CLINICAL SCENARIO OF GERIATRIC WOMEN IN GYNAECOLOGY INPATIENT DEPARTMENT AT TERTIARY LEVEL INSTITUTION

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ABSTRACT: OBJECTIVES: To study the various gynaecological problems which commonly affect the elderly population, their frequency, predisposing factors, management protocols and outcome.

METHODS: The present study was conducted prospectively including all women at and above 60 years of age who were admitted to the inpatient department of Obst. and Gynecology in Panna Dhai Zanana Hospital, Udaipur. A detailed history, physical examination laboratory investigations and treatment were recorded. The data thus collected was analyzed. **RESULTS:** The most common disorder was uterine prolapse, responsible for 75% of the admissions. Neoplasms were present in 19 cases. Of these 17(89.4%) were malignant and 2(10.5%) were benign. Malignancies were the second most commonly encountered disease in this study. Out of the 100 cases studied 17 (17%) were malignancies. Of these 8(47%) were ovarian malignancies, 5(29.4%) were carcinoma endometrium and 4(23.5%) were carcinoma cervix. The most common surgical procedure that was performed was VH with PFR (74%). TAH with BSO was done in 13% cases. Werthiem's hysterectomy was done in 3% cases. Laprotomy f/b debulking was done in 5% cases. Le Fort's operation was done in 1 (1%) case. CPT repair was done in the case of CPT (1%). Anterior colporrhaphy with PFR was done in 1(1%) case. Abdominal sacrocolpopexy was done in 1(1%) case. Subtotal hysterectomy with BSO was done 1(1%) case. **CONCLUSION:** By the present study it is concluded that genital prolapse and malignancies are the most common gynaecological disorders in the geriatric age group. Most of the patients coming to the hospital have been suffering for months to years from their ailments. Cases of genital cancers also underwent major surgical procedures. Due to advancements in the field of anesthesia and availability of blood or transfusion any major surgical procedure can be undertaken safely in a majority of these elderly patients.

INTRODUCTION: The last chapter in the evening of life is one full of problems social, economic and physical. They are partly due to the infirmity of the old and partly to the complex culture of which they are a part.

Of the total admissions made in any general hospital two age groups are most frequent, the youngest and the elderly. For the younger, pediatric clinic, wards and even hospitals are setup in our country. No such attention has been paid so far to the needs of the old persons. It was hardly recognized; much less realized that the disease, responses and treatment of the old differ materially from that of the young. The medical profession will have to adapt itself and accept the challenge of the times.

In this century particularly with the curbing of child mortality, with the eradication of certain infections and with the conquest over controllable diseases, the average expectation of life has been prolonged considerably.

ORIGINAL ARTICLE

As an increasing population reaches old age, more elderly women present themselves to the gynecologist for diagnosis and treatment.

Most postmenopausal changes have to do with the greatly decreased circulating estrogens produced by the ovaries. As a result there is an increase in the pituitary gonadotrophins. This may result in conversion of androgen to estrogen. Peripheral conversion of androstenedione to estrogen does occur in postmenopausal women, they however seem to experience some degree of estrogen lack evidenced by atrophic changes in their reproductive system.

The most common problems encountered are – utero-vaginal prolapse of varying degrees, malignancies of the genital tract, benign tumors, inflammatory lesions vaginitis, urethritis, pyometra etc.

The present study was carried out to know the gynecological disease pattern in geriatric patients at or above 60 years.

MATERIALS AND METHOD: The present study was conducted prospectively including all women at and above 60 years of age who were admitted to the inpatient department of Obst. And Gynecology in Panna Dhai Zanana Hospital, Udaipur. A detailed history, physical examination laboratory investigations and treatment were recorded. The data thus collected was analyzed.

OBSERVATIONS AND DISCUSSION: The present study was conducted at Panna Dhai Zanana Hospital, attached to RNT Medical College, Udaipur for one year, during which period 100 patients at or above the age of 60 years were admitted with various complaints.

S. NO	DISORDER	FREQUENCY
1.	PROLAPSE (II ^o AND III ^o)	75
2.	CYSTOCELE AND RECTOCELE	01
3.	VAULT PROLAPSE	01
4.	PYOMETRA	01
5.	FIBROID	01
6.	OVARIAN CYST	01
7.	COMPLETE PERINEAL TEAR	01
8.	CHRONIC CERVICITIS	02
9.	CARCINOMA OVARY	08
10.	CARCINOMA ENDOMETRIUM	05
11.	CARCINOMA CERVIX	04
TOTAL		100

PATTERN OF GYNECOLOGICAL DISORDERS IN ELDERLY WOMEN

The most common disorder was uterine prolapse, responsible for 75% of the admissions, of these 90% were III^o uterovaginal prolapse and 10% were II^o uterovaginal prolapse. Only cystocele and rectocele was present in 1 patient and vault prolapse in 1 patient. Sense of descensus was a constant feature in all these patients. Genital prolapse was responsible for backache in 20(25.97%) patients, for vaginal discharge in 5(6.4%) patients and for vaginal bleeding in 1(1.2%) patients.

