

Study of Common Gynecological Problem in Postmenopausal Women

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Abstract: *Background: Menopause is defined as the time of cessation of ovarian function resulting in permanent amenorrhea. Health issue creates a significant challenge to public health. Themenopausal experience involves a multifaceted interaction between psychological, sociological and environmental factor, as well as biological changes relating to altered ovarian hormone status or deficiency. Objective: To study the pattern of gynecological problems in different age group and incidence of common symptoms and abnormal pap smear and incidence of malignancy. Methods: The study group consist 100 postmenopausal women who attend OPD or were admitted in Rajendra Institute of Medical Sciences, Ranchi during the period July 2011- October 2012. It is observational study of different gynecological symptoms, other gynecological problems and age of menopause. Results: Our study showed that the average age menopause was 46 years.30 % patient presented with genital prolapse and 30 % patient with vaginal bleeding, 24 % had genital malignancy. 8% patients had urinary symptoms of which 37% had urinary incontinence. Only 6% patients had vasomotor symptoms. Incidence of abnormal pap smear were 18%. About 43.7% had carcinoma cervix and 33% had endometrial carcinoma. Conclusion: A large proportion of postmenopausal women suffered from menopausal symptoms. Thus government should provide health services to menopausal women. There is urgent need to develop dedicated geriatric units and to encourage women to receive routine gynecological check-ups in the early postmenopausal period that will enable early diagnosis and treatment. A regular pap smear screening with appropriate follow up can reduce cervical cancer incidence and mortality.*

Keywords: Gynecological Problem, Postmenopause, Genital Prolapse, Genital Malignancy, Pap Smear

1. Introduction

The term menopause is derived from the Greek Men – month and pause -to stop means cessation of menstruation. Menopause is defined as cessation of ovarian activity resulting in permanent amenorrhea (1).According to WHO, it takes 12 months of amenorrhea to confirm that menopause (2). After so many researches on menopause till date gaps in knowledge and understanding regarding menopause still exist and therefore lots of awareness in clinicians and menopausal women is the need of the hour. It is not only quantity of life but quality of life of menopausal women which is important. Hence it remains a responsibility on our part to implement the philosophy of offering quality of life at any age. Now it is established that the increase in most symptoms and problems in middle age women reflects social and personal circumstances, not the endocrine events of the menopause (Dennerstein et al 1999)(3).The number of people aged 60 years has grown from 5.4% in 1951 to 7.5% in 2001 and is projected to become 12.5% in 2025. There were more than 38 million women in India as per the 2001 census (4, 5).The age of menopause in India varies from 45 to 50 years with an average of 46 year (6, 7). The common gynaecological problems are postmenopausal bleeding, genital prolapse, foul smelling vaginal discharge, lump abdomen, pruritis vulvae, urinary symptoms, vasomotor symptoms and vaginal dryness. Due to increased health awareness premenopausal problems are coming into light but still there is lacking in health consciousness in some sector of society especially in rural areas, which are responsible for seriousness of the disease.

2. Material and Methods

The study group consist 100 postmenopausal patients with various gynaecological disorders who attended the outpatient department or were admitted in Rajendra Institute of Medical Sciences, Ranchi during the period July 2011- October 2012.

The patients consisted of those more than 41 years of age who were amenorrhoeic for 12 months or more. Study approved by ethics committee. Proper history was taken from all the patients. General examination, abdominal examination and pelvic examination were done. Subsequently the patients were subjected to routine as well as relevant diagnostic investigations. Pap smear is done in all the women.

Exclusion Criteria

Women who acquired menopause due to surgery (Total hysterectomy with bilateral salpingo-oophorectomy).

Refusal for participation in study.

3. Results

In present study 100 patients were studied. The minimum age at which a patient presented was 41 years. The maximum age of presentations was 75.

