

## PATTERN OF GYNAECOLOGICAL PROBLEMS IN ELDERLY WOMEN (> 60) IN A TERTIARY HOSPITAL - A PROSPECTIVE PILOT STUDY

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### SUMMARY

Two hundred and sixty-seven patients above 60 years with a mean of 65 years were analysed for organic gynaecological disorders. Carcinoma cervix was found in 44.94%, genital prolapse in 35.95% and chronic infection in 11.60%. Authors feel that routine Pap smears of all women above 60 years attending all services in the institution should be carried out to detect carcinoma cervix in the early stages.

#### INTRODUCTION

In our country, average life expectancy at birth was about 22.9 years in 1900, 32.1 years in 1950 and 54.4 years in 1980, now it stands at 58 years (Health Statistics of India, 1980; 1985). Due to this increase in life expectancy, more so in the females, the number of women attending the out-patient department has increased. Many, if not most, of the major disabling and lethal diseases are likely to occur in older people. Hence this study was taken up to study the gynaecological disease pattern in geriatric patients above 60 years of age attending our gynaecological OPD.

#### MATERIAL AND METHODS

The present study was conducted prospectively including all women above 60 years of age who attended the out-patient department of Obstetrics and Gynaecology in Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry, from April 1990 to November 1990. A detailed history, result of physical examination and laboratory investigations were recorded. Papanicolaou smear was taken from the cervix in all the cases. Biopsy was taken whenever indicated. In all the cases of uterovaginal prolapse, endometrial biopsy/endometrial smear were taken. The data thus collected was analysed.

#### RESULTS

Out of the total of 7,077 patients who

attended the gynaecology OPD, 267(3.7%) patients were above the age of 60 years, mean age being 65. Carcinoma of the genital tract was found to be the most common disease (120; 44.94%), followed by genital prolapse (96; 35.95%) and infections (31; 11.6%).

The details of 14 patients with benign

cardiac lesion. One patient with procidentia with chronic renal failure was referred to urology.

Chronic infections were present in 31 (11.60%) patients, of whom 18 (6.74%) had senile vaginitis. Rest of the patients had chronic cervicitis, chronic non-specific endometritis and urinary tract infections.

TABLE I

Distribution of benign disease in elderly

Disease	No. of cases	% (n=14)	% of total geriatric patients (n=267)
Fibroid uterus	4	28.5	1.4
D.U.B. (Threshold bleeding)	5	35.7	1.8
Complete perineal tear	2	14.0	0.74
Kraurosis vulvae	1	7.14	
CIN III	1	7.14	
Umbilical hernia	1	7.14	

diseases are shown in table I. Two patients had normal clinical findings. It was found that cervix was the most common site of genital cancer (93; 75.89%). Carcinoma ovary was found in 13 patients (11.67%), carcinoma endometrium in 6 (5.35%), carcinoma vagina in 2 (1.78%) and carcinoma vulva in 6 (5.35%) of the total 120 patients of carcinoma of genital tract. Out of these, 68 (53.57%) patients were Stage III and 36 (32.14%) were stage II.

The analysis of 95(35.58%) cases of genital prolapse is depicted in table II. Ward-Mayo's operation was done in 92 patients and postoperative morbidity and mortality was nil. Le Fort's operation was done in a 70 year old patient with

#### DISCUSSION

Ageing is a biological process occurring with time and leaves its marks at all levels of organisms. It is important in the aged to distinguish between the conditions due to ageing and the diseases accompanying old age. A community based study showed that 52.2% above the age of 50 years were ill at the time of survey (Raj and Prasad, 1970).

