

Prevalence of Genital Prolapse in Thai Menopausal Women (Using New Standardization Classification)

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Background: There is an increasing number of menopausal women in Thailand (estimation of 5 million women). There is no published data on the prevalence of genital prolapse among Thai menopausal woman. So the authors created this hospital based study to identify the magnitude of this problem in Thai menopausal women.

Objective: To study the prevalence and symptoms of genital prolapse in Thai menopausal women attending the menopausal clinic in King Chulalongkorn Memorial Hospital.

Study design: Descriptive study (Cross-sectional study).

Material and Method: Two hundred and fifteen Thai menopausal women attending the menopause clinic at King Chulalongkorn Memorial Hospital from the 1st of January to the 28th of February 2004 were recruited. Urinary symptoms history taking and pelvic examination were done. The severity of any prolapse was classified using International Continence Society classification.

Results: Prevalence of Thai menopausal women having any type of genital prolapse was 43.3%. Anterior vaginal wall prolapse and superior vaginal prolapse were the two highest prevalences of genital prolapse (29.3% and 14.9%). The prevalence of genital prolapse increased by the menopausal age. The two leading symptoms were stress incontinence and vaginal outlet relaxation (89.3% and 51.6%).

Conclusion: From the present study, the authors found the prevalence of any genital prolapse (43.3%) and stress incontinence (89.3%) among Thai women attending menopausal clinic in King Chulalongkorn Memorial Hospital. The authors strongly recommend pelvic examination and urinary-symptoms history taking to evaluate the severity of genital prolapse.

Keywords: Prevalence, Genital prolapse, Thai menopausal women

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There were reports of about 5 million Thai women facing the menopausal period⁽¹⁻³⁾. As life expectancy increases, more women will live longer after the menopause. Consequently, an increased number of women with pelvic organ prolapse will present. These conditions influenced not only on the physical aspects such as defecation, urination⁽⁴⁾, sexual activity^(2,5) but also the emotional aspects.

Several studies reporting the prevalence of genital prolapse ranging from 20% to 30% of menopausal women⁽⁶⁻⁸⁾. Most women experienced urogenital symptoms without a physician's care due to the idea that they considered this condition as a natural change of life⁽⁵⁾. This created discomfort and many consequent problems of genital prolapse in menopause women in the long term⁽²⁾. From the authors' extensive review, there were no published data on the prevalence and magnitude of problems of genital prolapse among Thai menopausal women especially after the new standardization of terminology for female pelvic organ prolapse (POP-Q classification) was approved by the International Continence Society. The purpose of the present

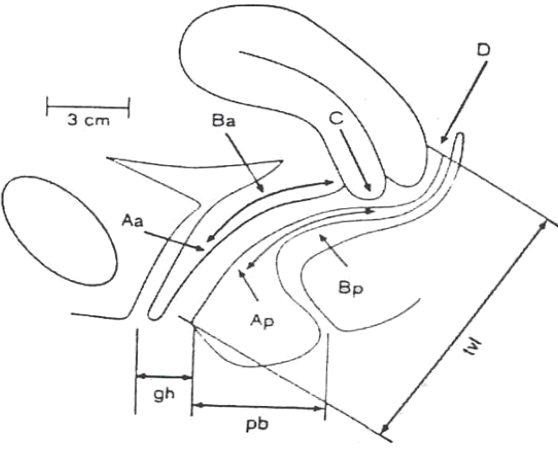
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research was to study the prevalence of genital prolapse and its symptoms in Thai menopausal women.

Material and Method

Two hundred and fifteen Thai menopausal women who attended the menopause clinic at King Chulalongkorn Memorial Hospital were enrolled in the present study from January to February, 2004. The data were collected using standardized questionnaires by one well-trained interviewer. The data collected included the subject's characteristics such as age, body weight, height, parity, route of delivery, duration of menopause, duration of hormonal replacement therapy; and genital prolapse associated symptoms such as difficult urination, difficult defecation, fecal and urinary incontinence and vaginal outlet relaxation. Pelvic examination was carefully done by faculty staff. Grading of genital prolapse was classified as standardization document of ICS (Table 1, Table 2)⁽¹⁰⁾ The data were analyzed as mean \pm SD and range. The degrees of prolapse at different menopausal age strata were analysed in linear graph individually. After the pilot study, the authors found the prevalence of genital prolapse to

Table 1. Possible ranges of the Six Site-specific Pelvic Organ Prolapse Quantitative Examination Measurements⁽¹⁰⁾