Table 1: Patient demographic

Distribution of Patients According to Age Group

Age Group (Years)	No. of Patients	Percentage
<45	7	7%
46-50	35	35%
51-55	23	23%
56-60	15	15%
61-65	12	12%
>65	8	8%
Total	100	100%

Age of marriage (Yrs)	Number of patients	Percentage
≥ 15	66	66%
16 to 20	24	24%
21 to onwards	8	8%
Unmarried	2	2%
Total	100	100%

Socioeconomic status	Number of patients	Percentage
Low Socioeconomic status	68	68%
Medium Socioeconomic Status	28	28%
Upper Middle Class	4	4%
Total	100	100%

Age of Menopause (Years)	No. of Patients	Percentage
<44	12	12 %
45-48	70	70 %
>48	18	18 %

In our study the average age of menopause is 46 years. This results is in consistent with the recent Indian studies(6, 7).The Indian menopause age has been reported earlier as compared to developed countries (8).

Table 2: Symptoms of Postmenopausal Women

Complaints	Number of Patients	Percentage
Postmenopausal bleeding	30	30%
Prolapse	30	30%
Urinary Complaints	8	8%
Hot flush	6	6%
Lump abdomen	14	14%
Vaginal discharge	8	8%
Others	4	4%
Total	100	100%

Most of the women presented with postmenopausal bleeding (endometrial and cancer cervix, polyp, senile vaginitis) and prolapse.30% of women presented with postmenopausal bleeding (endometrial and cancer cervix, polyp, senile vaginitis) and 30% presented with prolapse.

Genital prolapse accounts for 30% of gynecological problems.93.75% belonged to low socioeconomic status. Amongst those with prolapse, 60% had 2nd and 3rd

degree.80% of them had multiple pregnancies. All the patients had multiple home deliveries without medical supervision.

Out of 14 Urogenital infections 8 patients presented with various urinary symptoms. (37.5%) patients presented with incontinence of urine, Patients presented with incontinence were obese.6 patients presented with senile vaginitis.

Table 3: Showing various malignant lesions during postmenopausal period

Malignant Lesion	Number of Patients	Percentage
Carcinoma Cervix	16	16%
Endometrial Cancer	6	6%
Ovarian Cancer	2	2%
Vulval Cancer	1	1%

Graph showing percentage of various malignant lesions out of total number of postmenopausal malignancies.

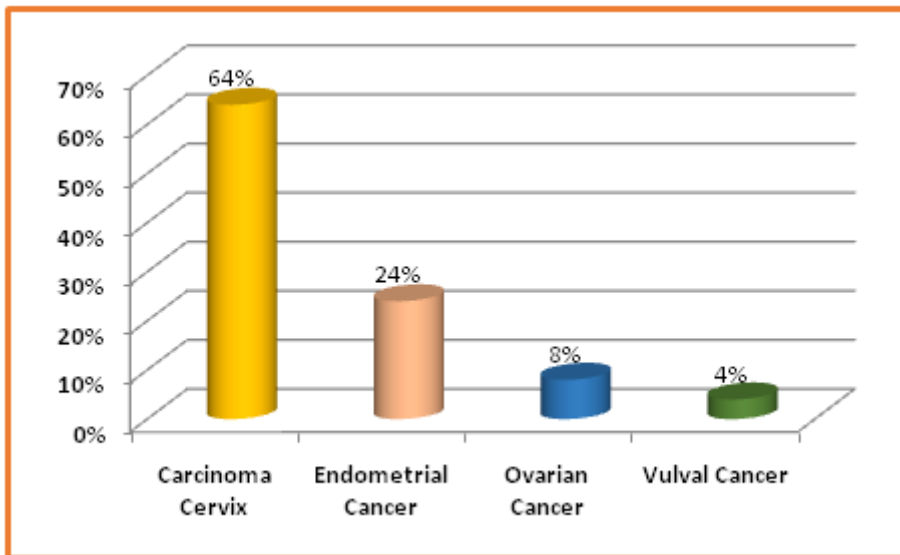


Table 4: Showing the incidence of abnormal Pap Smear

Abnormal Smear	Number of Patients	Percentage of Patients
Cancer Cervix	7/16	43.7%
Endometrial Cancer	2/6	33.33%
Ovarian Cancer	1/12	8.33%
Unhealthy Cervix	6/6	100.00 %
Senile Vaginitis	1/6	16.66%
Mucous Polyp	1/2	50%