Malignancies of the genital tract accounted for 45% of these patients in the present study, out of which carcinoma cervix was the most common condition (75.89%). In developed countries, carcinoma of endometrium is the most common site of malignancy (Tindall, 1987). This changed pattern from the West appears to be

TABLE II

Showing varying degree of utero-vaginal prolapse with the following

	No. of cases (n=95)	%	% of total cases (n=267)
Cystocele and rectocele	88	83.6	32.95
Enterocoele	18	17.1	6.74
Stress incontinence	8	7.6	2.99
Carcinoma cervix	4	3.8	1.44
DUB	2	1.9	0.74
Carcinoma vagina	1	0.95	0.37
Piles	2	1.9	0.74
Chronic inversion of uterus	1	0.95	0.37
Rectal prolapse	1	0.95	0.37
Chronic renal failure	1	0.95	0.37

\* % more than 100 because of overlapping.

due to early marriage, multiparity, poor local hygiene and unattended delivery giving rise to more cervical injury (Krishna Menon, M.K. et al 1989) and can be attributed for the increased incidence of carcinoma cervix. Earlier reports in general in the female genital tract have also confirmed increased incidence of cervical cancer (Sharma J.B. et al 1990).

It was found that most of the gynaecological problems in geriatric women are organic in origin and they tend to seek the medical advice quite late even when they are aware of the symptoms. This delay is mainly due to the fact that these elderly women have to depend on their relatives to be brought to the medical institutions.

Varying degrees of genital prolapse was present in 35.58% patients. This is the second

most common gynaecological disease in our patients. Apart from laxity of ligaments because of the ageing process, malnutrition, change in the eating habit of old women with no supplementation and multiparity could be the reasons for increased incidence of genital prolapse.

In the present study, senile vaginitis was found to be 6.74% constituting 58.06% of the chronic infections, whereas in other Indian studies, chronic pelvic inflammatory disease has been found to be the commonest amongst chronic infections (Sharma J.B. et al 1990).

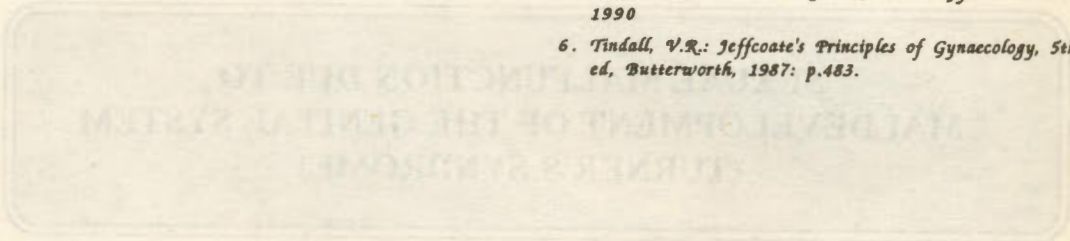
High incidence of carcinoma cervix in aged female population is of concern and the authors feel that routine Papsmears of all women above 60 years attending all services in this Institution should be routinely carried out, as a policy matter.

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**SUMMARY**

The present study was conducted in the Department of Obstetrics and Gynaecology, JIPMER, over a period of 10 years (1978-1988). The study was designed to evaluate the pattern of gynaecological problems in elderly women. A total of 100 elderly women (aged 60 years and above) were included in the study. The most common gynaecological problems reported were menorrhagia (35%), metrorrhagia (25%), and amenorrhoea (20%). Other problems included dyspareunia (15%), pelvic pain (10%), and abnormal vaginal discharge (10%). The study also revealed that the incidence of gynaecological problems increases with age. The majority of the patients were referred to the hospital by their primary care physicians. The study highlights the need for regular gynaecological check-ups in elderly women to detect and manage these problems early.

**INTRODUCTION :**  
 In 1978, the World Health Organization (WHO) reported that the incidence of gynaecological problems in elderly women is increasing. This is due to the increasing life expectancy and the aging of the population. The most common gynaecological problems in elderly women are menorrhagia, metrorrhagia, and amenorrhoea. These problems are often associated with the menopause and can significantly affect the quality of life. The present study was conducted to evaluate the pattern of gynaecological problems in elderly women in JIPMER. The study was designed to identify the most common gynaecological problems and to determine the factors associated with these problems. The results of the study are discussed in the following sections.