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Spectrum of Gynecological Disorders and Surgical Outcome in Elderly Women

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ABSTRACT

Elderly women [Peri and Post-menopausal women] suffer from varied gynaecological problems and it is important to screen them early and provide primary care in order to prevent complications and improve quality of life. A prospective study of elderly women [40 years and above] presenting with gynaecological problems in the out-patient-department of PIMS HOSPITAL, WALAYAR in the year 2024 was evaluated. Those women who underwent surgical management for underlying pathology were also evaluated. A total of 3304 women presented with gynaecological problems. Women included in the study were aged 40 years and above presenting with problems related to menstruation, such as, painful bleeding during menses, increased bleeding during menses, irregular bleeding following amenorrhoea, lump lower abdomen, mass descending per vaginam [UTERINE PROLAPSE] with/without associated urinary problems. A total of 140 gynaecological surgeries were done. ie. only 4.23%. Majority of women who underwent surgical management were between the age group of 40-50 years of age. ie. 56.4% of the total; 20.7% of women were between 50-60 years of age; 15.7% were more than 60 years of age and 8.7% of women were below 40 years of age. Among 140 gynaecological surgeries, the majority of women were diagnosed to have abnormal uterine bleeding disorder [AUB] ie. 31.4% of the total. 26.4% of women presented with fibroid uterus and another 26.4% of women presented with uterine prolapse. A number of 10.7% of women were diagnosed to have adenomyosis of uterus. There were only 3 cases of carcinoma, one each of endometrium, ovary and cervix [High grade CIN]. Those patients requiring only medical management were managed conservatively and reassured. The responsibility of the gynaecologist in screening peri and post-menopausal women increases as more patients seek treatment to improve the quality of life and decrease morbidity and mortality.

INTRODUCTION

Women face a multitude of problems related to the reproductive system after 40 years of age. Peri and postmenopausal phase [between 45-55 years] is challenging for every woman. As life expectancy increases, postmenopausal years exceed the duration of reproductive years for many. It is therefore important that primary care clinicians be aware of common gynaecologic concerns and the potential impact of these on the function and quality of life of elderly women. The older population is the one growing fast in India. The sex ratio according to the 2011 census is 940 females per 1000 males. The life-expectancy for females is 68.1 years compared to 65.8 years in men. In the age-group of 19-59 years, the male to female ratio is 1.065:1. In the age group of 60 years, females outnumber males with the ratio being 0.972:1. According to 2011 census, there were 38 million older women in India^[1]. The most common gynecological problems encountered in elderly women are related to menstruation, uterine prolapse, vulvovaginal inflammation and alterations in bladder function. This spectrum differs from that in developed countries. This study also emphasizes the need for screening and early detection and management of cancers, to establish geriatric units for better quality of life of elderly women.

MATERIALS AND METHODS

A Prospective study was done from January 2024 to December 2024 at Palghat institute of medical sciences, walayar, kerala. Out of a total of 3304 women who attended the out-patient-department with gynecological problems, 140 surgeries were done. Patient demographics and medical history was recorded. A thorough clinical and gynecological examination was carried out. Routine investigations including blood tests and Ultrasound was done. MRI and CT Scan was done in indicated cases. PAP Smear was done in all women. Fractional curettage was done for patients with abnormal uterine bleeding and postmenopausal bleeding. Abnormal Uterine Bleeding is also called Dysfunctional Uterine bleeding., It is the presence of bleeding per vaginum in the absence of organic disease or medical illness. Patients present with heavy menstrual bleeding [HMB] usually associated with abdominal pain that interfere with a woman's physical, emotional and social quality of life. Majority of women [31.4%] in my study underwent Abdominal Hysterectomy for Abnormal Uterine Bleeding [AUB]. These patients were initially given medical and symptomatic treatment, namely, birth control pills and progesterone cyclically for alleviation of pain and excess menstrual flow. However, hysterectomy was decided in order to reduce their morbidity and mortality and improve quality of life. Uterine Fibroids [also called Leiomyoma] are

