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Original Research Article

A Hospital Based Prospective Observational Assessment of Gynaecological Disorders in Geriatric Women

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Abstract

Aim: The aim of the present study was to assess gynaecological disorders in geriatric women regarding their frequency, diagnosis and management.

Methods: It was a prospective observational study done over one year period in the Department of Obstetrics and Gynaecology, PMCH, Patna, Bihar, India. All elderly women admitted in our institution aged 60 years and above were included in the study. In our study there were 200 patients aged 60 years and above amongst total admission of 2840 in the Gynaecology ward. The incidence of hospital admission of geriatric female patient came out to be 7.04%.

Results: 104 (52%) were in the age group of 60-65 years, 50 (25%) in the age group of 66-70 years, 30 (15%) in the age group of 71-75 years and 10 (5%) were more than 75 years. The most common presenting complaint was postmenopausal bleeding in 84 patients (42%), followed by pain and abdominal distention in 76 patients (38%). 60 patients (30%) complained of something coming out of introitus, 32 patients (16%) reported discharge per vaginum and 16 patients (8%) had urinary complaints. Malignancy was the most frequent diagnosis with 110 (55%) patients having malignant disease followed by uterovaginal prolapse, ovarian cyst and urinary complaints. Of the total malignancies, ovarian cancer constituted 47.27% (n=52) followed by cervical cancer 31.81% (n=35) endometrial carcinoma 12.72% (n=14), vulval cancer 5.45% (n=6) and vaginal cancer 2.72% (n=3). 48 patients of ovarian cancer, exploratory laparotomy proceed total abdominal hysterectomy with bilateral salpingo oopherectomy with infracolic omentectomy with surgical staging of tumour was done.

Conclusion: Pelvic organ prolapse and genital malignancy are the major gynaecological causes of hospital admissions in the patients above 60 years. Post-menopausal bleeding is the commonest complaint. Ovarian and endometrial cancer is showing a rising trend in this age group. Though cervical cancer was the second most common malignancy in this group, most of these patients presented at advanced stage and hence was inoperable.

Keywords: Geriatric women, Genital malignancy, Gynecological disorders, Ovarian and endometrial cancer

Introduction

The word Geriatrics was coined by Dr. Ignatz Natcher an Austrian physician in 1909. However, it was in 1935 that a British doctor Marjory Warren, working in USA first developed the practical concept of geriatric rehabilitation. With her initiation the elderly patients were gradually taken over by teaching hospitals. [1] Many studies from developed countries defined older persons as those aged more than 65 years, whereas some use the cut off of 60 yrs. Life expectancy of India is 61 years as compared to 72 to 82 years in the developed countries. Thus, the cutoff of 65 years may not be appropriate in Indian context and therefore a lower cut off of greater than and equal to 60 years is used. [2]

A major challenge for the world in the 21st century is the ageing of its population. [2] The world's elderly population is growing at a rate of 2.4% per year. The age shift is the result of reduced birth rates, improvement in health and nutrition and increased longevity. The aging population has a direct effect on health- care delivery because it is associated with a new disease patterns as well as transitions in economic, social and even ethical issues. [3] The Indian society which was pyramidal till 20th century, has become rectangular today and morbidity related to geriatric gynaecological problems is on the rise. [4] In India the number of people aged more than 60 years has grown from 5.4% in 1951 to 8.4% in 2011 and is projected to become 12.5% by 2025. As per the census of 2011, whereas for total Indian population, sex ratio is in

favor of male population in ratio 940:1000, however for elderlies at sixty years and above population it is in favour of elderly women by 1022:1000. There are 50.33 million elderly women in India as per 2011 census. [5] Gynaecological disorders in older women differ from those who are younger. Elderly women experience vasomotor, urogenital, psychosomatic, psychological symptoms and sexual dysfunction. These urogenital changes make women vulnerable to gynaecological morbidities. Common gynaecological problems encountered in elderly women are vulvovaginal inflammation, genital prolapse, postmenopausal bleeding, malignancy and alteration in bladder function. [6]

