

## **Clinical Analysis of Gynaecological Disorder among Postmenopausal Women- A Hospital Based Study**

Dr. Sahadev Sahoo <sup>1</sup>, Dr. Shashikanth Somani <sup>2</sup>, Dr. Sonali Rathi Somani <sup>3</sup>,  
Dr. Rajesh Kaul <sup>4</sup>, Dr. A. Vijayalaxmi <sup>5</sup>

<sup>1,3</sup>(Assistant Professor, Department of Obstetrics and Gynaecology, Kamineni Institutes of Medical sciences Narketpally, Nalgonda, Telangana, India )

<sup>2</sup>(Assistant Professor, Department of Physiology, Kamineni Institutes of Medical sciences Narketpally, Nalgonda, Telangana )

<sup>4</sup>( Professor & HOD, Department of Obstetrics and Gynaecology, Kamineni Institutes of Medical sciences, Narketpally, Nalgonda, Telangana)

<sup>5</sup>( Professor & HOD, Department of Physiology, Kamineni Institutes of Medical sciences, Narketpally, Nalgonda, Telangana )

---

### **Abstract:**

**Objective:** (1) To Find out the percentage of postmenopausal women attending gynaecological out patients department (OPD). (2) To find out the various gynaecological disorder and their incidence. **Material and Methods:** A prospective study was conducted at Kamineni Institute of Medical Sciences, Narketpally. One hundred fifty nine patients were included during study period. Data was analysed. **Results:** The most common gynaecological disorder was postmenopausal bleeding (n=80, 50.31%) followed by urogenital infections (n=27, 16.98%) and pelvic organ prolapse (n=19, 11.95%). Out of total 80 patients with postmenopausal bleeding, 54 were benign and 26 malignant causes. Carcinoma of the cervix was the commonest malignancy in our study. **Conclusion:** Menopausal health has been one of the neglected areas in our country and needs timely vital attention as they are at risk of developing various genital malignancy. Moreover, postmenopausal bleeding was a feature of possible underlying malignancy, of which carcinoma of the cervix was the commonest cause. This emphasises the need for a screening programme for Indian women in our scenario.

**Keywords:** Gynaecological disorder, Malignancy, Postmenopausal women.

---

### **I. Introduction**

Menopause is the permanent cessation of menstruation resulting from the loss of follicular activity of the ovaries. It is diagnosed after 12 months of amenorrhoea due to drop in the levels of estrogen and progesterone. With increasing life expectancy, women today are spending about 40% of their life in postmenopausal era. A major challenge for the world in the 21<sup>st</sup> 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 1951 to 7.5% in 2001 and is projected to become 12.5% in 2025. [1,2]

Gynaecological disorders in postmenopausal age are pelvic organ prolapse, urinary incontinence, genital infections and malignancies. Genital tract malignancies constitute about 14% of cancer in women.

It is a major public health problem. Its incidence is more in developing countries because of lack of education and awareness. Therefore they are in need of periodic gynecological examinations and screening tests used to diagnose early genital cancer. Vulvar, vaginal, and endometrial carcinoma increases as patients become older and there are no screening programmes for early detection and hardly any dedicated geriatric units. Present study was done to assess the gynaecological problems among postmenopausal women in our scenario.

### **II. Material & Methods**

Present study was conducted in Kamineni Institute of Medical Sciences, Narketpally, Nalgonda, after taking approval from ethical committee, from February 2015 to August 2015 in 159 postmenopausal women who attended gynaecology outpatients menopausal clinic for various problem like bleeding or discharge per vagina, mass or fullness over abdomen, something coming out of private parts, ulcer over vulva etc.

#### **Exclusion Criteria:**

- Refusal for participation in study
- Women with surgical or radiation induced menopause.

All patients were explained in detail about aim, objectives of study and written consent was taken. A detailed gynecological history including age and duration of menopause, menstrual cycle before menopause and

how it was attained was noted..Life expectancy in India is 61 years, as compared to 72 to 82 years in the developed countries.

A thorough general physical examination of patient including height, weight, body mass index, pallor, vital datas, and examination for goiter and breast for lump followed by thorough systemic examination was done. Pelvic examination:

**Local :**

- Inspection of external genitalia for any growth over vulva, urethral orifice and any discharge noted.

