

Research Article

Uterine Prolapse in Postmenopausal Women in the Coastal Areas

Prolaps Uteri pada Perempuan Postmenopause di Daerah Pesisir

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Abstract

Objective: To assess the characteristics of postmenopausal women in the coastal areas that experience uterine prolapse.

Methods: This was a retrospective descriptive study conducted at Alpha Gynecology Clinic in Kendari. Samples are cases of uterine prolapse from coastal areas that visited in January to December 2017. Samples were taken by consecutive sampling. The diagnosis of uterine prolapse is based on the Pelvic Organ Prolapse Quantification system. Data is presented with tables and narration.

Results: There were 21 respondents who experienced uterine prolapse. Most respondents were aged 61-70 years (42.8%), work as housewives (71.4%), parity more than 4 (85.7%), and duration of menopause >5 years (100.0%). The most common complaint at the first time was a feeling of a lump in the vagina (81.0%), in the third degree of uterine prolapse (57.1%), and accompanied by comorbidities (66.7%).

Conclusions: Uterine prolapse in postmenopausal women in the coastal areas was found in housewives, aged 61-70 years, grande-multiparous, and duration of menopause >5 years. The main complaint was felt a lump in the vagina, in the third degree and accompanied by comorbidities. Counselling, information and education regarding symptoms and management of uterine prolapse need to be done.

Keywords: coastal areas, postmenopausal women, uterine prolapse.

Abstrak

Tujuan: Mengetahui karakteristik perempuan postmenopause di daerah pesisir yang mengalami prolapsus uteri.

Metode: Penelitian ini bersifat deskriptif retrospektif yang dilakukan di Klinik Ginekologi Alfa di Kendari. Sampel adalah kasus prolapse uteri yang berasal dari daerah pesisir yang berkunjung pada bulan Januari sampai Desember 2017. Sampel diambil secara consecutive sampling. Diagnosis prolapsus uteri berdasarkan sistem Pelvic Organ Prolapse Quantification. Data disajikan dalam bentuk tabel dan narasinya.

Hasil: Hasil penelitian menunjukkan terdapat 21 responden yang mengalami prolapsus uteri. Responden terbanyak berusia 61-70 tahun (42,8%), pekerjaan sebagai ibu rumah tangga (71,4%), paritas lebih dari 4 (85,7%), dengan lama menopause lebih dari 5 tahun (100,0%). Keluhan yang paling sering dialami pada saat pertama datang adalah terasa ada yang mengganjal di jalan lahir (81,0%), dengan diagnosis prolapsus uteri derajat 3 (57,1%), dan disertai penyakit penyerta (66,7%).

Kesimpulan: Prolapsus uteri pada perempuan postmenopause di daerah pesisir ditemukan pada ibu rumah tangga, usia 61-70 tahun, grande multipara, menopause >5 tahun. Keluhan utama terasa ada yang mengganjal di jalan lahir disertai penyakit penyerta, dengan diagnosis prolapse uteri derajat 3. Perlu dilakukan penyuluhan, konseling dan edukasi mengenai gejala dan penatalaksanaan prolapsus uteri.

Kata kunci: daerah pesisir, prolaps uteri, perempuan postmenopause.

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INTRODUCTION

Pelvic organ prolapse is a common health problem in elderly women. Uterine prolapse is a manifestation of pelvic organ prolapse, which is characterized by the uterus descending in or out through the vagina due to the fascia and ligaments being unable to support.^{1,2} The American Women's Health Initiative (WHI) study found that 41% of women aged 50-79 years had pelvic organ prolapse (POP), of whom 34% had cystocele, 19% had rectocele and 14% had uterine prolapse.³ In Indonesia, the data in Dr.Sutomo Hospital Surabaya showed that cases of uterine prolapse (66.3%), cystocele (6.5%), and uterine prolapse with a cystocele (26.1%).⁴

Treatments for POP can be categorized as conservative, mechanical and surgical interventions. Conservative treatment is carried out for mild POP degrees, including pelvic floor muscle training and lifestyle interventions. Physicians should recommend pessaries to all women who seek treatment.⁵ However, only about 10-20% experience symptoms and 11% undergo surgery.³ Generally, who underwent surgery aged 60 years.⁶