noncancerous growths made up of muscle and connective tissue arising from the wall of the uterus. The patients in my study presented with heavy menstrual bleeding, irregular and inter menstrual bleeding. Severe pain during periods was present when fibroids were submucosal in location. They can also produce back pain, bowel and bladder disturbances. These growths are of varying sizes ranging from 1mm to as big as 20 cm in size. They can be subserosal, intramural, submucosal or cervical in origin. 26.4% of women underwent Abdominal Hysterectomy for Uterine Fibroid in my study. Uterine Prolapse is a type of pelvic organ prolapse [POP] that produces vaginal bulge due to poor tone of pelvic musculature. 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 in troitus., Grade 3 as prolapse halfway beyond the hymen and Grade 4 as complete prolapse. The degree of cystocele, urethrocele, rectocele and enterocele were assessed. Symptoms of POP include vaginal fullness with difficulty in walking, urinary problems like frequency, urge and stress incontinence. Long standing uterine prolapse usually presented with cervix erosion and keratinization with bleeding and foul smelling discharge from cervix. Vaginal Hysterectomy was done for 26.4% of patients in my study. Adenomyosis of the uterus is defined as a condition where the endometrium grows into the myometrium of the uterus resulting in uterine enlargement. Symptoms include heavy or prolonged bleeding with passage of clots associated with severe abdominal pain during menses, lump abdomen and pain during sexual intercourse. Adenomyosis of the uterus can co-exist with fibroid uterus and endometriosis. There were 10.7% patients with adenomyosis uterus who underwent Abdominal Hysterectomy for the same. There were only 3 patients diagnosed to have carcinoma., One was Cancer Endometrium stage 1a., Another was Carcinoma of Cervix [High Grade CIN], The third patient had Serous Cystadenocarcinoma of right Ovary [stage 3] . All 3 of them underwent Staging Laparotomy and Abdominal Hysterectomy with bilateral salpingo oophorectomy. Debulking surgery with pelvic node sampling and omentectomy was done for the patient presenting with carcinoma Ovary. There was one patient with Vault prolapse who underwent transvaginal repair.

RESULTS AND DISCUSSIONS

Among a total of 3304 patients who attended gynecology out-patient-department of PIMS Hospital, Walayar, from January 2024 to December 2024, 140 patients underwent hysterectomy ie. Only 4.23% of the total number. Majority of the patients who underwent surgery were between the age group of 40-50 years. ie.56.4%, 20.7% of patients were between 50-60 years

of age., 15.7% Of patients were >60 years of age., About 8.5% of patients were <40 years of age. Abnormal Uterine Bleeding was the main diagnosis among those who underwent surgery ie.31.4%., Uterine Fibroid was present in 26.4% of patients., Prolapse of Uterus was seen in 26.4% of patients., 10.7% of patients had Adenomyosis Uterus. Three patients presented with Carcinoma., One each of endometrium, Cervix and Ovary. There was one patient with Vault Prolapse who underwent Transvaginal repair following Vaginal Hysterectomy done outside.

Table 1: Patient Demographics: Age Distribution Among 140 Surgical Patients., About 273 Patients Above 40 Years were Studied for Socioeconomic, Educational Status and Parity

Age [Years]	Number	Percentage
<40	12	8.5%
40-50	79	56.4%
50-60	29	20.7%
>60	22	15.7%
Socio Economic Status		
LOW	163	59.7%
MIDDLE	85	31.13%
HIGH	25	9.15%
Educational Status		
Illiterate	206	75.45%
Literate	67	24.54%
PARITY		
Nulligravida	4	1.46%
PARA 1-2	93	34.06%
PARA >2	176	64.46%

Table 2: Spectrum of Gynaec Disorders (Among 140 Surgical Patients)

Disorder	Number	Percentage
Abnormal Uterine Bleeding	44	31.4 %
Fibroid Uterus	37	26.4 %
Prolapse Uterus	37	26.4 %
Adenomyosis Uterus	15	10.7 %
Others		
Carcinoma Endometrium	1	0.7 %
Ovary	1	0.7 %
Cervix	1	0.7 %
Vault Prolapse	1	0.7 %

Table 3: Pathological Findings in Patients with Abnormal Uterine Bleeding (Total of 44 Patients)