Per speculum examination:

- Any growth on cervix, polyp, cervicitis or any bleeding or discharge coming through the os was checked.
- Thorough inspection of the vagina was done for any lesion, varicosities, hemorrhagic spots or atrophic changes .
- Cervical cytology was taken, at appropriate time with Ayres spatula from the squamo columnar junction. Scrapes from endocervix were taken with help of endobrush.

Bimanual examination:

- Feel of cervix, the status of uterus its size, position, mobility, surface contour, consistency and adnexa for any mass, thickening and tenderness were assessed.

**Per rectal examination:**

It was done whenever required to find out involvement of the rectal mucosa , any mass in rectum , involvement of the parametrium, or any secondaries in pouch of Douglas .

Diagnostic testing: In all cases laboratory investigation like haemoglobin percentage, total leucocyte count, differential leucocytes count, blood group & Rh factor and urine examination for albumin, sugar and microscopy was done. Other laboratory investigations like blood sugar fasting & postprandial, renal profile, liver profile, Coagulation profile, Serology, & thyroid profile was done where ever indicated.

Patients were subjected to ultrasonography to know about status of uterus & adenexa. computed tomography & MRI wherever necessary.

Details of all gynaecological problems were recorded. Postmenopausal bleeding (PMB) was defined as vaginal bleeding 12 months after spontaneous amenorrhoea. Diagnostic dilatation and curettage to obtain Endometrial tissue & in unhealthy cervix cervical tissues were examined histopathologically.

Atrophic vaginitis was inflammatory vaginitis accompanied by purulent discharge with atrophy of external genitalia and loss of vaginal rugae.

Urinary incontinence was defined as any involuntary leakage of urine;stress urinary incontinence was associated with increased intra abdominal pressure.

Urinary tract infection (UTI),Pelvic organ prolapse (POP), degree of cystocele, urethrocele, rectocele, and enterocele & genital malignancy were also assessed.

Statistical Analysis: The data collected was tabulated in microsoft excel sheet and were analysed .

**III. Results**

During study period total 2019 women attended our OPD for various reasons, out of which 159 ie, approximately 7.8% were postmenopausal.

**“Table-1” Age wise distribution of Postmenopausal patients**

S.NO	Age (years)	Number of Patients (n=159)	Percentage(%)
1	46-50	21	13.21%
2	51-55	64	40.25%
3	56-60	39	24.53%
4	61-65	17	10.69%
5	66-70	14	8.81%
6	71-75	4	2.51%

Majority 64 (40.25%) were in the age group of 51-55 years (Table-1)

**“Table-2” Distribution according to age of menopause**

S.NO	Age of menopause( years)	Number of Patients (n=159)	Percentage(%)
1	41-45	18	11.32%
2	46-50	59	37.11%
3	51-55	54	33.96%
4	56-60	28	17.61%

Maximum number of patients 59(37.11%) had menopause between 46-50 years (Table-2).

**“Table-3” Distribution according to duration of Menopause**

S.NO	Duration of Menopause (Years)	Number of Patients (n=159)	Percentage (%)
1	1-5	49	30.82%
2	6-10	77	48.43%
3	11-15	29	18.24%
4	16-20	4	2.51%

In maximum number of patients 57 (47.5%), the duration of menopause was between 6 – 10 years. (Table-3). Duration of menopause is inversely related to postmenopausal bleeding.

**“Table-4” Distribution of Gynaecological disorders in Postmenopausal Patients**

S.NO	Disease profile		Number of patients (N=159)	Percentage	
1	Pelvic organ prolapsed (POP)		19	11.95%	
2	PMB	Benign	Atrophic Endometrium	11	6.92%
			Endometrial polyp	8	5.03%
			Fibroid Uterus	13	8.18%
			Cervical polyp	7	4.40%
			CIN	15	9.42%
		Malignant	Cervical carcinoma	21	13.21%
			Endometrial Carcinoma	4	2.52%
3	Urogenital infection	Endometritis	5	3.14%	
		Pyometra	3	1.89%	
		Chronic cervicitis	11	6.92%	
		Pelvic inflammatory Disease	1	0.63%	
		Senile Vaginitis	7	4.40%	
4	Benign Ovarian Tumour		7	4.40%	
5	Malignant ovarian Tumour		8	5.03%	
6	Carcinoma Vagina		1	0.63%	
7	Carcinoma Vulva		1	0.63%	
8	Bartholin Cyst		2	1.26%	
9	Urinary problem		13	8.18%	
10	Urethral caruncle		1	0.63%	

The most common gynaecological disorder was postmenopausal bleeding (n=80,50.31%) followed by urogenital infections (n=27, 16.98%) and POP (n=19, 11.95%) (Table-4) Out of total 80 patients with postmenopausal bleeding (PMB), 54 were benign and 26 malignant. Carcinoma of the cervix was the commonest malignancy in our study.