The cause of uterine prolapse is unknown. Epidemiological studies show that vaginal delivery and ageing are the main risk factors for prolapse. Uterine prolapse is more common in older women.¹ Studies conducted in Surabaya and Semarang found that the majority of uterine prolapse occurs in menopausal women.^{4,7}

Uterine prolapse is one of the reproductive health problems. Women with uterine prolapse can experience physical and psycho-social problems. Although uterine prolapse does not cause mortality or severe morbidity, it can affect the daily activities and quality of life of women. Women with uterine prolapse may complain of several things, such as urinary disorders. Urinary incontinence can disrupt the quality of life and seriously limit social, psychological and sexual functions.^{1,8}

Currently, in Southeast Sulawesi, there is no study about uterine prolapse. Most of the people of Southeast Sulawesi live in the coastal area.⁹ The increase in life expectancy will have an impact on the increasing number of elderly women, so that uterine prolapse will also increase. Therefore the study aims to assess the characteristics of the menopausal women in the coastal area who experience uterine prolapse.

METHODS

This was a retrospective descriptive study which was conducted at the Alfa Gynecology Clinic in Kendari. The sample is a case of uterine prolapse from the coastal area of Southeast Sulawesi from January to December 2017. Sampling was done by consecutive sampling according to the inclusion and exclusion criteria. The diagnosis of uterine prolapse is based on the Pelvic Organ Prolapse Quantification (POP-Q) system. Data were recorded and presented as tables and narratives.

RESULTS

This study was conducted on 21 cases of uterine prolapse. Characteristics of the respondents are listed in table 1. Table 2 shows the symptoms and signs of uterine prolapse.

Table 1. Characteristics of Respondents

Characteristics	n	%
Age		
≤ 60	6	28.6
61-70	9	42.8
>70	6	28.6
Occupation		
Housewife	15	71.4
Employees	6	28.6
Parity		
< 4	3	14.3
≥4	18	85.7
Duration of menopause		
≤ 5	0	0.0
>5	21	100.0

Table 1 shows that most respondents aged 61-70 years (42.8%), work as housewives (71.4%), and had parity >4 (85.7%). The duration of menopause is more than 5 years to all respondents (100.0%).

Table 2. The Symptoms and Signs of Uterine Prolapse

Characteristics	n	%
Main complaint		
Fell a lump in the vagina	17	81.0
Protruding mass from vagina	4	19.0
Comorbidities		
Yes	14	66.7
No	7	33.3
Degree of prolapse		
I	1	4.8
II	6	28.6
III	12	57.1
IV	2	9.5

Most respondents came with the main complaint there was a lump in the vagina (81%). The majority of respondents had comorbidities (66.7%). The study found that most respondents had grade 3 uterine prolapse (57.1%) and the least was grade 1 (4.8%).

DISCUSSION

Most cases of uterine prolapse in this study were found in women aged 61-70 years. Uterine prolapse occurs due to weakness of the muscles, ligaments and fascia or connective tissue that supports the pelvic organs. Menopause can cause further weakness of the pelvic floor structure.¹⁰ These findings were similar to another study at the Sanglah Hospital in Denpasar which found that the majority of cases of uterine prolapse were more than 60 years old.¹¹

This study found that all respondents had menopause for more than 5 years. Menopause plays a role in the pathogenesis of uterine prolapse. During menopause, estrogen levels in the circulation will continue to decrease to the lowest level. Low estrogen levels affect the synthesis and degradation of collagen and elastin, thus affecting muscle strength and connective tissue. These results were similar to another study which found that older age and menopause are risk factors for uterine prolapse.^{12,13}

This study found that the majority of uterine prolapse occurred in grande-multiparous. This condition is closely related to pregnancy and childbirth. Vaginal delivery can cause trauma to the pelvic floor muscles or connective tissue. Although tissue remodelling occurs after childbirth and in the puerperium, the possibility of the results is not optimal. These findings were similar to study conducted in Semarang and Yogyakarta which found that uterine prolapse was significantly related to the parity. Parity is a risk factor for uterine prolapse.⁷ Multiparous and vaginal delivery are risk factors for uterine prolapse.¹² That increasing parity can increase the risk of prolapse and increase the degree of prolapse.²

Generally, the incidence of uterine prolapse is felt and diagnosed in advance degree. This condition can be caused by a lack of knowledge about uterine prolapse. Knowledge is closely related to education. In previous studies conducted in coastal areas found the majority of menopausal women have a low level of education, and this is also related to the menopause

symptoms.¹⁴ This condition can be complicated by the existence of a culture of shame that is still inherent in society so that women will seek help when it is very disturbing activities.