Routine pap smear done in all cases. Out of 100 patients only 18 patients had abnormal smear. It is recommended that women who are sexually active should undergo routine pap smear. Guidelines on frequency vary from every 3 to 5 years, Saslow et al 2012 (9).

4. Discussion

It was observed that maximum number of patients (70%) had menopause between 45 - 48 years. Average age of menopause was 46years. The maximum number of patients (58%) belonged to the age group of 46 to 55 years, only 8% were more than 65 years. This proves that there is increased awareness during the immediate postmenopausal period. This awareness decreases with increase in age and elderly patients are more reluctant to attend the hospital for a gynaecological checkup.

30% patients presented with postmenopausal bleeding which included both benign and malignant lesions and 30% presented with genital prolapse. Prolapse was found mainly among low socioeconomic group with repeated unsupervised child birth at home at frequent interval. It was the common gynaecological problem during postmenopausal period.

In our study 8% patients presented with urinary symptoms, which is comparable with results of studies conducted by Khan and Hallad (10), of which 37 % had urinary incontinence.

6% patients presented with vasomotor symptoms, most of them were obese and belonged to upper middle class, the presenting complaints were heat intolerance, palpitation, depression, night sweating and disturbed sleep.

Patients with senile vaginitis, DUB and mucous polyp presented with postmenopausal bleeding.

Maximum number of patients belonged to the low socioeconomic group and Hindu community with history of early marriage and multiparity, all these are predisposing factors for carcinoma cervix. In the present study 16 cases had Cancer cervix which constituted 16% of postmenopausal gynaecological problems and 64% of all postmenopausal malignancies.

Patient diagnosed and treated for endometrial carcinoma were mostly obese with hypertension and diabetes being the other associated comorbid conditions. Incidence of endometrial cancer was found to be 6% of total study and 24% of all postmenopausal malignancies. Ovarian cancer constituted 2% of postmenopausal gynaecological problems.

The benign lesions constituted about 75 % of the postmenopausal gynaecological problems. The malignant lesions constituted 25% of the postmenopausal gynaecological problems and of these the commonest lesion was cancer cervix (64%), followed by endometrial cancer (24%) ovarian Cancer (8%) and vulval cancer (1%). According to the Indian cancer registry, there is an increasing trend for ovarian and corpus uteri malignancies in past 2 decades (11).

Although the incidence of malignancy during postmenopausal period had decreased in other countries due to routine screening programme and health checkups, it still remains a major cause of death in India.

Incidence of abnormal smear is about 18%. About 43.7% of cancer cervix, 33% of endometrial cancer and 8% of ovarian cancer had abnormal smear. The study showed that routine screening can diagnose cancer cervix if done early.

A regular programme of pap smear screening with appropriate follow up, can reduce cervical cancer incidence and mortality.

In developing countries like India, to reduce mortality and morbidity, community risk factor must be considered strictly. Routine health checkup, awareness programme and counselling should be done.

5. Conclusion

Postmenopausal period is an important part of woman's life. Various gynaecological disorders in the postmenopausal women are considered in present study. Emphasis has been given on the early detection of genital malignancies, their incidence and epidemiological factors related to them. Routine pap smear and others specific investigations were done as and when needed.

In developing countries like India, to reduce mortality and morbidity, community risk factor must be considered strictly. Routine health checkup, awareness programme and counselling should be done. A regular programme of pap smear screening with appropriate follow up, can reduce cervical cancer incidence and mortality.

In future, geriatric gynaecology will play an important role in India, as elderly population is demographically expanding.

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