ORIGINAL ARTICLE

Neoplasms were present in 19 cases. Of these 17(89.4%) were malignant and 2(10.5%) were benign.

Malignancies were the second most commonly encountered disease in the present study. Out of the 100 cases studied 17 (17%) were malignancies. Of these 8(47%) were ovarian malignancies, 5(29.4%) were carcinoma endometrium and 4(23.5%) were carcinoma cervix. The presenting complaints in cancer cervix and cancer endometrium cases were postmenopausal bleeding and vaginal discharge. In cancer ovary presenting complaints were lump abdomen and constipation.

Benign neoplasms were present in 2(2%) cases. There was 1(50%) case of fibroid uterus which presented as bleeding per vaginum. There was 1(50%) case of ovarian cyst which presented as lump abdomen.

Chronic cervicitis was present in 2(2%) cases which presented with pain abdomen and vaginal discharge.

There was 1(1%) case of pyometra which was due to senile endometritis. It presented with pain abdomen and foul smelling vaginal discharge. 1(1%) patient presented for repair of old CPT.

S.NO.	AGE GROUP	NO. OF CASES	PERCENTAGE
1.	60 – 65	69	69%
2.	66 – 70	21	21%
3.	71 – 75	06	06%
4.	>75	04	04%
5.	TOTAL	100	100%
S.NO.	RESIDENCE	NO. OF CASES	PERCENTAGE
1.	RURAL	59	59
2.	URBAN	41	41
	TOTAL	100	100
S.NO.	LITERACY STATUS	NO. OF CASES	PERCENTAGE
1.	LITERATE	33	33
2.	ILLITERATE	67	67
	TOTAL	100	100

Socio – demographic profile of study population

S. NO.	TYPE OF GENITAL PROLAPSE	NO. OF PATIENTS	PERCENTAGE
1.	III ^o UV - PROLAPSE	67	87
2.	II ^o UV - PROLAPSE	8	10.3
3.	VAULT PROLAPSE	1	1.2
4.	CYSTOCELE + RECTOCELE	1	1.2
	TOTAL	77	100

TYPES OF GENITAL PROLAPSE

Most common type of genital prolapse was III^o UV prolapse accounting for 67(87%) admissions for genital prolapse. There were 8 (10.3%) cases of II^o UV prolapse, 1(1.2%) case of vault prolapse and 1(1.2%) case of cystocele and rectocele.

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S. NO.	PARITY	NO. OF PATIENTS	PERCENTAGE
1.	1 -2	12	16.0%
2.	3 – 4	34	45.3%
3.	5 and more	29	38.7%
	TOTAL	75	100
PARITY OF WOMEN SUFFERING FROM UV - PROLAPSE			

A birth injury is an important etiological factor for prolapse. Rapid succession of pregnancies precludes proper puerperal rehabilitation and therefore high parity and lack of spacing between pregnancies increase the tendency to develop prolapse. Maximum number of patients with prolapse are para 3 and para 4(45.3%). There is a lesser number of prolapse patients who are para 1 and para 2(16.0%). As there are fewer number of women who are para 5 and above hence the fewer number of patients of prolapse in this category (38.7%).

S.NO.	MALIGNANCY	NO. OF PATIENTS	PERCENTAGE
1.	CA. CERVIX	04	23.5
2.	CA. OVARY	08	47.0
3.	CA. ENDOMETRIUM	05	29.5
	TOTAL	17	100
DIFFERENT TYPES OF MALIGNANCIES			

Malignancies were the second most commonly encountered disease in the present study. Out of the 100 cases studied 17 (17%) were malignancies. Of these 8(47%) were ovarian malignancies, 5(29.4%) were carcinoma endometrium and 4(23.5%) were carcinoma cervix. The presenting complaints in cancer cervix and cancer endometrium cases were postmenopausal bleeding and vaginal discharge.

