Vaginal hysterectomy in a 95-year-old woman a case report

Histerectomia vaginal em mulher de 95 anos relato de caso

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ABSTRACT
M.M, 95-year-old Japanese woman, 6 vaginal deliveries, presented a 20 days fetid vaginal smell/5 months mild vaginal bleeding. Well appearing, oriented and coherent. Physically active, having a controlled mild hypertension as the only comorbidity. Vaginal exame, identified a foul smelling from the cervix. A transvaginal ultrasound revealed anteverted/flexed uterus, and the endometrial cavity had cystic/solid content, without vascularity in doppler. Endometrial biopsy was performed and the hypothesis of neoplastic cells was discharged. It was indicated a total vaginal hysterectomy. There were no complications. The correct anesthetic dose provided lower risk and a better outcome. In the first 12 hours, a pre-renal acute renal failure was reversed. The hospital discharge was after 2 days, when the patient had no pain, was walking and urinating. Only dipyridone was used as analgesic and 14 days of clindamycin was prescribed. After a month, no complaints/pain were reported. The patient returned to her daily habits and to social contact in a short time, indicating a good evolution. The surgery highly improved the patient’s quality of life.

Keyword: vaginal hysterectomy, quality of life, elderly, life style.

RESUMO
M.M, japonesa, 95 anos, 6 partos vaginais, apresentou cheiro vaginal fétido por 20 dias / 5 meses de sangramento vaginal leve. Bem aparente, orientado e coerente. Fisicamente ativo, com hipertensão leve controlada como a única comorbidade. O exame vaginal identificou um

Palavras-chave: histerectomia vaginal, qualidade de vida, idosos, estilo de vida.

1 INTRODUCTION
Elective gynecological vaginal surgery is rare in women of extreme old age (> 90). Invasive procedures in elderly patients increases medical concerns regarding the coexistence of comorbidities, impaired renal function, as well as the anesthetic risks involved in a surgery. As the average population gets older, and the increase of healthy elderly people, it is understood that this type of surgery will be more demanded and recommended. This case report aims to point out important clinical aspects in order to perform a vaginal gynecological surgery in the extremes of age and to demonstrate the importance of carrying out more studies and publications on gynecological surgery in this group of women.

2 CASE REPORT
M.M, a 95-year-old Japanese woman, 6 vaginal deliveries, menopause at 50, presented a fetid vaginal odor for 20 days and a mild vaginal bleeding for 5 months. Well appearing elderly woman, nothing abnormal detected, alert, oriented and coherent. The woman was physically active and had a controlled mild hypertension, using losartan, as the only comorbidity found. Per speculum examination, a foul smelling from the cervix was identified. A transvaginal ultrasound examination revealed antevert/flexed uterus, volume of 38.81 ml, and the endometrial cavity had cystic and solid content, without showing vascularity in doppler examination. Endometrial biopsy was performed in the office, and 20 ml of purulent fluid with amorphous tissue was aspirated. The anatomopathological result showed the presence of red blood cells, fibrin plug, leukocytes, without signs of cellular atypia and the hypothesis of neoplastic cells was ruled out at first. It was indicated a total vaginal hysterectomy and a 14-day oral Metronidazole cycle was initiated, with very slight improvement of the clinical picture. It was also started estradiol cream for vaginal atrophy. After informed consent by the patient
and family, cardiac and preanesthetic evaluation, the surgery was performed with spinal
anesthesia and the anesthetist chose to use low doses of morphine. After spinal anesthesia, she
remained in high lithotomy position throughout the entire 60-minutes surgery. There were no
surgical or anesthetic complications. The correct anesthetic dose provided lower surgical risk
and a better postoperative outcome. In the first 12 postoperative hours, a pre-renal acute renal
failure was identified and reversed after hydration with 1 liter of 5% glucose saline solution.
The hospital discharge was performed after 2 days of hospitalization when the patient had no
pain complaints, she was walking and urinating spontaneously. The anatomopathological result
from the uterus found non-specific active chronic pyoendometritis, atrophic endometrium
without atypia, chronic cervicitis, leiomyoma and uterine tubes without changes. Due to the
good evolution in recovery, only dipyrene was used as an analgesic and 14 days of oral
clindamycin was prescribed. After a month, no complaints and no pain were reported,
presenting intact well-coapted sutures. The patient was already returning to her daily habits,
and was feeling well, indicating a good evolution. The patient returned to social contact,
something not possible before, due to the fetid odor. In a short time, the surgery highly improved
the patient’s quality of life.

3 DISCUSSION

The elderly population worldwide has shown significant growth in recent decades due
to the expansion of their life expectancy. In Brazil, with the demographic transition, in recent
years the elderly Brazilian population has increased and continues today to rapidly grow.
According to the Brazilian Institute of Geography and Statistics (IBGE), life expectancy in
Brazil has reached 76 years and the number of elderly at extreme ages is higher in percentage.
These same projections indicate that by 2025, Brazil will have the 6th largest elderly population
in the world(MARLI, 2018).

A sedentary lifestyle in the elderly increases the potential for complications, as well as
the difficulty in performing elective surgical procedures, as it leads to loss of muscle mass,
leading to functional limitations, decreasing independence, increasing weakness, falls and
fractures.(ZANGALLI, 2022)

Although this new scenario brings the need for a closer look at the demands and health
care of the elderly, it is observed that elective surgery for this population group, especially in
extreme old age (over 90 years), is a rare practice in the current medical context.