Points	Description	Range
Aa	Anterior wall 3 cm from hymen	-3 cm to +3 cm
Ba	Most dependent portion of rest of anterior wall	-3 cm to + TVL
C	Cervix or vaginal cuff	\pm TVL
D	Posterior fornix (if no prior hysterectomy)	\pm TVL or omitted
Ap	Posterior wall 3 cm from hymen	-3 cm to +3 cm
Bp	Most dependent portion of rest of posterior wall	-3 cm to + TVL

Table 2. Stages of Pelvic Organ Prolapse⁽¹⁰⁾

Stage 0	No prolapse is demonstrated. Point Aa, Ap, Ba, Bp are all at -3 cm, and point C is between total vaginal length (TVL) and - (TVL-2 cm)
Stage 1	The most distal portion of the prolapse is >1cm above the level of the hymen
Stage 2	The most distal portion of the prolapse is <1cm proximal or distal to the plane of the hymen
Stage 3	The most distal portion of the prolapse is >1cm below the plane of the hymen but no further than 2 cm less than the total vaginal length
Stage 4	Complete to nearly complete eversion of the vagina. The most distal portion of the prolapse protrudes to at \geq + (TVL-2)cm

be 23% (7/30) of Thai menopause. The sample size was calculated corresponding to the pilot study.

This study was approved by the hospital ethical committee. Informed consent was obtained from patients before entry into the study.

Results

Characteristics of the study population are shown in Table 3. Most of the women were multiparous (Table 3). Among these women, 88.9% delivered vaginally during normal labor (63.7%). Seventy two percent of the subjects had used hormonal replacement therapy (Table 3). In the case of having any genital prolapse (n = 93), the symptoms of genital prolapse were stress incontinence (89.25%), vaginal outlet relaxation (which had interference during sexual intercourse) (51.61%), difficult defecation (38.71%), protruding-mass palpated (15.05%), fecal incontinence (10.75%), and difficult voiding (2.15%). The overall prevalence of Thai women who had any genital prolapse was 43.3%. When classi-

Table 3. Patient's characteristics (N=215)

Characteristics	Mean \pm SD	Range
Age (years)	55.40 \pm 5.61	39-73
BW (kilograms)	57.25 \pm 8.04	40-87
HT (centimetres)	154.45 \pm 5.13	141-171
Parity	2.18 \pm 2.58	0-6
Duration of Menopause (years)	7.12 \pm 5.78	1-36
Duration of HRT (months)	43.09 \pm 41.02	1-264
n/N(%)		
Route of delivery		
• Normal labour	242/380	(63.7)
• Forceps or vacuum extraction	96/380	(25.3)
• Cesarean section	42/380	(11.0)
Nulliparous	48/215	(22.3)
HRT users	154/215	(71.6)

fied by types, the most common genital prolapse was anterior vaginal wall prolapse (29.3%) and mostly in stage I (25.1%) (Table 4). Fig. 1 shows the trends of prevalence increasing by duration of menopause.

Discussion

In recent years, the lifespan of Thai women has increased considerably. Menopausal women are

Table 4. Prevalence of Genital Prolapse: Classified by grades (N=215)

Grading	N (%)
Superior vaginal prolapse (point D)	
Stage 1	30 (14%)
Stage 2	2 (0.9%)
Stage 3	0
Stage 4	0
Total	32 (14.9%)
Anterior vaginal wall prolapse	
Stage 1	54 (25.1%)
Stage 2	9 (4.2%)
Stage 3	0
Stage 4	0
Total	63 (29.3%)
Posterior vaginal wall prolapse	
Stage 1	15 (7%)
Stage 2	1 (0.5%)
Stage 3	0
Stage 4	0
Total	16 (7.5%)
Superior vaginal prolapse (Point C)	
Stage 1	6 (2.8%)
Stage 2	0
Stage 3	0
Stage 4	0
Total	6 (2.8%)
Total	93 (43.3%)

