CURRENT ASPECTS OF GYNECOLOGICAL PATHOLOGY IN POSTMENOPAUSE

F. PEPE (*) - M. PANELLA (**) - G. PEPE (***) - P. PANELLA (****)
E. LA SPINA (*) - C. SAIA (*)

Catania University Medical School (Italy)
(*) Department of Obstetrics and Gynecology (Director: I. Panella)
(**) 2nd Obstetrical and Gynecological Pathology (Director: S. Di Leo)
(***) 1st Clinic of Emergency Surgery (Director: E. Cirino)
(****) Urology Institute (Director: C. Consoli)

Summary: Between 1982 and 1984 330 women in postmenopause for at least one year were admitted to the First Clinic of Obstetrics and Gynecology, Catania University Medical School, Catania, Italy, with a frequency of 10.04% of gynecological admissions. The most frequent pathologies were metrorrhagia (32.72%; 108 cases) from an atrophic endometrium or glandular hyperplasia of the endometrium, vaginoperineal lacerations with cystorectocoele with or without urinary incontinence (10.90%; 36 cases), cancer (11.21%; 37 cases) and ovarian cystoma (11.21%; 37 cases), uterine prolapse (9.30%; 31 cases), and endometrial polyps (9.09%; 30 cases). Uterine fibromyoma (3.93%; 13 cases) and carcinoma of the portio (3.93%; 13 cases) were among the rares pathologies. Uterine pathologies were the most prevalent (68.78%; 227 cases), followed by ovarian (15.15%; 50 cases), pathology of involving the pelvic and perineal containment (10.90%; 36 cases), vulvar pathology (2.72%; 6 cases), and vaginal pathology (1.51%; 5 cases). Malignant neoplastic pathology was reported in 25.45% of cases (84 cases) consisting only of uterine cancer (47.61%; 40 cases) and ovarian cancer (45.23%; 38 cases). In comparison with the study performed by Cetroni in 1952 one notes a net reduction in the frequency of uterine prolapse (by about three times), and a smaller reduction in cancer of the uterine cervix with a slight increase in cervical polyps, endometrial cancer, and above all in metrorrhagia from atrophic endometrium or glandular hyperplasia of the endometrium.

Key words: Menopause; Uterine prolapse; Cervical cancer; Endometrial cancer; Uterine bleeding.

In a study of 770 women over 60 years of age Cetroni ([1]) in 1952 reported that the most frequently occurring pathologies in these women were uterine prolapse (27.30%), cervical (21.16%) and endometrial cancer (8.18%), vulvar dystrophy (2.20%), and metrorrhagia from atrophic endometrium (5.80%); less frequent pathologies included endometrial polyps (4.99%), cervicitis (3.45%), ovarian cancer (2.85%) and cystoma (2.85%), vulvar cancer (2.20%), uterine fibromyoma (1.42%), sarcoma (0.77%), and lacerations from coitus (0.56%).

The aim of this study is to calculate the actual frequency of gynecological pathology in a group of postmenopausal women admitted to the First Clinic of Obstetrics and Gynecology, Catania University Medical School, Catania, Italy between 1982 and 1984.

MATERIAL AND METHODS

The frequency of gynecological pathology with relation to the organ (uterus, ovary, Fallopian tube, vagina, vulva, and other organs) was evaluated using the charts of women who were in postmenopause for at least one year.

RESULTS

330 women who were in postmenopause for at least one year were admitted to this unit between 1982 and 1984, amounting to 10.04% of total gynecological admissions in this period. The average age of the patients was 59.4 years (range 39 to 81) with the average onset

