

GYNAECOLOGICAL DISORDERS IN GERIATRIC AGE GROUP IN HARYANA — A FIVE YEARS STUDY

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SUMMARY

A total of 154 women above the age of 70 years admitted for genital and breast disease in Medical College and Hospital, Rohtak during a period of five years (1984-88) were studied. Incidence of various diseases in geriatric age group was found out. Malignancies were most commonly seen in this age group in admitted patients and were responsible for 46.10% of total admissions (24.02%). Carcinoma breast was most common cancer followed by cancer cervix (11.03%) and cancer ovary (7.14%). Benign tumours were uncommon in this age group (3.89%). Infections were responsible for 16.23% of total geriatric admissions. Genital prolapse was quite common and was indication of admission in 33.11% patients. Hence routine pelvic and breast examination is recommended in geriatric women coming for some problems to lower the incidence of malignancies and to detect and treat cancer at the earliest.

Introduction

Geriatric Gynaecology deals with gynaecological conditions encountered in postmenopausal old women at and above 60 years (Dawn, 1980). With the development in the field of medicine, control over communicable diseases and decreased maternal mortality life expectancy in females in India has risen from 31.7 years in 1941 to 56.0 years in 1975. Future doctors will have to manage problems in patients with old age more commonly and

thus Geriatrics has emerged as a new speciality not only in developed countries but in India also. With the lengthening life span more patients are coming for malignancies of genital tract, repair of prolapse of varying degrees, nonspecific vaginitis, psychic aberration and sexual problems. Unfortunately due to shyness and poverty our women patients do not consult their doctor early for their problems. They come very late when the disease like cancer is already in advanced stage. Present study was carried out to know the incidence and prevalence of various geriatric gynaecological problems in Haryana over a period of five years in patients admitted for these

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diseases and to stress the importance of seeking early treatment for old age problems.

Material and Methods

Present retrospective study was carried out on all women admitted with various gynaecological problems after 70 years age in Medical College and Hospital, Rohtak from 1984-88. The details of all the patients from their hospital records were noted. The patients were divided into malignancy group, benign tumour group, infection and prolapse uterus group. Patients of malignancy were further analysed for the site of malignancy, stage of cancer and percentage of each type of cancer was calculated.

Results

A total of 154 patients having age more than 70 years (mean age 75.2 years) admitted in department of Gynaecology and Surgery for various gynaecological and breast problems were studied. Malignancies of breast and genital tract were responsible for 71 hospital admission (46.10%). Benign tumour were seen in 6

cases only (3.89%). Genital prolapse was second commonest gynaecological disorder seen in this age with 52 admissions (33.11%). Infections were responsible for 25 (16.23%) admission (Table I).

TABLE - I
SHOWING PERCENTAGE OF VARIOUS
GYNAECOLOGICAL DISORDERS

Total geriatric patients	154
Mean average age	75.2 years
Malignancies	71 (46.10%)
Benign tumours	6 (3.89%)
Infectious	25 (16.23%)
Prolapse uterus	52 (33.11%)

On further analysis of malignancies it was observed that carcinoma breast was the most common cancer seen in their age group with 37 cases (52.11%). Carcinoma cervix was second most common malignancy with 23.94% out of cancer patients. Percentage of other malignancies like carcinoma body uterus, cancer ovary, cancer vagina and vulva is shown in Table II.

Unfortunately most of the cancer patients were already in advanced stage when admitted. Thus 47.88% patients were

TABLE - II
SHOWING SPREAD AND PERCENTAGE OF MALIGNANCIES

Type of malignancy	No. of cases	%age of cancer patients (%)	%age of total geriatric patients (%)
1. Carcinoma breast	37	52.11	24.02
2. Carcinoma cervix	17	23.94	11.03
3. Carcinoma body uterus	3	4.11	1.94
4. Carcinoma ovary	11	15.49	7.14
5. Carcinoma vagina	1	1.41	0.64
6. Carcinoma vulva	2	2.82	1.28
Total	71	100%	46.10%

in state III and 30.98% in stage IV (Table III).

TABLE - III
SHOWING STAGING OF CANCER

Stage	No. of cases	Percentage of cancer patients
1. Stage I	5	7.04
2. Stage II	10	14.08
3. Stage III	34	47.88
4. Stage IV	22	30.98

On analysing the genital infections in geriatric age group it was observed that genital infections were responsible for 16.23% of total geriatric admissions. Pelvic inflammatory disease (PID) was the

commonest geriatric infection constituting 5.18% of total geriatric patients. Vaginitis was responsible for 3.24% admissions. Percentage of other geriatric infections is shown in Table IV.