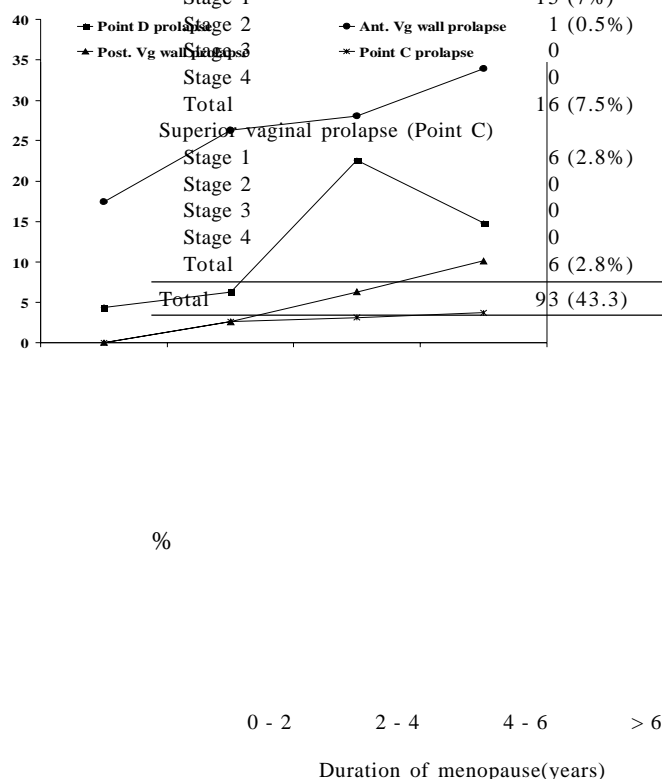


Fig. 1 Prevalence of urogenital prolapse by duration of menopause

facing the problem of genital prolapse which increases in number with time. Due to the ignorance and embarrassment, menopausal women did not consult their physician as they should. Similar to a previous study in a slum area of Bangkok, Thai women faced with genitourinary symptoms stoically by themselves without seeking medical consultation⁽⁹⁾. Moreover, there was a report showing similar results that the signs of genital prolapse were frequently found in aging women but were seldom asymptomatic⁽¹¹⁾. Most women neglected and waited until the complications of pelvic organ prolapse occurred. The authors found the early stage of various types of genital prolapse. The present study showed the prevalence of 43.3% which was similarly reported in a previous study⁽⁵⁾. In the WHI Study that recruited 27,342 menopausal women to answer the standardized questionnaires, there was a similar high prevalence of superior vaginal prolapse 14.2%, anterior vaginal wall prolapse 34.3% and posterior vaginal wall prolapse 8.6%⁽⁸⁾. One Asian study in Hong Kong University showed the prevalence of genital prolapse of 25%⁽¹²⁾.

In the present study, the authors found a higher prevalence of genital prolapse in the women who were amenorrheic for more than 6 years. This is similar to a previous study⁽¹¹⁾. The authors also found a high prevalence of stress incontinence. The urinary symptoms should be reviewed at the menopausal clinic. In cases of genital prolapse with stress incontinence, the pelvic floor exercise should be advised. The pelvic floor muscle exercise can help lower the prevalence of genital prolapse⁽¹²⁾. From the present study, most menopausal women had the degree of prolapse only in Stage I. With the high prevalence of stress incontinence and early stage of prolapse, the authors emphasized the importance of pelvic examination in menopausal women and urinary symptoms questioning where women attend the menopause clinic.

Early advice of pelvic floor muscle exercise and/or the use of hormonal treatment will improve their quality of life. The present study was a hospital-based study. A further community-based study is recommended. A wider study of the prevalence of genital prolapse and its symptoms in the general population in Thai menopausal women is suggested.

Conclusion

From the present study, the authors found the prevalence of genital prolapse to be 43.3%. Pelvic examination and urinary-symptoms history taking to evaluate the severity of genital prolapse are recommended.

References

1. Chompootweep S, Tankeyoon M, Yamarat K, Poomsuwan P, Dusitsin N. The menopausal age and climacteric complaints in Thai women in Bangkok. *Maturitas* 1993; 17: 63-71.
2. Sukwatana P, Meekhangvan J, Tamrongterakul T, Tanapat Y, Asavirait S, Boonjitpimon P. Menopausal symptoms among Thai women in Bangkok. *Maturitas* 1991; 13: 217-28.
3. Population and Housing census 2000. National statistical office, Office of the Prime Minister. Thailand.
4. Bai SW, Jeon MJ, Kim JY, Chung KA, Kim SK, Park KH. Relationship between stress urinary incontinence and pelvic organ prolapse. *Int Urogynecol J Pelvic Floor Dysfunct* 2002; 13: 256-60.
5. Nappi RE, Verde JB, Polatti F, Genazzani AR, Zara C. Self-reported sexual symptoms in women attending menopause clinics. *Gynecol Obstet Invest* 2002; 53: 181-7.
6. Samuelsson EC, Arne Victor FT, Tibblin G, Svardsuda KF. Signs of genital prolapse in a Swedish population of women 20 to 59 years of age and possible related factors. *Am J Obstet Gynecol*. 1999; 180: 299-305.
7. Swift SE, Pound T, Dias JK. Case-control study of etiologic factors in the development of severe pelvic organ prolapse. *Int Urogynecol J Pelvic floor Dysfunct* 2001; 12: 187-92.
8. Hendrix SL, Clark A, Nyrard I, Aragaki A, Barnabei V, Mctiernan A. pelvic organ prolapse in the women's Health Initiative: gravity and gravidity. *Am J Obstet Gynecol* 2002; 186: 1160-6.
9. Chaikittisilpa S, Limpaphayom K, Chompootweep S, Taechakraichana N. Symptoms and problems of menopausal women in Klong Toey slum. *J Med Assoc Thai* 1997; 80: 257-61.
10. Bump RC, Mattiasson A, Bo K, Brubaker LP, DeLancey JO, Klarskov P, Shull BL, Smith AR. The standardization of terminology of female pelvic organ prolapse and pelvic floor dysfunction. *Am J Obstet Gynecol* 1996; 175:10-7.
11. E Versi, M-A Harvey, L Cardozo, M Brincat and J W.W. Studd. Urogenital prolapse and atrophy at menopause: A prevalence study. *Int Urogynecol J* 2001; 12: 107-10.
12. Brieger GM, Yip SK, Fung YM, Chung T. Genital prolapse: a legacy of the west? *Aust N Z J Obstet Gynaecol* 1996; 36: 52-4.