Clin. Exp. Obst. Gyn. - ISSN: 0390-6663
XV, n. 3, 1988

Table 1. – *Causes of postmenopausal uterine bleeding.*

Author	Cases	Endometrial carcinoma	%	Polyps	%	Endometritis pyometra	%	Uterine atrophy	%	Proliferative endometrium	%	Secretive endometrium	%	Hyperplastic endometrium	%	No endometrial tissue	%
Choo *et al.*	89	7	6	2	2	1	1	82	73	7	6	1	1	–	–	–	–
Lidor *et al.*	216	7	15	8	19	–	–	46	105	14	31	10	22	15	34	10	22
Miyazawa	138	8	11	–	–	–	–	59	82	20	27	–	–	13	18	–	–
Kintis	152	9.8	15	5.9	9	–	–	19.1	20	0.7	1	0.7	1	10.5	16	53.3	81
Anderman	459	8.7	40	9.8	45	3	14	32.5	149	16.3	75	1.3	6	16.2	75	9.4	43
Danero *et al.*	676	15.1	100	24.3	165	0.6	4	9.6	65	6.2	42	0.6	4	129.8	99	26.5	178

of menopause being 40.2 years; 10.60% of these women (35 cases) were nulliparous.

Table 2 shows that the most frequent pathologies were metrorrhagia from an atrophic endometrium or from glandular hyperplasia of the endometrium (32.72%; 108 cases) followed by vaginoperineal lacerations with cystorectocoele with or without urinary incontinence (10.90%; 36 cases), ovarian cystoma (11.21%; 37 cases) and cancer (11.21%; 37 cases), uterine prolapse (9.30%; 31 cases), endometrial polyp (9.09%; 30 cases) and adenocarcinoma (6.96%; 23 cases). Among the rare causes were uterine fibromyoma (3.93%; 13 cases) and cervix cancer (3.93%; 13 cases).

Table 2. – *Frequency of gynecological pathology in postmenopausal patients (330 cases).*

	Cases	%
Endometrial atrophy *	55	16.66
Endometrial hyperplasia *	53	16.06
Cystorectocoele	37	11.20
Endometrial adenocarcinoma	23	6.96
Uterine fibromyoma	13	3.93
Endometrial polyp	30	9.09
Cervical cancer	13	3.93
Mixed Mullerian cancer	4	1.21
Cervicitis	5	1.51
Uterine prolapse	31	9.30
Ovarian cancer	37	11.21
Ovarian cystoma	37	11.21
Ovarian dermoid cyst	3	0.60
Ovarian fibroma	2	0.60
Brenner's tumor	1	0.30
Vulvar dystrophia	4	1.21
Vulvar cancer	4	1.21
Abscess in Bartholin's gland	1	0.30
Rectovaginal fistulas	1	0.30
Non neoplastic vaginal stenosis	2	0.60
Urethral polyp	1	0.30
Endometriosis	1	0.30

* patients with uterine bleeding
** including one case of Bowen's disease.

Table 3 reports that the most prevalent organ pathologies were of the uterus (68.78%; 227 cases) followed by those of the ovary (15.15%; 50 cases), of the structures of pelvic and perineal containment (10.90%; 36 cases), of vulva (2.72%; 9 cases), and vagina (1.51%; 5 cases). Other pathologies were extremely rare.

Among the uterine pathologies (tab. 4) the most prevalent was the benign type (81.38%; 187 cases against 17.62%; 40

Table 3. – *Frequency of pathology in pelvic organs in 330 postmenopausal patients.*

	Cases	%
Uterus	227	68.78
Ovary	50	15.15
Vulvar	9	2.72
Vagina	5	1.51
Cystorectocoele	36	10.90
Other pathology	3	0.90

Table 4. – *Uterine pathology in 227 postmenopausal patients.*

	Cases	%
Endometrial atrophy	55	24.22
Hyperplastic endometrium	53	23.24
Uterine prolapse	31	13.65
Endometrial polyps	30	13.21
Endometrial adenocarcinoma	23	10.13
Fibromioma	13	5.72
Cervical cancer	13 *	5.72
Cervicitis	5	2.20
Mixed Mullerian tumors	4	1.71

* One case of cancer in uterine stump.

Table 5. – *Ovarian pathology in 50 postmenopausal patients.*

	Cases	%
Carcinoma	37 *	74
Cystoma	7 **	14
Dermoid cyst	3	6
Fibroma	2	4
Brenner's tumor	1	2

* 2 pseudomucinous tumors and 35 serous
** 1 serous and 6 pseudomucinous.