S.NO.	DURATION	NO. OF PATIENTS	PERCENTAGE
1.	< 1 month	02	02
2.	1- 6months	51	51
3.	7months – 1 year	20	20
4.	13 – 18 months	03	03
5.	19 – 24 months	07	07
6.	>2years	17	17
	TOTAL	100	100
TIME INTERVAL BETWEEN ONSET OF SYMPTOMS AND SEEKING OF MEDICAL ADVICE			

53% women seek medical advice within 6 months of onset of symptoms while the remaining 49% reported even later. Due to shyness and poverty our women do not consult their doctor early for their problems.

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SL. NO.	AGE GROUP (YRS.)	NO. OF PATIENTS WITH CA CERVIX	%	NO. OF PATIENTS WITH CA OVARY	%	NO. OF PATIENTS WITH CA ENDOMETRIUM	%
1.	60 – 65	03	75	06	75	03	60
2.	66 – 70	01	25	02	25	01	20
3.	71 – 75	00	00	00	00	01	20
4.	>75	00	00	00	00	00	00
	TOTAL	04	100	08	100	05	100

3(75%) patients of cancer cervix were in the age group of 60 – 65 years and 1(25%) patient was between 66 – 70 years as it is a disease of younger women.

SL. NO.	SYMPTOM	NO. WITH THE SYMPTOM	GENITAL PROLAPSE	CANCER CERVIX	CANCER ENDO	CANCER OVARY	FIBROID UTERUS	OVARIAN CYST	CHRONIC CERVICITIS	PYOMETRA	CPT
1.	SENSE OF DESCENSUS	77	77 (100%)	-	-	-	-	-	-	-	-
2.	BACKACHE AND PELVIC PAIN	23	20 (25.97%)	-	-	-	-	-	2 (100%)	1 (100%)	-
3.	VAGINAL BLEEDING	11	1 (1.2%)	4 (100%)	5 (100%)	-	1 (100%)	-	-	-	-
4.	VAGINAL DISCHARGE	16	5 (6.4%)	4 (100%)	5 (100%)	-	-	-	1 (50%)	1 (100%)	-
5.	ABDOMINAL MASS	9	-	-	-	8 (100%)	-	1 (100%)	-	-	-
6.	CONSTIPATION	8	-	-	-	8 (100%)	-	-	-	-	-
7.	INCONTINENCE OF FECES AND FLATUS	1	-	-	-	-	-	-	-	-	1 (100%)
PRESENTING SYMPTOMS											

As majority of patients in this series were of genital prolapse (77%), so the most common presenting complaint was sense of descensus (77%). Backache and pelvic pain was complained by 23% patients of whom 20 were patients of genital prolapse, 2 of chronic cervicitis and 1 of pyometra. Vaginal bleeding was complained by 11 patients of whom 5 were diagnosed as endometrial carcinoma, 4 as cervical cancer, 1 patient had fibroid uterus and 1 had prolapse with decubitus ulcer. 16 % patients presented with vaginal discharge, of which 5 were diagnosed as endometrial carcinoma, 4 as cervical cancer, 5 patient had genital prolapse, 1 had chronic cervicitis and 1 had pyometra. 9% patients presented with abdominal lump of which 8 were diagnosed as cancer ovary and 1 as ovarian cyst. Constipation was complained by 8% patients, all of whom were diagnosed with cancer ovary. Incontinence of faeces and flatus was complained by the patient with CPT (1%).

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S. NO.	SURGICAL PROCEDURE	NUMBER OF CASES	PERCENTAGE
1.	VH WITH PFR	74	74
2.	TAH WITH BSO	13	13
3.	WERTHIEM'S HYST.	3	3
4.	LAPROTOMY f/b DEBULKING	5	5
5.	LE FORT'S OPERATION	1	1
6.	CPT REPAIR	1	1
7.	ANTERIOR COPORRAPHY WITH PFR	1	1
8.	ABD. SACROCOLPOPEXY	1	1
9.	SUBTOTAL HYST. WITH BSO	1	1
	TOTAL	100	100
SURGICAL PROCEDURE PERFORMED			

As the majority of patients admitted were suffering from genital prolapse, the most common surgical procedure that was performed was VH with PFR (74%). TAH with BSO was done in 13% patients of whom 5 were cases of endometrial cancer, 3 were cases of cancer ovary, 2 were cases of chronic cervicitis, 1 was case of pyometra, 1 of ovarian cyst and 1 of fibroid uterus. Werthiem's hysterectomy was done in 3% cases all of which were cancer cervix. Laparotomy f/b debulking was done in 5% cases all of which were cases of advanced ovarian cancer. Le Fort's operation was done in 1 (1%) case of UV prolapse unfit for major surgery on medical grounds. CPT repair was done in the case of CPT (1%). Anterior colporrhaphy with PFR was done in the case with cystocele and rectocele (1%). Abdominal sacro-colpopexy was done in the case of vault prolapse (1%). Subtotal hysterectomy with BSO was done in a case of advanced cancer cervix (1%).