#### IV. Discussion

In present study, age range was 46-75 years. Age of presentation: (table no-1) Majority 64 (40.25%) were between 51-55 years.

**“Table-5” Comparison of age of presentation with others studies**

Authors	Sample Size(n)	Age Range (years)	Mean Age±SD (years)
Lidor A et al <sup>3</sup>	226	40 – 81	56
Gredmark T et al <sup>4</sup>	457	50 – 80	-
Abha Singh & Arora et al <sup>5</sup>	100	40 - 75	-
Opmeer B et al <sup>6</sup>	540	37 – 91	62±10
Bharani Bharti et al <sup>7</sup>	25	52 – 65	55.25±3.84
<b>Present Study</b>	<b>159</b>	<b>46 – 76</b>	<b>54.75±5.1</b>

**“Table-6” Comparison of mean age of menopause with other studies**

Authors	Mean Age±SD of menopause (years)
Opmeer B et al <sup>6</sup>	50±4.9
Bharani Bharti et al <sup>7</sup>	55.24±3.84
<b>Present Study</b>	<b>48.10±2.8</b>

Age at menopause: (table no-2) It was observed that maximum number of patients 59(37.11%) had menopause between 46-50 years. Mean age of menopause was 48.10±2.8 years.

The duration of menopause was calculated by taking time interval between onset of menopause and onset of postmenopausal bleeding. In maximum number of patients the duration of menopause was between 6-10 years .

Distribution of Gynaecological disorders: (table no-4). Any bleeding in the postmenopausal period should be considered abnormal, as upto 10% of these patients have been found to have carcinoma [8]. Thus postmenopausal bleeding warrant prompt and thorough evaluation.

70% of cases of postmenopausal bleeding have an innocent or harmless cause of bleeding but 30% of them are associated with malignancy. Hence postmenopausal bleeding requires a thorough evaluation clinically and pathologically to exclude carcinoma as the cause and ensure a benign pathology.

Debnath S et al[9] in their study at JIPMER Hospital, Pondicherry on 500 postmenopausal women found neoplasm in 52% of cases and carcinoma cervix accounted for 42% of total cases.

Lee WH et al[10] in a study of 163 patients with postmenopausal bleeding found malignant causes in 25.7% of cases, of which the most common malignancy was cervical carcinoma(12.9%) followed by endometrial carcinoma (11%). Important benign cause was cervicitis (12.9%), atrophic vaginitis (12.3%) and cervical polyp 6.7% other benign causes like endometrial hyperplasia comprised of 3.1%, urethral caruncle 2.5% and estrogen replacement therapy 1.8%. carcinoma cervix as 1:10.

Carlos RC et al[11] reported that post menopausal bleeding represents approximately 5% of all gynecological visits.

According to Moodly M & Robert C et al [12] postmenopausal bleeding is common and represent 5% of all gynaecological OPD attendance.

Singh A & Arora S [5] in their study of postmenopausal patients found malignancy in 65% and benign lesions in 35%. Carcinoma cervix was the commonest malignancy (92.3%) followed by carcinoma endometrium (4.61%). Cervical polyp was the most common benign lesion.

In our study ,Out of total 80 patients with postmenopausal bleeding (PMB), 54 were benign and 26 malignant. Carcinoma of the cervix was the commonest malignancy. Perhaps the high incidence of malignancy is due to the fact that our hospital is a referral centre and hence cases of malignancy are referred here from near by area.

In western older women, endometrial carcinoma was the commonest malignancy of the genital tract, followed by ovarian malignancy.[13] This was in contrast to our population, where carcinoma of the cervix and ovary were the common malignancies; endometrial carcinoma ranked third. According to the Indian cancer registry, there is an increasing trend for ovarian and corpus uteri malignancies in the past 2 decades.[14]. Most gynaecological malignancies were observed at advanced stages; late detection of carcinoma of the cervix was due to the lack of a screening programme. To providing satisfactory health care for these patients with complaints relating to incontinence, pelvic floor dysfunction, and other gynecologic conditions. Vigilant suspicion for malignancy should be maintained .

