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GYNAECOLOGICAL DISORDERS IN GERIATRIC WOMEN

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ABSTRACT:
Older women constitute the fastest growing segment of Indian population. Geriatric gynaecology deals with gynaecological pathologies encountered in postmenopausal women aged 65 years and above. The unique features of geriatric illness are chronicity and heterogeneity, greater severity and slow or sometimes no recovery. Postmenopausal phase is important and primary care physicians should be aware of common gynecologic concerns and the potential impact of these on the function and quality of life of older women. The most common gynecologic problems encountered in elderly women are vulvovaginal atrophy, Pelvic organ prolapse, Postmenopausal bleeding and alterations in bladder function. According to a study done by Parihar BC et al., the most common Gynaecological disorder was uterovaginal prolapse (28.4%) followed by malignant disorders of genital tract (26.6%), urogenital infections (25.5%) and benign disorders of genital tract (17.7%). Breast carcinoma is also common in this age group.

Keywords: Vulvovaginal atrophy, pelvic organ prolapse, postmenopausal bleeding, urogenital infections, breast carcinoma.

INTRODUCTION:
Menopause is a natural event in the life of every woman. Menopause is the permanent cessation of menstruation at the end of reproductive life due to loss of ovarian follicular activity. It is a hypo-estrogenic state. Oestrogen affects the part of the brain that control emotions so, this hormone is closely related with women's emotional well-being. It occurs gradually in women and it indicates the transition from reproductive to post reproductive era of women's life. A major challenge for the world in 21st century is the ageing of its population. The older population is growing fastest in India. The number of people aged >60 years has grown from 5.4% in 1981 to 7.5% in 2001 and it projected to become 12.5% in 2025. Disorders peculiar to geriatric age are vulvo-vaginal atrophy, pelvic organ prolapses, urinary incontinence, genital infections and malignancies. Vaginal atrophy (atrophic vaginitis) is due to less estrogen. It not only makes the intercourse painful (Dyspareunia) but also leads to distressing urinary symptoms. Combinedly called "Genitourinary Syndrome of Menopause (GSM) ". According to the American congress of obstetricians and gynecologists, more than 90% of women with endometrial cancer experience postmenopausal bleeding. Bladders symptoms include urinary incontinence and stress incontinence. Genital infections include mainly of UTIs followed by chronic cervicitis, senile vaginitis and PID. POP includes varying degree of cystocele, ureterocele, rectocele, enterocele. Genital malignancy includes mainly ca cervix followed by ca ovary, ca endometrium and vault carcinoma. Breast carcinoma is also common in this age group. Benign disorders of genital tract include atrophic endometritis, fibroid uterus, benign ovarian mass, endometrial polyp etc.
All these disorders create a great impact on the quality of life of post-menopausal women. The purpose of the present study is to assess the various types of gynecological problems faced by older women in India and to

emphasize the need of promoting screening programs for early detection and treatment of cancers and establishment of geriatric units to meet the special need of this subset of population.

PELVIC ORGAN PROLAPSE:

Pelvic organ prolapse includes descent of the vaginal wall and /or the uterus. The descent of these structures occurs due to weakness of the supporting structures of these organs which maintains them in its normal position.

1. The congenital weakness of the supporting structures is responsible for prolapse in nulliparous women.
2. Mismanaged vaginal delivery is the single most common cause for the Pelvic organ prolapse. Premature bearing down efforts prior to full dilatation of the cervix, delivery with forceps or ventouse with forceful traction, prolonged second stage of labour, precipitate labour, downward pressure on the uterine fundus for placental delivery. All these drawbacks while handling of a case of labour causes overstretching of the ligaments & tissues supporting the uterus.
3. Conditions which increases intraabdominal pressure like chronic asthma, constipation etc., early resumption of activities after abdominal and vaginal surgeries, repeated childbirths at frequent intervals.

All the predisposed conditions cause overstretching and breaking in the supports of the pelvic organs, Overstretching of the perineum, poor and imperfect repair of the perineal injuries, poor repair of collagen tissues. Neuromuscular damage to the levator ani muscles leads to the loss of functioning and loss of tonicity of the muscles. 7,8,9

Pelvic organ prolapsed (POP) is graded as per the Baden-Walker system on a scale of 0 to 4; grade 0 is defined as no prolapse, grade 1 as prolapse halfway to hymen, grade 2 as prolapse upto hymen, grade 3 as prolapse halfway beyond the hymen, and grade 4 complete prolapse.