Benign tumours were less common in geriatric patients constituting 3.89% of total patients (Table V)

Genital prolapse was indication of admission in 33.11% total geriatric admissions. Details of ovarious types of prolapse is shown in Table VI.

Discussion

Gynaecological conditions encoun-

TABLE IV
SHOWING PERCENTAGE OF GENITAL INFECTION

Sl. No.	Type of infection	No. of cases	%age of infection cases	%age of total geriatric patients
1.	Cervicitis	2	8	1.29
2.	Endometritis	1	4	0.64
3.	Cystitis	1	4	0.64
4.	Mastitis	1	4	0.64
5.	Pelvic inflammatory disease	8	32	5.18
6.	Vaginitis	5	20	3.24
7.	Vulvitis	1	4	0.64
Total		25	100%	16.23%

TABLE - V
SHOWING BENIGN GENITAL TUMOUR IN GERIATRICES

Sl. No.	Type of tumour	No. of cases	%ag of benign tumour group	%age of total geriatric patients
1.	Uterine leomyoma	2	22.22	1.29
2.	Benign ovarian tumour	1	11.11	0.64
3.	Vulval cyst	1	11.11	0.64
4.	Cervical fibroid	1	11.11	0.64
5.	Benign breast tumours	1	11.11	0.64
Total		6		3.89%

TABLE - VI
SHOWING DISTRIBUTION OF PROLAPSE

Type of disease	No. of cases	% age of prolapse cases	%age of total genital disease
1. Uterovaginal prolapse	50	96.15	32.46
2. Vault prolapse	2	3.85	1.28
3. Cystocoele	48	92.30	31.17
4. Rectocoele	45	86.42	29.22
5. Enterocoele	6	11.53	38.96
6. Stress incontinence	8	15.38	51.94
Total	52		33.11%

tered in postmenopausal old women at end above 60 years come under purview of geriatric gynaecology (Dawn, 1980).

Genital tract infections, malignancies of breast, uterus, ovaries, vulva, genital prolapse, vulval dysprophies, senile vaginitis and menopausal syndrome are the main geriatric problems in elderly ladies (Davey, 1986). Malignancies are very common in geriatric age group. Genital tract is the primary site of growth in 14% of cases with involvement of uterus being 8%, ovary 5%, vulva and vagina 1% (Tindal, 1987). Breast cancer is the commonest cancer in women, the death rate being 23 per 100,000 women per year in USA. It has been estimated that there are 10 times the number of deaths from breast cancer as there are from endometrial cancer (Gambrell, 1980). Danger of cancer looms large past middle life. In the developed countries cancer is a leading cause of death. 18.4% of all deaths were due to cancer in England and Wales in 1962 as compared to 3.2 in Bombay in 1956-60 (Raman, 1968). Incidence rises rapidly after the age of 40 years.

A community based study carried out by Raj and Prasad (1970) on 327 persons

over 50 years of age showed prevalence of diseases of female genital tract to be 2.7 percent.

Bhasker Rao (1986) found genital prolapse, vulval dystrophies, senile vaginitis, malignant tumours of uterus, ovaries and vulva and urinary stress incontinence and urinary tract infections to be main gynaecological problems in geriatric age group and advocated periodic pelvic examination of menopausal women supported by laparoscopy and ultrasonography in clinically suspected cases. We also found a very high incidence of genital malignancies. 71 patients (46.10%) were admitted for malignancies and breast cancer was the commonest malignancy accounting for 52.11% of all genital malignancies and 24.02% of all geriatric gynaecological cases. Cancer cervix was second commonest cancer with 23.94% of cancer patients and 11.03% of total geriatric patients. Majority of our cancer patients came late and thus 47.88% were in stage III and 30.98% were already in stage IV of cancer.

Genital prolapse with or without cystocoele, reotocoele, enterocoele and stress incontinence was responsible for

33.11% of all admissions. Genital infections were seen in 16.23% of total cases of genital diseases. Benign tumours were rare in this age group and were responsible for only 3.89% hospital admissions. Hence a through screening for pelvic and breast examination should be done in all geriatric women coming for some problem in the hospital so as to detect and treat the malignancies at the earliest and to decrease the incidence of advanced cancer.

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