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 85. [7] Older women often question the need for periodic gynecologic examinations after menopause. The answer of course is that they should continue to protect their health. [8] Age does not prevent the development of cancer of the genitalia or breast. Although the incidence of several genital malignancies decreases after menopause. That of some other cancers-notably of the endometrium, vagina, and vulva-actuality increases. Some older women with atrophic vaginal and vulvar tissue resulting from hypoestrogenism hesitate to come for examination because of the pain produced by digital vagino-abdominal palpation or by insertion of a Graves or Pederson vaginal speculum. [9] The various gynaecological disorders peculiar to ageing are pelvic organ prolapse, postmenopausal bleeding, gynaecological malignancies, urinary incontinence, genital tract infections, vulvovaginal disorders. The spectrum of gynecological disorders in India differ from those in developed world as there are no screening programmes for early detection and hardly any dedicated geriatric units. [10]

The aim of the present study was to assess gynaecological disorders in geriatric women regarding their frequency, diagnosis and management.

Materials and Methods

It was a prospective observational study done over one year period in the Department of Obstetrics and Gynaecology, PMCH, Patna, Bihar, India for two years. All elderly women admitted in our institution aged 60 years and above were included in the study. In our study there were 200 patients aged 60 years and above amongst total admission of 2840 in the Gynaecology ward. The incidence of hospital admission of geriatric female patient came out to be 7.04%.

Detailed history, including history related to menopause, personal history and medical history was recorded. Gynecological examination was done including Papanicolaou smear (Pap smear). Routine investigations included a complete haemogram, blood biochemistry, urine examination and pelvic ultrasonography.

Probable diagnosis of gynecological disorders was made and if any special investigations were required, they were done accordingly. Fractional curettage and cervical biopsy if indicated was taken and tissue sent for histopathological examination (HPE) in the Pathology Department of PMCH, Patna, Bihar, India. Cancers markers if required were also advised. Any other special investigations like Computed tomography scan and Magnetic resonance imaging if required were advised.

After definitive diagnosis of gynecological disorders, the treatment was started accordingly. All data collected was recorded and analyzed statistically.

Results

Table 1: Age distribution of elderly women

Age (in years)	Number	Incidence %
60-65	104	52
65-70	50	25
70-75	30	15
>75	10	5

104 (52%) were in the age group of 60-65 years, 50 (25%) in the age group of 66-70 years, 30 (15%) in the age group of 71-75 years and 10 (5%) were more than 75 years.

Table 2: Incidence of gynecological symptoms in the study subjects

Gynecological symptoms	No.	Incidence %
Post menopausal bleeding	84	42
Pain abdomen and distension	76	38
Something coming out of introitus	60	30
Discharge per vaginum	32	16
Urinary symptoms	16	8
Women with single symptom	88	44
Women with multiple symptoms	112	56

The most common presenting complaint was postmenopausal bleeding in 84 patients (42%), followed by pain and abdominal distention in 76 patients (38%). 60 patients (30%) complained of something coming out of introitus, 32 patients (16%) reported discharge per vaginum and 16 patients (8%) had urinary complaints.

Table 3: Spectrum of gynaecological disorders in elderly women

Disease	No.	Overall Incidence %
Malignancies	110	55
Uterovaginal prolapse	60	30
Benign Ovarian lesion	16	8
Urinary incontinence	14	7

Malignancy was the most frequent diagnosis with 110 (55%) patients having malignant disease followed by uterovaginal prolapse, ovarian cyst and urinary complaints.

Table 4: Gynaecological cancers in geriatric women (n=110)

Type of cancer	Number	Incidence%
Ovarian CA	52	47.27
Cervical CA	35	31.81
Endometrial CA	14	12.72
Vulval CA	6	5.45
Vaginal CA	3	2.72

Of the total malignancies, ovarian cancer constituted 47.27% (n=52) followed by cervical cancer 31.81% (n=35) endometrial carcinoma 12.72% (n=14), vulval cancer 5.45% (n=6) and vaginal cancer 2.72% (n=3).

