

A STUDY OF GYNAECOLOGICAL PROBLEMS IN POSTMENOPAUSAL WOMEN

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SUMMARY

To study the gynaecological disease profile five hundred patients were selected from JIPMER Hospital during August 1990 to August 1991. Almost fifty percent patients had malignant disease. Cancer cervix was the commonest malignancy, accounting for 42% of total cases. Genital prolapse constituted 21.8% of the cases. The mean age of menopause was 44.85 years.

INTRODUCTION

With the improvement in health care systems, female life expectancy in India has increased from 20.91 years in 1921 to 54.7 years in 1981 and to about 62 years today. The female population aged 50 years and above is 12.7% (1981) and this accounted for 42 million in 1981 and about 51 million today. The objective of this study was to find out the different gynaecological problems in postmenopausal women (including screening for Cancer Cervix).

MATERIALS AND METHODS

Five hundred postmenopausal women attending the Gynaecology out patient Department of JIPMER Hospital, Pondicherry from August 1990 - August 1991, with symptoms suggestive of Gynaecological disease were included in the study. Menopause must have been a spontaneous one and not induced surgically or by radiation.

Each patient was worked up according to a prepared proforma. A general physical examination and gynaecological examination was undertaken. Relevant investigations were performed, Pap smear was taken for all cases and cervical biopsies from those with growth

of the cervix. Those cases admitted for inpatient treatment were followed.

RESULTS

In this study the patients' age varied from 39 years to 82 years. The majority of patients belonged to the age group of 41 to 50 years (52.4%). Their mean age at menopause was 44.85 years (Table I).

Among different gynaecological diseases, 212 patients suffered from cervical carcinoma and 109 patients had

Table I
Menopausal Age

Age Group	No. of patients	%
Less than 40 yrs	52	10.40
40 - 44 yrs	180	36.00
45 - 49 yrs	221	44.20
50 - 54 yrs	40	8.00
55 or more	7	1.40
Mean age of Menopause = 44.85 yrs		

Table II
Disease Profile

Disease	No. of patients	%
Cancer Cervix	212	42.40
CIN	3	
Genital prolapse	109	21.80
Senile vaginitis	56	11.20
Ovarian tumour	19	3.80
Dysfunctional uterine bleeding	20	4.00
Cervicitis	15	3.00
Fibroid Uterus	14	2.80
Others	52	10.40

Table III
Pap Smear

Results	No. of patients	%
No Malignant cells	162	54.61
Inflammatory smear	130	43.77
CIN*	4	1.34
Malignant Cells	1	—
Total	297	

* One case was invasive malignancy (biopsy proved)

Table IV
Histopathological Data

Results	No. of patients	%
Cervical Biopsy		
Squamous cell carcinoma	209	87.08
Adenocarcinoma	3	1.24
CIN - III	1	
Leiomyoma	1	
Chronic cervicitis	15	
TB granulation	1	
Total	230	

Fractional Curettage		
Atrophic endometrium	17	48.57
Proliferative phase	10	28.57
Endometrial Carcinoma	5	14.29
Cystolanderular hyperplasia	2	5.71
Endometritis	1	—
Total	35	

Vulvar Biopsy		
Squamous cell carcinoma	4	50.00
Hyperplastic dystrophy	2	25.00
Non specific inflammation	1	
Granulation tissue	1	
Total	8	

Table V
Comparison of present study with other studies (2, 3)

Gynecologic problems	Banerjee & Halder	Bhargava & Pant	Present Study
1. Genital prolapse	34.00	45.00	21.80
2. Senile vaginitis	7.20	25.00	11.20
3. Neoplasms	16.80	15.28	50.60
4. Malignant Ovarian tumour	0.40	—	3.00
5. Cancer cervix	10.00	—	42.80
6. Carcinoma endometrium	3.20	—	1.00
7. Carcinoma vulva	0.40	—	0.80
8. Carcinoma vagina	0.40	0.22	0.40
9. Pyometra	4.00	0.22	0.20
10. Fibroid Uterus	0.80	—	2.80

genital prolapse (Table II). Papanicolaou smear screening was done for all cases without cervical growth (297 cases) of which 4 cases had CIN (Table III). Histopathological examination revealed 209 cases of squamous cell carcinoma among 230 cervical biopsies (Table IV).

DISCUSSION

In this study the majority of women belonged to the age group of 41 to 50 years (52.4%). Mean age at menopause was 44.85 years. Bhaskar Rao (1989) mentioned that the age at menopause varied from 44 to 50 years in India.

A comparison of this study with that of Banerjee and Halder (1976), and Bhargava and Plant (1982) is given in Table V.

The incidence of invasive cancer cervix was 42.40%, followed by genital prolapse (21.80%). Banerjee and Halder (1976) reported an incidence of 10% cancer cervix in their series. Anjaneyalu (1982) reported an incidence of 21.56% genital prolapse in his series.

Regarding the incidence of neoplasms, especially of cancer cervix there is a major disparity between this study and the other two mentioned above. This is so because (a) both the other studies included all postmenopausal patients and not those attending the Gynecology OPD as in our study, (b) JIPMER is a referral centre for treatment of cancer cervix.

CONCLUSION

Neoplasms Constituted 52% and Carcinoma Cervix accounted for 42% of total cases. Among benign disease genital prolapse was most common and accounted for 21.8% of the total. The high frequency of cancer cervix and genital prolapse are perhaps because the majority of our cases belonged to the low socio-economic group.

This hospital based study suffers from the limitation that the relatively high incidence of malignancy in this symptomatic elderly group of women is not a true reflection of the actual situation in the community.

The purpose of this study was to highlight the gynaecological problems of the postmenopausal women in our country whose number is expected to increase significantly in the years ahead. This information may enable us to take adequate steps to deal with these matters in the future.

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OVARIAN CHANGES AFTER MENOPAUSE

SUMMARY

The study was conducted to determine the changes in the ovaries of postmenopausal women. The study included 100 women aged between 45 and 60 years. The ovaries were examined by ultrasound and the results were compared with the normal findings. The study showed that the ovaries of postmenopausal women are smaller in size and have a more homogeneous texture compared to the ovaries of premenopausal women. The study also showed that the ovaries of postmenopausal women have a higher incidence of cysts and other abnormalities compared to the ovaries of premenopausal women.

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