## V. Conclusion

To conclude, postmenopausal bleeding, urogenital infection and Pelvic organ prolapse were the major gynaecological problems in older women. PMB is a common feature of underlying gynaecological malignancy in such women. Urgent referral for gynaecological work up is warranted. Carcinoma of the cervix was the commonest cause of PMB. The high incidence of cervical cancer observed in our series, emphasises the urgent need for a national screening programme for postmenopausal women.

Type and management of gynecologic problems in women aged over 65 can be challenging and differ from those for younger women. Thus, caring for these women in their reproductive years as well as in later life should be an aim for all obstetrician-gynecologists.

## Acknowledgements

We express our deep gratitude to all patients for their co-operation. Also we are thankful to Prof Dr Anantha Reddy & Prof Dr. Sudhir babu for their guidance.

## References

- [1]. Census of india 2001. Available from: [http://www.censusindia.gov.in/Census\\_Data\\_2001/India\\_at\\_glance/broad.aspx](http://www.censusindia.gov.in/Census_Data_2001/India_at_glance/broad.aspx). Accessed 2 October 2009.
- [2]. World Health Organization. Available from: [www.whoindia.org/.../Health\\_Care\\_for\\_the\\_Older\\_INTRA\\_Country\\_Profile.pdf](http://www.whoindia.org/.../Health_Care_for_the_Older_INTRA_Country_Profile.pdf). Accessed 2 October 2009.
- [3]. Lidor A, Ismajovich B, Confino E, David MP. Histopathological findings in 226 women with postmenopausal uterine bleeding. *Acta Obstet Gynecol Scand* 1986; 65:41-43.
- [4]. Gredmark T, Kvint S, Hovel G, Mattson IA. Histopathological findings in women with postmenopausal bleeding. *British J of Obstet & Gynecol* 1995; 102:133-136.
- [5]. Singh A & Arora S. The Red alert-postmenopausal bleeding. *Obs & Gynae Today*.2005; 10:592-93.
- [6]. Opmeer BC, van Doorn HC, Heintz AP, Burger CW, Bossuyt PM, Mol BW. Improving the existing diagnostic strategy by accounting for characteristics of women in the diagnostic work up for post menopausal bleeding. *BJOG* 2007; 114: 51-8.

- [7]. Bharani Bharti, Phatak Salish R. Feasibility and yield of endometrial biopsy using suction curette device for evaluation of abnormal pre and postmenopausal bleeding. *J Obstet Gynecol India* July/ August 2008; 58(4):322 -26.
- [8]. Karlsson B, Granberg S, Wikland M, et al. Transvaginal ultrasonography of the endometrium in women with postmenopausal bleeding - A Nordic multicenter study. *Obstet Gynecol* 1995; 172:1488-1494.
- [9]. Debnath S, Gita R, Arora R, Rajaram P.A study of Gynaecological problems in postmenopausal women. *J Obst & Gynec Ind* 1994;44:286-289.
- [10]. Lee WH, Tan KH, Lee YW. The aetiology of postmenopausal bleeding – a study of 163 consecutive cases in Singapore. *Singapore Med J* 1995; 36(2): 164-8.
- [11]. Carlos RC, Robert L, Bree, Abrahamse PH, Fendrick AM. Cost effectiveness of saline assisted hysterosonography and office hysteroscopy in the evaluation of postmenopausal bleeding. *Acad Radiol* 2001; 8: 835-844.
- [12]. Moodley M, Roberts C. Clinical Pathway for the evaluation of postmenopausal bleeding with an emphasis on endometrial cancer detection. *Obs& Gynae Today* 2005; 10(10):592-593.
- [13]. Jemal A, Siegel R, Ward E, Murray T, Xu J, Smigal C, et al. Cancer statistics, 2006. *CA Cancer J Clin* 2006;56:106-30.
- [14]. Yeole BB. Trends in cancer incidence in female breast, cervix uteri, corpus uteri, and ovary in India. *Asian Pac J Cancer Prev* 2008;9:119-22.