Table 6. – *Cancer in 84 postmenopausal patients.*

	Cases	%
Uterus	40	47.62
Ovary	38	45.23
Vagina	2	2.38
Vulva	4	4.77

cases); among the benign pathologies the most prevalent was uterine bleeding, caused by atrophic endometrium or endometrial hyperplasia and endometrial cancer was the most frequent type of cancer. The ratio between endometrial adenocarcinoma and cervical cancer was 1.7.

Ovarian neoplasia was reported in 15.52% of cases (50 cases), and this was malignant in 74% (37 cases). The ratio between malignant and benign tumors was 2.8 (tab. 5).

Vulvar pathology (4 cases of dystrophy with leukoplakia, 4 cases of cancer, and 1 case of abscess of Bartholin's gland) and vaginal pathology (2 cases of cancer, 2 cases of non-neoplastic vaginal stenosis, and 1 rectovaginal fistula) were reported only exceptionally, and these were prevalently malignant neoplasias.

Table 6 shows that malignant neoplastic pathologies occurred in 25.45% of cases (84 cases) and that these pathologies consisted almost exclusively of cancer of the uterus (47.61%; 40 cases) and of the ovary (45.23%; 38 cases).

DISCUSSION AND CONCLUSIONS

The data presented demonstrates that in 330 postmenopeusal women the (74.55% of cases) were admitted for atrophic endometrium or glandular hyperplasia of the endometrium. Malignant pathology was reported in our study in 25.45% of cases (90 cases). In comparison to the study made by Cetroni (1952) one notes a net reduction in frequency of uterine prolapse (by about 3 times) with a reduction in cancer of the uterine cervix with a slight increase in cervical polyps and endometrial cancer. There was a notable increase in admissions for metrorrhagia from atrophic endometrium or glandular hyperplasia. The reduction in vaginal prolapse is due to the different methods in which labor is conducted (Panella, 1982) eliminating the obstetric maneuvers which traumatizes pelvic containment tissue; the progressive recline of at home delivery (Panella, 1985) was also of notable importance; the frequency of cystorectocoele not associated with uterine prolapse is still not rare, indicating that perineal tissue trauma during delivery continues to occur.

The reduced frequency of cervical cancer with a relative increase in endometrial

cancer can be explained by uterine cervix cancer prophylaxis and the increased use of the PAP test; this is consistent with that report of Cetroni which state that the ratio between cervical cancer and cancer of the endometrium was 2.5. In our study this ratio was 1.7.

The increasing attention of the prevention of endometrial cancer accounts for the notable number of admissions for metrorrhagia in menopausal women whose recovery rate improved by seven times. In our study neoplastic pathology was reported in 25.45% of cases against 34.98% in Cetroni's study; in particular there was a net increase in admissions for ovarian carcinoma which, 30 years ago, was frequently diagnosed late, and treated in internal medicine as ascites.

In conclusion, from the data reported we have observed that the most frequent pathology was metrorrhagia due to atrophic or endometrial glandular hyperplasia; uterine prolapse associated with cystorectocoele was seen often. A reduction in this pathology in the years may be due to future changes in surgical and delivery methods. The patients admitted far ovarian pathologies were almost always diagnosed as having some type of ovarian neoplasia. It is thus right that all women in postmenopause should have a periodic check-up for the prevention and early diagnosis of neoplastic pathology. Again, in comparison with Centroni's study in 1952 one notes some important differences foremost in the reduction of genital prolapse, and the reduction of cervical cancer with a relative increase in endometrial and ovarian cancer.

BIBLIOGRAPHY

1) Cetroni M.: Atti SIGO, 1952.
2) Panella I.: Atti SIGO, 1982.
3) Fioretti, Andriani A.: *Min. Gin.*, *21*, 1042, 1960.
4) Panella I.: Atti SIGO, 1986.