

## Original Article

# Postmenopausal Urogenital Diseases in Bangladesh A Study of Kumudini Womens Medical College & Hospital

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### Abstract

**Background:** All women go through menopause stage after a certain age and menopause women suffer from different medical problems which needs specific attention.

**Aim:** The aim of the study is to find out the consequences of postmenopausal women attending in the hospital for medical treatment. This study also identifies the outcome of different consequences in those patients.

**Methods:** Among 105 patients were selected for the study purposively those who were admitted in the gynecological ward in Kumodini Women's medical college from March 2008 to February 2009. All patients were undertake clinical examination and find out the consequence of menopause in one year observation period. A structured questionnaire was used to interview the patient and information also collected from patient's treatment file. Statistical analysis was performed by using statistical software SPSS 11.5 window.

**Results:** Among 105 patients, age was above 40 years. Most of the patients were coming from low and low middle income society having multiparous We have examined that most of the menopausal women developed uterovaginal prolapse was 63.8%, genital malignancies was found among 17.4% patients and rest were faced other benign disorders (19%) which includes leiomyoma, pelvic inflammatory diseases (PID), uncontrolled bleeding, urinary tract infections (UTI) and ovarian cysts.

**Conclusions:** In Post menopausal phase of women in Bangladesh suffered from different health consequences like uterine prolapse, benign diseases and carcinoma which causes of hospital admission for better management.

**Key Words:** Postmenopausal, Women, Consequence, Bangladesh

### Introduction

Menopause is the permanent cessation of menstruation resulting from the loss of ovarian and follicular activity. It usually occurs when women reach their early 50s [1], but it can vary between 40 and 58 years of age [2]. With a life expectancy close to 80 years, the average woman is postmenopausal for one third of her life. The incidence of certain conditions (e.g., coronary artery

disease, diabetes, breast cancer, colon cancer, cancer in cervix) increases after menopause [1]. Female pelvic organ prolapse is a common condition in parous women. It conveys a significant burden on individuals and society, even if it rarely threatens the general health and/or life of the patient [3]. Genital prolapse is a very common condition affecting up to 50% of prolapse

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women although only 10-20% of them are symptomatic [4]. Genital prolapse also occurred after the menopause of women which is common in Bangladesh. Like prolapse, cervical cancer is the most common reproductive cancer in women in Bangladesh, and high incidence annually [5]. It has been identified that the worldwide annual incidence of cervical cancer is estimated at 493 000 cases and more than 270 000 women die of cervical cancer each year. At least 80% of cases occur in developing countries [6] and in these countries it is the most common cancer in women.. This study will identify consequences of postmenopausal in women which causes medical hospitalization and treatment.

### Aim and objectives

The aim of the study is to find out the consequences of postmenopausal women attending in the hospital for medical treatment. This study also identifies the outcome of different consequences in those patients.

### Methodology

#### Place & Period:

This prospective study was carried out with the patients of postmenopausal patients admitted in the Gynecological Department of Kumodini Women's medical college about the year from March 2008 to February 2009. 105 patients were selected for the study purposively those who were meet the inclusion criteria.

#### Inclusion criteria:

Inclusion criteria's for the study were inclusion of all cases with postmenopausal complications aged above 45 years. Where as, we have excluded patients those who had previously diagnosed for different gynecological problems or carcinoma and took previous medical treatment. All patients were undertaking details history taking, clinical examination and laboratory test to diagnosis the specific diseases. Patients were investigated by specialized doctors in the Gynae department during one year of study period.

### Statistical Analysis

Data were collected with pre-tested structured questionnaire and all data were interred in the computer, statistical software SPSS 11.5 used for analysed the data, descriptive analysed were performed.

### Results

Among 105 respondents, majority (30%) of women had age between 56 to 60 years. About 26 % of women had age between 46 to 50 years, in where age group from 40 to 45 years was found about 21% but only 6.7% of respondents were from 51 to 55 years of age. It was explored that more than 51% of women had parity P3-P5, next was P6-P8 parity in 24.8% patients, Po- P2 found in 12.4% patients, P9- P11 was in 10.5% patients and only 1% was in P>12 [table-1].

