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## Assessment of gynecological disorders among geriatric women

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### Abstract

**Background:** Geriatric gynaecology deals with gynaecological pathologies encountered in postmenopausal women aged 65 years and above. The present study was conducted to assess gynecological disorders among geriatric women.

**Materials & Methods:** 120 women aged >65 years old were enrolled. Parameters such as age, education, marital status were recorded. A thorough clinical and gynecological examination was done.

**Results:** age group 60-70 years had 80 and 70-80 years had 40 patients. Parity 1 was seen in 55 and >2 in 65. The difference was significant ( $P < 0.05$ ).

common gynaecological disorders were pelvic organ prolapse in 50, Ca ovary in 4, Ca cervix in 6, endometrial hyperplasia in 12, cervical polyp in 8, Ca vulva in 7, proliferative endometrium in 13, vulval papilloma in 6 and genital malignancies in 14. The difference was significant ( $P < 0.05$ ).

**Conclusion:** Common gynaecological disorders were pelvic organ prolapse, Ca ovary, Ca cervix, endometrial hyperplasia, cervical polyp, Ca vulva, proliferative endometrium, vulval papilloma and genital malignancies.

**Keywords:** geriatric gynaecology, gynaecological pathologies, postmenopausal women

### Introduction

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<sup>[1]</sup>.

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<sup>[2]</sup>. 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<sup>[3]</sup>.

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<sup>[4]</sup>. The present study was conducted to assess gynecological disorders among geriatric women.

### Materials & Methods

The present study comprised of 120 women aged >65 years old. All subjects were enrolled after they agreed to participate in the study after signing written informed consent. Ethical clearance was obtained from institutional review and the Ethics Committee.

Patient demographics such as age, education, marital status, parameters such as parity, age at menopause, type of menopause, years since menopause, medical history and details of all gynecological problems were recorded. A thorough clinical and gynecological examination was done. Routine investigations such as complete haemogram, blood biochemistry, urine examination, pelvic sonography and pap smear were done. Results thus obtained were subjected to statistical analysis P value less than 0.05 was considered significant.

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**Results**

**Table 1:** Patient characteristics

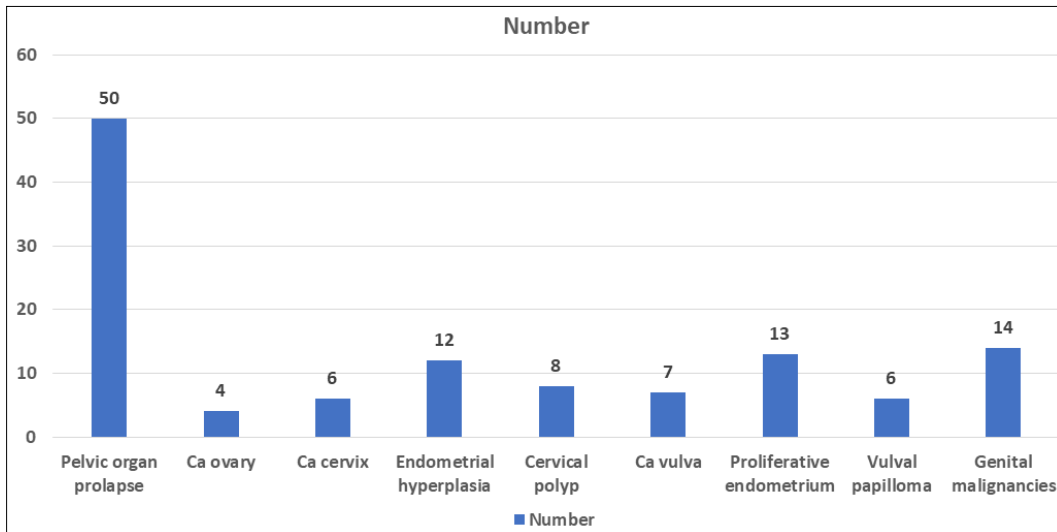
Characteristics	Number	P value
Age group (Years)		
60-70	80	0.01
70-80	40	
Parity		
1	55	0.01
>2	65	

Table I shows that age group 60-70 years had 80 and 70-80 years had 40 patients. Parity 1 was seen in 55 and >2 in 65. The difference was significant ( $P < 0.05$ ).