Out of the 100 patients operated, blood transfusion was required in 5 cases, of these Werthiem's hysterectomy was done in 3 cases and debulking for ovarian cancer was done in 3 cases. The duration of hospital stay for majority of patients (83%) was 6 days. Patient who underwent Le Fort's operation under local anaesthesia as she was unfit for major surgery for medical reasons had a hospital stay of 3 days. 4 patients had a stay of 8 days. 12 patients stayed for 10 days, most of them were those who underwent extensive surgery through midline incisions for malignancies.

SUMMARY: The present study was conducted at Panna Dhari Zanana Hospital, attached to RNT Medical College, Udaipur for one year, during which period 100 patients at or above the age of 60 years were admitted with various complaints.

- The most common disorder was uterine prolapse, responsible for 75% of the admissions, of these 90% were III^o uterovaginal prolapse and 10% were II^o uterovaginal prolapse. Only cystocele and rectocele was present in 1 patient and vault prolapse in 1 patient.
- Neoplasms were present in 19 cases. Of these 17(89.4%) were malignant and 2(10.5%) were benign.
- Malignancies were the second most commonly encountered disease in this study. Out of the 100 cases studied 17 (17%) were malignancies. Of these 8(47%) were ovarian malignancies, 5(29.4%) were carcinoma endometrium and 4(23.5%) were carcinoma cervix.

- Benign neoplasms were present in 2(2%) cases. There was 1(50%) case of fibroid uterus. There was 1(50%) case of ovarian cyst.
- Chronic cervicitis was present in 2(2%) cases.
- There was 1(1%) case of pyometra which was due to senile endometritis.
- 1(1%) patient presented for repair of CPT.
- 69% of these women were in the age group of 60 – 65 years.
- 59% patients were from rural areas while 41% were from urban areas.
- 51% belonged to middle socioeconomic status while 49% belonged to the low socioeconomic status.
- 67% were illiterate and 33% were literate.
- 51% women seek medical advice in 1 – 6 months of onset of symptoms while the remaining 49% reported even later.
- Maximum number of patients with prolapse are para 3(22.7%) and para 4(22.7%). There is a lesser number of prolapse patients who are para 1(2.7%) and para 2(13.3%).
- 3(75%) patients of cancer cervix were in the age group of 60 – 65 years and 1(25%) patient was between 66 – 70 years.
- 6(75%) patients of cancer ovary were in the age group of 60 – 65 years and 2(25%) patient were between 66 – 70 years.
- 3(60%) patients of cancer endometrium were in the age group of 60 – 65 years, 1(20%) patient was between 66 – 70 years and 1(20%) patient was between 71 – 75 years.
- Most common presenting complaint was sense of descensus (77%). Backache and pelvic pain was complained by 23% patients. Vaginal bleeding was complained by 11% patients. 16 % patients presented with vaginal discharge. 9% patients presented with abdomen. Constipation was complained by 8% patients. Incontinence of faeces and flatus was complained by 1(1%) patient.
- The most common surgical procedure that was performed was VH with PFR (74%). TAH with BSO was done in 13% cases. Werthiem's hysterectomy was done in 3% cases. Laparotomy f/b debulking was done in 5% cases. Le Fort's operation was done in 1 (1%) case. CPT repair was done in the case of CPT (1%). Anterior colporrhaphy with PFR was done in 1(1%) case. Abdominal sacrocolpopexy was done in 1(1%) case. Subtotal hysterectomy with BSO was done 1(1%) case.
- Out of the 100 patients operated, blood transfusion was required in 5 cases (5%).
- The duration of hospital stay for majority of patients (83%) was 6 days. 4 patients (4%) had a stay of 8 days. 12 patients (12%) stayed for 10 days and 1(1%) for 3 days.

CONCLUSION: By the present study it is concluded that genital prolapse and malignancies are the most common gynaecological disorders in the geriatric age group. Most of the patients coming to the hospital have been suffering for months to years from their ailments. The prolapse at this age is generally advanced and extensive and the operation of choice for prolapse is VH with PFR. There was no mortality. Cases of genital cancers also underwent major surgical procedures. Due to advancements in the field of anesthesia and availability of blood for transfusion any major surgical procedure can be undertaken safely in a majority of these elderly patients.

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