The behaviour to seek health services is related to education and knowledge. The findings of this study showed that the symptoms were determinants of seeking health services. It is important to educate about symptoms and sign of uterine prolapse. Efforts are needed to prevent and reduce the impact caused by uterine prolapse. One of the efforts is the early detection of risk factors and characteristics for uterine prolapse.

CONCLUSION

Based on the study we concluded that uterine prolapse in postmenopausal women in the coastal areas was found in housewives, aged 61-70 years, grande-multiparous, and had a duration of menopause >5 years. The main complaint was felt a lump in the vagina, accompanied by comorbidities, and diagnosed with grade-3. Counselling, information and education, about the symptoms and management of uterine prolapse, needs to be done.

REFERENCES

1. Miedel A. Pelvic organ prolapse-aspects of etiology, symptomatology and outcome after surgery. Stockholm: Karolinska Institutet. 2009:15-24.
2. Doshani A, Teo RE, Mayne CJ, Tincello DG. Uterine prolapse. *BMJ*. 2007; 335: 819-23.
3. Gyhagen M, Bullarbo M, Nielsen T, Milsom I. Prevalence and risk factors for pelvic organ prolapse 20 years after childbirth: A national cohort study in singleton primiparous after vaginal or caesarean delivery. *BJOG*. 2013; 120(2): 152160.
4. Nizomy IR., Prabowo RP, Hardianto G. Correlation between risk factors and pelvic organ prolapse in Gynecology Outpatient Clinic, Dr. Soetomo Hospital Surabaya. 2007 – 2011. *MOG*. 2013; 21(2): 61-6.
5. Bastani P, Mallah F, Fard LR. Adaption of pelvic organ prolapse guideline in Iranian adult woman. *ABC MED*. 2018; 6(1): 6-10.
6. Glazener C, Elders A, MacArthur C, Lancashire RJ, Herbison P, Hagen S, et al. Childbirth and prolapse: long-term associations with the symptoms and objective measurement of pelvic organ prolapse. *BJOG*. 2013; 120: 161-8.
7. Hardianti BC, Pramono BA. Faktor-faktor yang berhubungan dengan kejadian prolapsus uteri di RSUD Dr. Kariadi Semarang. *MMM*. 2015; 4(4): 498-508.
8. Hong HC, Lee FK, Wang PH. Pelvic Organ prolapse. *Chin Med Assoc*. 2018; 81 (1): 387-9.
9. Dinkes Sultra. Profil Kesehatan Propinsi Sulawesi Tenggara tahun 2016. Dinas Kesehatan Propinsi Sulawesi Tenggara. 2017.

10. Jelovsek JE, Maher C, Barber MD. Pelvic organ prolapse. *Lancet*. 2007; 369:027-38.
11. Kusuma IGYS, Putra IGM, Megadhana IW, Sanjaya INH, Fajar Manuaba IBG. Characteristic of patients with pelvic organ prolapse in Obstetric and Gynecologic Outpatient Clinic in Sanglah Hospital, Bali, Indonesia from January 2014 to December 2015. *Bali Med J*. 2017; 6(1): 76-81. DOI:10.15562/bmj.v6i1.390
12. Hamamah J, Pangastuti N. Karakteristik pasien prolaps uteri di RSUP dr. Sardjito Yogyakarta tahun 2013. *Jur Kes Reprod*. 2013; 4(1): 17-22.
13. Sayko SK, Kurniawati EM, Lestari P. Age as the risk factor that affected the increased degree of uterine prolapse. *Biomolecul Health Sci J*. 2018; 01 (01): 20-4.
14. Saimin J, Aini ZM, Wicaksono S. Beratnya gejala menopause berhubungan dengan tingkat pendidikan perempuan pasca menopause di daerah pesisir. *Indones J Obstet Gynecol*. 2018; 6(1): 119-20.