**Table- 1:** Distribution of the patients by parity

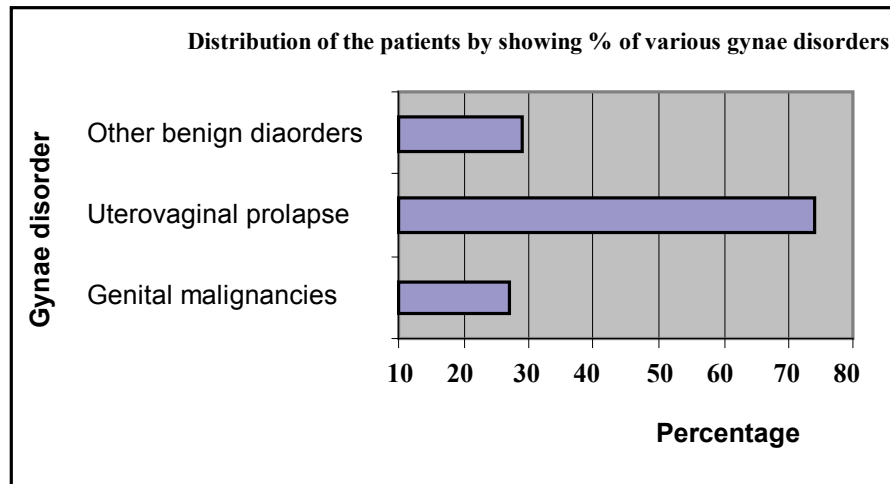
Parity	Frequency	Percent
P0-P2	13	12.38
P3-P5	54	51.53
P6-P8	26	24.76
P9-P11	11	10.48
P>12	1	0.95
<i>Total</i>	105	100.0

We have identified that most of the participants were from low socioeconomic conditions (46.7%), in where more than 35% of respondents were from low middle class, only near about 4% were from upper class. It was explored that among 105 women most of them were in menopause from 1 to 5 years (41%), next was in between 5- 10 years was 28.6% [table-2].

**Table- 2 :** Distribution of the patients by duration of menopause

Duration of menopause (in Frequency)	(Percentyear)	
1-5	43	40.95
6-10	30	28.57
10-15	11	10.48
16-20	12	11.43
>21	9	8.57
<i>Total</i>	105	100.0

We have examined that most of the menopausal women developed uterovaginal prolapse was 63.8%, genital malignancies was found among 17.4% patients and rest were faced other benign disorders (19%) [Figure-1].



**Figure-1:** Distribution of the patients by showing % of various gynae disorders

In prolapsed cases, Uterovaginal prolapse was treated by surgical management in 99% case by vaginal hysterectomy, in where only one patient was undertake AP repair.

We also explored that late stage cervical carcinoma was higher among malignant patients (n=10), where as early stage of Ca cervix was found in 5 cases, others part was involved in body of uterus and vulva in remaining cases. Among 20 Benign diseases cases, large number was uterine leiomyoma (30%), PID was in 20% case, unexplained post menopausal bleeding was in another 20% cases, remaining was found in UTI (20%) and ovarian cyst (20%).

## Discussion

In Bangladesh, menopause is not a topic much talked about except among a few educated and affluent urban people. Here are 28-30 million women (49% of the total population) and elderly women are increasing in number (3-5% aged = 46). The average age of menopause is 51 years and the average life span of women is now 62 years [7]. In our study we have found that postmenopausal patients higher in between 46 to 60 years. Menopause patients also found in large number from 1- 5 years those who were undertook treatment in hospital. We have identified those women of low and low-middle socio economic conditions suffered from different postmenopausal complications. It was explored that late stage cervical carcinoma was higher among malignant patients in this study. Our patients were from 40 years to 65 and above and some studies mentioned that mean age of cervical cancer in women was 45 [8, 9], where as one study mentioned that cervical cancer

occurred more frequently in women of low socio-economic status, 85-38% women suffered from cervical cancer were of low socio-economic status in their study. Most of the patients in this study, patients were multi parous

Parity as a risk factor for carcinoma of the cervix remains a controversial subject [10, 11], another study explored that all cases in their study were multi parous, many were grand multi parous which was more than five [12]. In Bangladesh, cervical cancer is the most frequent cancer among women of all ages and is the leading cause of cancer death among women [13]. One study in Mymensingh Medical College Hospital (MMCH), Bangladesh among 242 patients suffered from cervical cancer examined, about 58% of respondents had more than 4 pregnancies and 57% were of low socioeconomic class, where as about 65% of the cases presented with an advanced stage of cervical cancer [14].

Female pelvic organ prolapse is common and generally thought to worsen over time. Kim et al. (2007) mentioned in their study that Age, parity and menopause are possible risk factors of pelvic organ prolapse [15]. In our study, near about 64% of patients developed uterovaginal prolapse which was most common complication in those patients and all were treated by vaginal hysterectomy except one patient. Bondner and his colleagues mentioned that uterine prolapse is a significant public health problem in Nepal. The median age of patient in their study at the time of clinical presentation was 50 years, and most of them were postmenopausal among 96 clinically diagnosed uterine

Uterine leiomyoma are the most common gynecological tumors and represent 30% of all benign gynecological tumors. Hysterectomy usually performed in every case with dominant symptoms like abnormal uterine bleeding, tumor growth and increasing abdominal pain [17], where as abnormal uterine bleeding in terms of postmenopausal bleeding are common clinical problems in both primary and secondary care [18] In our study, leiomyoma and uncontrolled uterine bleeding was found in some cases as the complications of post menopause.