**Table 2:** Assessment of gynecological disorders

Gynecological disorders	Number	P value
Pelvic organ prolapse	50	0.01
Ca ovary	4	
Ca cervix	6	
Endometrial hyperplasia	12	
Cervical polyp	8	
Ca vulva	7	
Proliferative endometrium	13	
Vulval papilloma	6	
Genital malignancies	14	

Table II, graph I shows that common gynaecological disorders were pelvic organ prolapse in 50, Ca ovary in 4, Ca cervix in 6, endometrial hyperplasia in 12, cervical polyp in 8, Ca vulva in 7, proliferative endometrium in 13, vulval papilloma in 6 and genital malignancies in 14. The difference was significant ( $P < 0.05$ ).



**Graph 1:** Assessment of gynecological disorders

**Discussion**

Population aging is emerging as a pre-eminent phenomenon throughout the world. Among the aged, the women deserve special attention because they outlive men in most societies. Nevertheless, postmenopausal and geriatric gynaecological problems have not received adequate attention in India<sup>[5]</sup>. It is estimated to increase to 12.4% of population by the year 2026. 3 The age-related geriatric problems have emerged significantly with enhanced longevity of life. These are attributed to the physiological changes seen in reproductive organs due to their altered hormonal milieu<sup>[6]</sup>. The unique features of geriatric illnesses are chronicity and heterogeneity, greater severity and slow or sometimes no recovery. There is an obvious need of screening programme for early detection of

gynecological malignancy to provide better geriatric services, but a paucity of data regarding gynaecological morbidity in geriatric women hampers proper planning. Gynaecological disorders in older women differ from those who are younger<sup>[7]</sup>. Elderly women experience vasomotor, urogenital, psychosomatic, psychological symptoms and sexual dysfunction<sup>[8]</sup>. 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. The risk of developing Gynecologic tumor is highest in geriatric women when compared with women aged up to 60 years<sup>[9]</sup>. The present study was conducted to assess gynecological disorders among geriatric

women.

In present study, age group 60-70 years had 80 and 70-80 years had 40 patients. Parity 1 was seen in 55 and >2 in 65. Kaur *et al.*<sup>[10]</sup> conducted a study on 100 postmenopausal women aged 65 years or above, who attended OPD or were hospitalised. Literacy rate was 30%. Study population was drawn equally from rural and urban population. Genital tract malignancy was the major gynecological disorder (32%), the commonest being the carcinoma cervix. Next in order was carcinoma ovary and carcinoma endometrium. This was followed by pelvic organ prolapse (26%) and urogenital infections (17%). POP was grade 3 in 85% patients.

We found that common disorders were pelvic organ prolapse in 50, Ca ovary in 4, Ca cervix in 6, endometrial hyperplasia in 12, cervical polyp in 8, Ca vulva in 7, proliferative endometrium in 13, vulval papilloma in 6 and genital malignancies in 14. Sood *et al.*<sup>[11]</sup> assessed gynaecological disorders in geriatric women regarding their frequency, diagnosis and management. 224 patients aged 60 years and above were admitted over a period of one year. The commonest presenting complaint was postmenopausal bleeding in 41.07% of patients. 80.80% patients had one or more comorbid conditions. Malignancy was the most frequent diagnosis 54% followed by uterovaginal prolapse in 30.35%. Ovarian cancer constituted 47.93% followed by cervical cancer 31.40%. 89.65% patients of ovarian cancer had surgical treatment whereas only 21.05% of cervical cancer patients underwent surgical treatment and rest were referred for radiation. In 62 out of 68 cases of pelvic organ prolapse had definitive surgical treatment.

Kumari *et al.*<sup>[12]</sup> found that 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.

## Conclusion

Authors found that common gynaecological disorders were pelvic organ prolapse, Ca ovary, Ca cervix, endometrial hyperplasia, cervical polyp, Ca vulva, proliferative endometrium, vulval papilloma and genital malignancies.

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