Type of Endometrium	Number	Percentage
Atrophic Endometrium	5	2.2 %
Proliferative Endometrium	12	5.28 %
Simple Endometrial Hyperplasia Without Atypia	19	8.36 %
Endometrial Hyperplasia with Atypia	8	3.52 %

This study shows that due to low literacy rate, poor awareness of various screening programmes and lack of health education most women came to hospitals only when symptomatic. One possible explanation is that overall gynaecological conditions may become less frequent after they reach menopause or after major gynaecological surgery, such as hysterectomy^[2]. An American study^[2] revealed similar results. Postmenopausal bleeding was the presenting complaint in 30% of cases with AUB. Thorough evaluation was done, namely, pap smear and endometrial biopsy in out-patient department., fractional curettage and cervix biopsy was done for definite diagnosis and to rule out malignancy. Endometrial Hyperplasia was seen in 27 patients (11.8 %). 19 patients without atypia (8.36%) and 8 patients with atypia (3.52%), Proliferative

endometrium was seen in 12 patients (5.28%) and atrophic endometrium in 5 patients (2.2%). Adenomyosis of the uterus occurs in 8.8-61.5% of women undergoing hysterectomy and rates vary widely by differences in diagnostic criteria between and within pathologists^[4]. Adenomyosis often coexists with other pelvic pathology, particularly endometriosis and fibroids as noted in hysterectomy specimens^[3]. Ultrasound and MRI help in the diagnosis of adenomyosis, the extent of involvement of myometrium and other co-existing pathology. Although medical management was initiated in symptomatic patients, hysterectomy was the preferred treatment to alleviate morbidity and mortality. Among patients with postmenopausal bleeding, cancer cervix was the most common diagnosis. Ovarian Cancer ranks second followed by cancer endometrium. This is in sharp contrast to western older women where endometrial carcinoma is the commonest malignancy, followed by ovarian malignancy^[12]. The risk of endometrial carcinoma in women with postmenopausal bleeding increases with age from 1% at the age of 50 years to 25% at the age of 80 years. Pelvic Organ Prolapse [POP] is mostly seen in elderly women after 60 years of age. In a study by Oslen^[13] there was an age-specific incidence of genital prolapse, being more common with advancing age and most patients were older, postmenopausal, parous and overweight. The incidence of Uterine Prolapse can be drastically reduced by proper pelvic floor exercises in the puerperium by improving muscle tone. Postmenopausal estrogen replacement therapy [HRT] can reduce the incidence of uterine prolapse^[14]. HRT is useful for the prevention of various urogenital disorders, namely senile vaginitis, candida vaginitis, other mixed infections and repeated urinary tract infections. Incomplete bladder emptying and ineffective voiding lead to urinary stasis and bacterial colonisation resulting in UTI^[15]. Uterine fibroids are the commonest benign tumors, with an estimated incidence of 20%-40% in women of reproductive age^[5,6]. The incidence of uterine fibroids by age 35 was 60% among African-American women, increasing to 80% by age 50 and Caucasian women showed an incidence of 40% by age 35 and 70% by age 50^[7]. Majority of women are asymptomatic and remain undiagnosed^[8,9]. Clinical presentation include menorrhagia, inter menstrual bleeding, dysmenorrhoea, lump abdomen and bladder/bowel dysfunction. It is also associated with reproductive issues namely infertility and miscarriage^[10]. Management strategies are usually individualized based on the severity of symptoms, the size and location of the fibroid, the patient's age and their chronological proximity to menopause and the patient's desire for future fertility^[11]. Treatment

includes correction of anaemia and vitamin supplementation. Medical treatment includes hormone therapy, GnRH agonists and Mifepristone for temporary management. Surgical removal of the fibroid and/uterus is the treatment of choice depending on age and need for preservation of the uterus. The incidence of Leiomyosarcoma is 0.64 per 100,000 women according to MD Anderson Cancer Center, Texas (Jan 2022).

CONCLUSION

With increasing life expectancy of elderly women, the responsibility of the gynaecologist for the early detection of various gynaecological disorders and cancer screening programmes have become mandatory to improve the quality of life and reduce morbidity and mortality. Women should be informed about the importance of early detection, treatment and complications of various disorders so that they feel reassured and understand the implications of disease management.

Conflict of Interest: I declare that there was no conflict of interest in this study.

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