CLASSIFICATION OF POP:

The classification of genital prolapse is in terms of

1.Prolapse of Vagina

2.Prolapse of Uterus

1.Prolapse of Vagina

a) Cystocele - It is the laxity and descent of the upper two-thirds of the anterior vaginal wall. Here there is herniation of bladder.

b) Urethrocele – It is the laxity of the lower third of the anterior vaginal wall. Here there is herniation of urethra.

c) Cystourethrocele – It is the laxity and herniation of complete anterior vaginal wall.

d)Relaxed perineum –It is the gaping introitus with bulge of the lower part of the posterior vaginal wall due to torn perineal body.

e) Rectocele – It is the laxity of the middle-third of the posterior vaginal wall and there is herniation of rectum through the lax area.

f) Enterocele – It is the laxity of the upper-third of the posterior vaginal wall causing herniation of the pouch of douglas.

2.Prolapse of Uterus

a) First degree – It is the descent of the uterus from its normal anatomical position.

b) Second degree – It is the descent of the uterus where cervical opening is seen outside the vaginal introitus, the uterine body still remains inside the vagina.

c) Third degree (Procidentia)– It is the descent of the entire cervix & body of the uterus outside the vaginal introitus. It is the prolapsed of the uterus with eversion of the entire vagina. 7,9

MANAGEMENT:

Preventive measures – Adequate antenatal, Intranatal and Postnatal care.

a) Conservative –

1. Improving the general condition and Oestrogen replacement therapy.
2. Pelvic floor exercises like Kegel's exercises to strengthen the musculature.
3. Pessary treatment for patients who are unfit for surgery.

b) Surgical management –

1.Anterior colporrhaphy for cystocele.

2.Abdominal and Vaginal Hysterectomy for uterine prolapse.

3.Enterocele repair for Enterocele.

4.Perineorrhaphy for relaxed perineum.

VULVO-VAGINAL ATROPHY:

Vulvovaginal atrophy (VVA) is a common and underreported condition associated with decreased estrogenization of the vaginal tissue. Symptoms include dryness, irritation, soreness, and dyspareunia with urinary frequency, urgency, and urge incontinence.

Clinical findings include the presence of pale and dry vulvovaginal mucosa with petechiae. Vaginal rugae disappear, and the cervix may become flush with the vaginal wall.

Breast cancer treatment increases the prevalence of VVA because the surgical, endocrine, and chemotherapeutic agents used in its treatment can cause or exacerbate VVA. In general, the prevalence ranged from about 4% in the early premenopausal groups to 47% in the late postmenopausal group.

TREATMENT OF VVA:

- Non-hormonal- Vaginal moisturizers for VVA symptoms & lubricants for dyspareunia.
- Hormonal

GENITAL TRACT INFECTIONS:

Post-menopausal women have higher rates of UTIs because of pelvic prolapse, lack of oestrogen, loss of lactobacilli in the vaginal flora, increased periurethral colonisation by Escherichia coli, & a higher incidence of medical illnesses such as diabetes mellitus (DM).

POST-MENOPAUSAL BLEEDING:

When a woman has ceased menstruation, it can be alarming to experience bleeding. Although more than 90 percent of women with endometrial cancer experience bleeding, according to the American Congress of Obstetricians and Gynecologists, most cases will have other causes. Two of the most common are the use of hormone therapy and the age-related thinning and atrophy of the endometrium and vagina. Other frequent causes of bleeding in this population include endometrial polyps, uterine fibroids, hyperplasia, & infections of the uterus or cervix.

URINARY SYMPTOMS:

Many women can be affected by urinary symptoms to a greater or lesser degree at different times in their lives. Symptoms can include pain when passing urine, difficulties starting the urine stream, difficulties with flow, frequency of passing urine, or problems holding urine (e.g. stress incontinence)

DISCUSSION:

Pelvic floor dysfunction is a major health issue for older women, and the likelihood of undergoing an operation for POP by the age of 80 years was 11%.8 Olsen AL et al, showed in their study that the age-specific incidence of genital prolapses increased with advancing age and most patients were older, postmenopausal, parous, and overweight. This was similarly found in our study. Estrogen receptors are widely present in the tissues that form the pelvic floor. Rizk et al. argued that postmenopausal estrogen deficiency has adverse effects on biologic ageing and pelvic floor support mechanism.

CONCLUSION:

Postmenopausal period is an important part of a woman's life. The geriatric phase is even more important as ageing also becomes a factor. The changes in tissue milieu due to ageing causes difficulties in the application of treatment procedures posing an additional obstacle. Thus, caring for these women in their reproductive years as well as in later life should be an aim for all gynecologists. The high incidence of carcinoma cervix in our set up emphasizes the urgent need for screening programs for postmenopausal women. In future, geriatric gynaecology will play an important role in India, as elderly population is demographically expanding. It is suggested that establishment of geriatric clinics in the current primary health care system can centralize attention to menopausal women and their needs. There is a necessity of multidisciplinary approach to the problems of menopause with more stress on preventions & interventions.

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