ความชุกของภาวะหย่อนตัวของอวัยวะในอุ้งเชิงกรานในสตรีไทยวัยหมดระดู

วรชัย ชื่นชมพูนุท, สุวิทย์ บุญยะเวชชีวิน, วิรัช วิศวกรรมมงคล, นิमित เตชไกรชนะ

เนื่องจากสตรีไทยวัยหมดระดูมีจำนวนมากขึ้น ซึ่งปัจจุบันมีประมาณห้าล้านคน แต่ยังไม่ได้มีการศึกษาถึงความชุกของภาวะหย่อนตัวของอวัยวะในอุ้งเชิงกรานอย่างจริงจังดังนั้นผู้วิจัยจึงต้องการศึกษาถึงสถานการณ์ของภาวะดังกล่าวในสตรีไทยวัยหมดระดู

วัตถุประสงค์: เพื่อศึกษาความชุก และอาการของภาวะหย่อนตัวของอวัยวะในอุ้งเชิงกรานในสตรีไทยวัยหมดระดูที่คลินิกวัยหมดระดู โรงพยาบาลจุฬาลงกรณ์

รูปแบบการวิจัย: การศึกษาแบบพรรณนา (cross-sectional study)

ระเบียบการวิจัย: สตรีไทยวัยหมดระดู 215 คนที่รับบริการ ที่คลินิกวัยหมดระดู โรงพยาบาลจุฬาลงกรณ์ ในเดือนมกราคมถึงกุมภาพันธ์ พ.ศ. 2547 ที่สมัครใจเข้าร่วมการวิจัย ได้รับการชักประวัติ และตรวจภายใน เพื่อประเมินภาวะหย่อนตัวของอวัยวะในอุ้งเชิงกรานโดยใช้ ICS Classification

ผลการวิจัย: ความชุกโดยรวมของภาวะหย่อนตัวของอวัยวะในอุ้งเชิงกรานในสตรีไทยวัยหมดระดูเป็น 43.3% โดยการหย่อนของช่องคลอดส่วนหน้า และด้านบนพบมากเป็น 29.3% และ 14.9% ตามลำดับ ความชุกของภาวะดังกล่าวแปรตามระยะเวลาของการหมดประจำเดือน และอาการที่พบบ่อยในสตรีที่มีการหย่อนตัวของอวัยวะในอุ้งเชิงกราน อาการสำคัญที่พบส่วนใหญ่ คือ ไอบามบัสสภาวะเล็ด คิดเป็น 89.3% และภาวะหย่อนของปากช่องคลอดคิดเป็น 51.6%

สรุป: พบว่าความชุกโดยรวมของภาวะหย่อนตัวของอวัยวะในอุ้งเชิงกรานในสตรีไทยวัยหมดระดู ที่คลินิกวัยหมดระดู โรงพยาบาลจุฬาลงกรณ์เป็น 43.3% โดยที่อาการไอบามบัสสภาวะเล็ดเป็นอาการสำคัญที่พบมากที่สุดคิดเป็น 89.3% ดังนั้นควรให้ความสำคัญในการซักประวัติความผิดปกติของอาการทางระบบทางเดินปัสสาวะและช่องคลอด รวมทั้งการตรวจภายในสตรีที่มาใช้บริการในคลินิกวัยหมดระดู