## Conclusions

Women after menopause develop different health consequences. Mostly benign diseases and in some cases there is a risk of development of carcinoma. In our study, it is quite common in women with age, multi parity and having low socio economic conditions. Perhaps, carcinoma was found in late stage and hysterectomy was performed in most of prolapse cases. We have explored the consequences of post menopause in women of Bangladesh, it need to conduct further study to identify independent risk factors for the development of diseases in post menopause in women.

## Reference

1. Rao SS, Singh M, Parkar M, Sugumaran R. Health maintenance for postmenopausal women. *Am Fam Physician*. 2008 Sep 1; 78(5):583-91.
2. National Institutes of Health. National Institutes of Health State-of-the- Science Conference statement: management of menopause-related symptoms. *Ann Intern Med*. 2005;142(12 pt 1):1003-1013.
3. DeLancey J. The hidden epidemic of pelvic floor dysfunction: Achievable goals for improved prevention and treatment. *Am J Obstet Gynecol* 2005; 192: 1488-1495.
4. Beck RP, McCormick S, Nordstrom L. A 25 year experience with 519 anterior colporrhaphy procedures. *Obstet Gynecol* 1991; 78:1011-8.
5. Parkin, 2006 D.M. Parkin, The global burden of infection-associated cancers in the year 2002, *Int. J. Cancer* 2006; 118: pp. 3030-3044.
6. PS Akhter, MM Uddin and SK Sharma, Patterns of malignant neoplasm: a three year study, *Bangladesh Medical Journal* 1998; 27 (2): 29-3.
7. Khatun S. Menopause perspectives around the world. *International menopause society*. Sitedfrom, [http://www.imsociety.org/menopause\\_perspectives\\_a\\_round\\_the\\_world.php?SESSID=f2nh0hogclsq6hmamtkjvgjo07](http://www.imsociety.org/menopause_perspectives_a_round_the_world.php?SESSID=f2nh0hogclsq6hmamtkjvgjo07) [accessed September 2009].
8. Hunter R.D. Carcinoma of the cervix. In: *Oxford Textbook of Oncology*, edited by Peckham M., Pinedo H.M. and Veronesi U., 1997; 2: pp. 1324-1349. Oxford, Oxford University Press.
9. Morris M., Tortolero L.G., Malpica A., Baker V.V., Cook E., Johnson E. and Mitchell F.M. Cervical intraepithelial neoplasia and cervical cancer. *Obstetrics and Gynecology Clinics of North America*, 1996; 23: 347-401.
10. Cronje S.H. Epidemiology of Gynaecological Malignancies. In: *Manual of Practical Gynecologic Oncology*, edited by Bloch B., Dehaeck K. and Soeters R. London, Chapman and Hall, 1995; 1-13.
11. Morris M., Tortolero L.G., Malpica A., Baker V.V., Cook E., Johnson E. and Mitchell F.M. Cervical intraepithelial neoplasia and cervical cancer. *Obstetrics and Gynecology Clinics of North America*, 1996: 23: 347-401.
12. S. CHHABRA, M. SONAK, V. PREM and S. SHARMA. Gynaecological malignancies in a rural institute in India. *Journal of Obstetrics and Gynaecology* 2002; 22 (4): 426-429.
13. WHO/ICO, 2007. Summary Report on HPV and Cervical Cancer Statistics in Bangladesh 2007. WHO/ICO Information Centre on HPV and Cervical Cancer, Barcelona. [http://www.who.int/hpvcentre/statistics/dynamic/ico/country\\_pdf/BGD.pdf?CFID=225204&CFTOKEN=61359031](http://www.who.int/hpvcentre/statistics/dynamic/ico/country_pdf/BGD.pdf?CFID=225204&CFTOKEN=61359031) [accessed June 2009].
14. Kamaluddin M. Cancer cervix- a retrospective study. *J Prev Soc Med*. 1999 Jun; 18(1): 30-4.
15. Kim CM, Jeon MJ, Chung DJ, Kim SK, Kim JW, Bai SW. Risk factors for pelvic organ prolapse. *Int J Gynaecol Obstet*. 2007 Sep; 98(3):248-51.
16. Shrivastava C, Bodner K. Risk factors for uterine prolapse in Nepal. *Int Urogynecol J Pelvic Floor Dysfunct*. 2007 Nov; 18(11):1343-6.
17. Nincic D, Mandic A, Zikic D, Stojiljkovic B, Mastilovic K, Ivkovic-Kapiel T. Neglected case of uterine leiomyoma--case report. *Med Pregl*. 2008 Sep-Oct; 61(9-10):525-8.
18. Samuel NC, Clark TJ. Future research into abnormal uterine bleeding. *Best Pract Res Clin Obstet Gynaecol*. 2007 Dec; 21(6):1023-40.