion of female genital cancers range from 31.6 to 35.0% in sub-Saharan Africa and 12.7 to 13.4% in North America.

MATERIAL AND METHODS

Study setting: The study was conducted in the Department of Obstetrics and Gynaecology, S.P. Medical College associate AGH, Bikaner, Rajasthan.

Study design: Hospital based prospective study

Study Period : from 1st October 2017 to 30 September 2018

Study population: The study group comprise on 290 females of >60 years.

Data collection: Both indoor patient, outdoor patients and patients who referred to cancer hospitals and other hospitals were studied. Patients demographic and the medical history were recorded. A thorough history is taken including age at menopause, type of menopause, thorough clinical and gynecological examination were done. Routine investigations including all blood tests, ultrasound is done. CT scan, MRI, Fractional curettage and examination under anesthesia is done in indicated cases. Pap smear was done in all the women.

RESULTS

Maximum number of patients 216(74.5%) had normal PAP smear, 49(16.9%) had inflammatory PAP smear, 8(2.76%) had LSIL PAP smear, 10(3.4%) patients had HSIL PAP smear and 7(2.4%) patients had ASCUS PAP smear.

Pelvic organ prolapse was the most common gynaecological disorder 134(46.2%) cases, post menopausal bleeding was another common finding in 86(29.7%) cases. Urogenital infections were observed in 59(20.3%) cases and other (vault prolapse, urethral caruncle, inversion of uterus) were 11(3.8%).

Out of total 53 benign cases of post menopausal bleeding, atrophic endometrium was seen in 14(16.3%) cases, a similarly 14(16.3%) cases had benign ovarian tumor, 11(12.8%) cases had simple endometrial hyperplasia without atypia, Uterine fibroid was seen in 7(8.1%) cases, proliferative endometrium was seen in 5(5.8%) cases and foreign body was seen in 2(2.3%).

Out of total 33 malignant cause of post menopausal bleeding, cancer cervix was present in 17(19.8%) cases, carcinoma ovary was in 12(13.9%) cases and carcinoma endometrium was in remaining 4(4.7%) cases.

DISCUSSION

Our study shows that maximum (74.5%) number of cases were present with normal PAP smear. 16.9% patients having inflammatory PAP smear, 2.4% having ASCUS, 3.4% patients having premalignant cytology HSIL and 2.8% patients having LSIL.

In present study, maximum cases present with complaint of pelvic organ prolapsed (46.2%) followed by complaint of postmenopausal bleeding per vaginum (29.7%) followed by urogenital infections (20.3%) and rest cases present with other problems. Postmenopausal BPV cases were further evaluated by USG, CT/MRI, Endometrial and cervix biopsy and found 18% patients are benign and 11% patients are malignant.

Pelvic organ prolapse is a major cause of hospital admissions and surgery in geriatric women. In our study 46.2% of elderly patients had Pelvic organ prolapse. The incidence of pelvic organ prolapse is similar as in the study done by Dey et al⁷ who reported an incidence of 51.1%. Similarly in a study done by Swift et al in older patients receiving routine gynecologic care, the incidence of pelvic organ prolapse reported was higher as compared to other gynecological disorders⁸. Similar results reported by other Indian studies^{9,10}.

Among the gynaecological malignancies (33 patients), cervical carcinoma was the most common (19.8%) followed by ovarian carcinoma (13.9%). Cancer cervix is the second commonest malignancy seen in females after cancer Breast in India¹¹⁻¹². The risk of developing a gynecological cancer is highest in elderly women.

PMB in western older women, endometrial carcinoma was the commonest malignancy of the genital tract, followed by ovarian

malignancy¹³. 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 decades¹⁴. 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.

A review of cancer deaths in women in Australia aged 50 and above found that 70% could have been avoided by appropriate screening. In the women aged 50 to 74, 67% had never been screened, and none of those aged 75 and over had a Pap smear¹⁵. This has been corroborated by studies in United States that because of decreased medical office visits there is late stage diagnosis of cancer cervix in the elderly¹⁶.

CONCLUSION

Average life span of an individual has been increased globally, so among these, women deserve special attention because they outlive men specially in Indian society. Unlike other fields of medicine, post menopausal and geriatric gynaecological problems have not received adequate attention due to lack of awareness and educated among women. There is stigma regarding screening even in educated women, so government should provide general public, right information regarding programmes, make it accessible and easy to understand. As we see the results of screening programmes in developed countries, there is an obvious need of such programmes in India also for early detection of gynaecological disorder and malignancy as women often neglect their health, which further increase their morbidity. In respect to our study, we feel that campaigns should be held for further geriatric data, so a further revelation can be done through group studies, screening and awareness campaigns. Early detection can lead to proper management and reduce mortality and can improve the standard of living among elderly women.

Table 1. Distribution of cases according to PAP smear

PAP Smear	No. of Cases	Percentage
Normal	216	74.5
Inflammatory	49	16.9
LSIL	8	2.8
HSIL	10	3.4
ASCUS	7	2.4
Total	290	100

Distribution of cases according to PAP smear

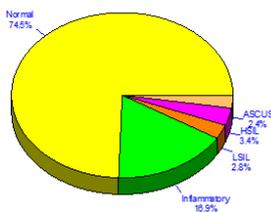


Table 2. Distribution of cases according to gynaecological disorders

	No. of Cases	Percentage
Pelvic organ prolapsed	134	46.2
Postmenopausal BPV	86	29.7
Urogenital infections	59	20.3
Others	11	3.8
Total	290	100

Distribution of cases according to gynaecological disorders



Table 3 Distribution of cases according to benign and malignant causes of postmenopausal bleeding

Causes	No. of Cases	Percentage
Benign		
Atrophic endometrium	14	16.3
Proliferative endometrium	5	5.8
Simple endometrial Hyperplasia Without atypia	11	12.8
Uterine fibroid	7	8.1
Benign ovarian tumors	14	16.3
Foreign body	2	2.3
Total	53	61.6
Malignant		
Cancer cervix	17	19.8
Ca Ovary	12	13.9
Ca Endo	4	4.7
Total Malignant	33	38.4

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