Table 5: Types of surgeries performed in gynecological disorders

Type of surgery	Number	Incidence (%)
VH with PFR	50	25
TAH with BSO	48	24
Extra fascial hysterectomy	16	8
B/L Salpingo ooprectomy	4	2
Wertheim's hysterectomy	4	2
Sacrospinous colpopexy with cystocele repair	4	2
Pyometra	20	10
Fractional curettage	36	18
Cervical Bx	12	6
Hysteroscopic Bx	2	1
Vulvectomy with inguinal lymphadenectomy	2	1
Pessary	2	1
Burch colposuspension	2	1

48 patients of ovarian cancer, exploratory laparotomy proceed total abdominal hysterectomy with bilateral salpingo oopherectomy with infracolic omentectomy with surgical staging of tumour was done.

Discussion

Many studies from developed countries defined older persons as those aged more than 65 years, whereas some use the cut off of 60 yrs. Life expectancy of India is 61 years as compared to 72 to 82 years in the developed countries. Thus, the cutoff of 65 years may not be appropriate in Indian context and therefore a lower cut off of greater than and equal to 60 years is used. [11] A major challenge for the world in the 21st century is the ageing of its population2. The world's elderly population is growing at a rate of 2.4% per year. The age shift is the result of reduced birth rates, improvement in health and nutrition and increased longevity. The aging population has a direct effect on health- care delivery because it is associated with a new disease patterns as well as transitions in economic, social and even ethical issues. [12]

104 (52%) were in the age group of 60-65 years, 50 (25%) in the age group of 66-70 years, 30 (15%) in the age group of 71-75 years and 10 (5%) were more than 75 years. This was consistent with the study done by Dey et al [13] in which 45.56% of the patients admitted in ward above 60 years were in the age group of 60-65 years. The most common presenting complaint was postmenopausal bleeding in 84 patients (42%), followed by pain and abdominal distention in 76 patients (38%). 60 patients (30%) complained of something coming out of introitus, 32 patients (16%) reported discharge per vaginum and 16 patients (8%) had urinary complaints. Malignancy was the most frequent diagnosis with 110 (55%) patients having malignant disease followed by uterovaginal prolapse, ovarian cyst and urinary complaints.

Of the total malignancies, ovarian cancer constituted 47.27% (n=52) followed by cervical cancer 31.81% (n=35) endometrial carcinoma 12.72% (n=14), vulval cancer 5.45% (n=6) and vaginal cancer 2.72% (n=3). This was consistent with the trend increasingly reported from india in which ovarian and corpus uteri malignancies are on the rise in the past two decades. [14] Cancer cervix is the second commonest magnancy seen in females after cancer Breast in India. [15-17]

Older women often question the need for periodic gynecologic examinations after menopause. The answer of course is that they should continue to protect their health. [18] Age does not prevent the development of cancer of the genitalia or breast. That of some other cancers-notably of the endometrium, vagina, and vulva-actuality increases. Some older women with atrophic vaginal and vulvar tissue resulting from hypoestrogenism hesitate to come for examination because of the pain produced by digital vagino-abdominal palpation or by insertion of a Graves or Pederson vaginal speculum. [19] The various gynaecological disorders peculiar to ageing are pelvic organ prolapse, postmenopausal bleeding, gynaecological malignancies, urinary incontinence, genital tract infections, vulvovaginal disorders. The spectrum of gynecological disorders in India differ from those in developed world as there are no screening programmes for early detection and hardly any dedicated geriatric units. [20] 48 patients of ovarian cancer, exploratory laparotomy proceed total abdominal hysterectomy with bilateral salpingo oopherectomy with infracolic omentectomy with surgical staging of tumour was done. 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 had a Papsmear. [21] This has been corraborated by studies in United States that because of decreased medical office visits there is late stage diagnosis of cancer cervix in the elderly. [22]

Conclusion

Pelvic organ prolapse and genital malignancy are the major gynaecological causes of hospital admissions in the patients above 60 years. Post-menopausal bleeding is the commonest complaint. Ovarian and endometrial cancer is showing a rising trend in this age group. Though cervical cancer was the second most common malignancy in this group, most of these patients presented at advanced stage and hence was inoperable. Therefore, recommendations to discontinue screening in older age groups must be viewed with caution. Reluctance to undergo pelvic examination in this group must be sensitively addressed so that increased morbidity due to delay in diagnosis is avoided.

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