This is partly related to the insecurity of many professionals when dealing with the
health of the elderly. Partially because this population is a minority in search of surgical
procedures besides this aging is extremely individualized and has several factors, such as genetic, physiological, variables related to lifestyle and socioeconomic situation, generating a different way of surgical planning, in relation to younger patients (SANTOS JR, 2003).

Approaching more specifically about vaginal hysterectomy, although there is little research on mortality risk from surgery > 65 years of age, studies have shown that age alone should not be a variable against a radical hysterectomy in older patients > 65, who have physical status between I and III of the American Society of Anesthesiology (FUCHTNER et al., 1992).

In addition, for elderly patients with endometrial cancer, the elective approach to vaginal hysterectomy has shown reduced morbidity, no mortality, short surgery time, small blood loss and high cure rates (SUSINI et al., 2005; MOUSAVI et al., 2008).

The patient’s cognitive ability can influence the surgeon's decision when considering elective surgery in the elderly. Even though the exact mechanism is still not known, it is known that physical exercise helps to increase cortical thickness and the integrity of the gray matter, preserving its structure and cognition even in the elderly population (DE SOUZA et al., 2022).

In the case reported, the patient had been living with a gynecological problem for 5 months, not even leaving the house due to the bad smell, causing suffering and shame for her. In thinking and deciding to perform her elective surgery, it was essential to evaluate the health of this elderly woman who walks daily, who showed no significant changes in the main systems and had very preserved cognitive and physical function, as well as the family's agreement to perform the procedure.

The mobilization of the elderly also needs to be very careful, due to its less flexibility and its higher risk of fractures and dislocations due to osteoporosis and joint disorders (PETROIANU, 2008). The elderly population needs regular physical activity as a fundamental element to reduce the loss of mobility and functional capacity. This practice has the potential to reduce falls and fractures by reducing bone mass loss (BARBOSA, 2022). The patient's hip mobility, resulting from an active life, enabled the lithotomic position throughout the surgery, which was an essential aspect for the good surgical progress.

During the surgery, low anesthetic and pharmacological doses were used, mainly low morphine. In postoperative it was used Dipirone alone, and no anti-inflammatory. This proved important for surgical success. It is known that morphine, which is one of the main opioids used for postoperative pain, should be used with caution because of its long half-life. Elderly people can accumulate morphine metabolites and adversely cause respiratory depression, paralysis of intestinal motility, nausea, vomiting, pruritus, among others that tend to contribute to postoperative complications (COLDREY; UPTON; MACINTYRE, 2011). Non-steroidal anti-
inflammatory drugs (NSAIDs), in addition to interacting with drugs commonly used by the elderly as diuretics, ACE inhibitors and warfarin, increase the risk of gastric and renal adverse effects in elderly patients, who more often develop renal failure or heart disease when in use nephrotoxic medication. A clearance of approximately 50ml/min contraindicates the use of these drugs in the postoperative period (FALZONE; HOFFMANN; KEITA, 2013). Dipyrone despite being in certain books inserted in the chapters of non-steroidal anti-inflammatory drugs, is correctly classified as antipyretic and analgesic, since its anti-inflammatory effect is insignificant when used orally (DANIELI, PATRICIA; BAINY L, 2003). Thus, it is shown to be safer for the elderly compared to NSAIDs.

Finally, the patient began to go out and socialize, a situation that no longer was happening. This return to social life proved to be one of the greatest repercussions for the patient's health and for her entire family context. Depression in the elderly is often known to arise in a context of loss of quality of life associated with social isolation and the onset of clinical disease. Depressed patients decrease self-care, refuse to eat and to follow the doctor's recommendations, remaining for a longer time restricted to bed or with little physical mobility, which increases the burden on caregivers. These factors, associated with general clinical weakness, may decrease immunity, generating greater vulnerability to infectious processes, leading to rapid death (STELLA et al., 2002).

After 1 year of hysterectomy, the patient is feeling well, living with her daughter, lucid and taking continues taking short daily walks. It is also worth mentioning the immediate improvement in life satisfaction reported by the patient and it is believed that she will continue to benefit from the surgery. There are no long-term adverse effects in life satisfaction on post hysterectomy, and there is a tendency to have a higher degree of satisfaction over time after this type of surgery (KRITZ-SILVERSTEIN; WINGARD; BARRETT-CONNOR, 2002).

4 CONCLUSIONS

We can see that there is an absolute predominance of surgical study aimed at younger population. This scarcity of studies aimed at older ages makes the elderly patient to be less supported by surgical scientific knowledge, especially when it comes to elective surgery.

Metabolic, functional and other physical conditions related to advanced age must be explored and better mastered in the surgical field so that this population can be inserted in more invasive procedures when necessary and when beneficial to the patient. It should no longer be an impossible and unthinkable procedure only due to the extreme of age. Providing access to elective surgery for the elderly often has the decisive potential for improving their quality of
life. Thus, their needs should be well known and carefully assessed by health professionals, as there is a tendency for family members and those close to the elderly to overlook their complaints, because they consider them whining or because they do not take it seriously the loved one’s disease. Also, the elderly patients may not reveal their sufferings out of pride or indignation at the indifference of those around them (PETROIANU, 2008).

We showed here that, depending on the case, elective surgery can be performed on elderly patients and has the potential to improve the quality of life of the person in all their biopsychosocial context.
REFERENCES


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