

## GYNECOLOGY IN THE GENERALIST'S OFFICE

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### INTRODUCTION

Twenty-three thousand US women develop ovarian cancer annually. Almost 14,000 die from it each year. The 5-year survival rate is 52%.

In her gynecological practice in Lawrenceville, Georgia, Dr. Laverne Mensah sees many patients who have the signs and symptoms of ovarian cancer: abdominal bloating and distension, abdominal or pelvic pain or pressure, early satiety, nausea and vomiting, fatigue, constipation, urinary frequency, and dysfunctional uterine bleeding.

"If a woman has these symptoms, keep in mind that it might be ovarian cancer," Dr. Mensah said. At first, the symptoms may look like a gastrointestinal problem, she warned.

The 4 stages of ovarian cancer are: 1) The tumor is limited to the ovaries. 2) The tumor involves one or both ovaries and has spread to the pelvis. 3) The tumor involves one or both ovaries and has spread to the abdomen or has metastasized to the lymph nodes. 4) The metastasis is widespread and involves the liver.

"Early detection of ovarian cancer is crucial, as it increases the possibility of a cure," Dr. Mensah said. "However, the best approach is preventive therapy that requires no cure."

### MEDICAL HISTORY

Dr. Mensah's patients provide a comprehensive medical history, including the chief complaint, past medical and surgical procedures, family history of disease, allergies and medications. "I ask for the patient's obstetric history, gynecologic history, sexual history, and family history," Dr. Mensah said.

"All of these factors contribute to the diagnosis," she continued. "If a woman has had several children, the treatment is different than for a woman who has never conceived. The total number of sexual partners is also important to diagnosis and treatment. Family history is extremely important—whether there has been breast, ovarian, uterine, bladder, or prostate cancer among family members."

### GYNECOLOGIC EXAMINATION

The 2 parts of a gynecologic examination are a breast exam and a pelvic exam.

### Breast Examination

Women should perform a breast self-exam monthly to detect cysts and solid masses. All women over the age of 50 should have an annual mammogram to detect microcalcifications (which need a biopsy) or speculated masses (which also may require a biopsy). "Agencies disagree on how often women between the ages of 40 and 50 should have mammograms," Dr. Mensah said. "The recommendations range from annually to every two to three years."

### Pelvic Examination

This exam involves the vulva, the vagina, the cervix, the uterus, and the adnexa (ovaries). "If you find hyperpigmented lesions, masses, lichen sclerosis, or squamous cell hyperplasia in the vulva, the patient should have a biopsy," Dr. Mensah said. Lichen sclerosis and squamous cell hyperplasia appear as white plaque on the vulva.

Discharge from the vagina could be a symptom of vaginal melanoma, which has a 5-year prognosis. Pap smears of the cervix can be done in the traditional way or through use of a liquid-based preparation. "A woman should begin to have Pap tests at age 18 or at the onset of intercourse," Dr. Mensah recommended. Cervical cultures can be taken to detect sexually transmitted diseases, such as gonorrhea or chlamydia. Twenty-percent of women have uterine fibroids, which are usually benign, Dr. Mensah continued. Postmenopausal bleeding can be a serious finding in the uterine exam. "It can be a precursor to uterine cancer and should be biopsied," Dr. Mensah said. "A hysterectomy is better than advanced uterine cancer, which usually cannot be cured."

### GYNECOLOGIC DISORDERS

Dr. Mensah focuses on 4 types of gynecologic disorders: contraception, dysfunctional uterine bleeding, amenorrhea (abnormal absence or suppression of menstruation) and pelvic infections. Contraception ranges from abstinence to barrier methods (condoms or gels), oral contraceptives and medications, such as patches, vaginal rings and IUDs. Dysfunctional uterine bleeding may be caused by pregnancy; lower genital tract lesions, such as fibroids, polyps, infection, trauma and malignancy; coagulation disorders; iatrogenic causes, such as hormones, drugs, chemotherapy or dialysis; and anovulatory bleeding. Amenorrhea may be traced to pregnancy, menopause, thyroid

dysfunction, hypopituitarism, hyperprolactinemia, or Asherman's syndrome (scarring of the uterus). Pelvic infections may include cervicitis, salpingitis, or bacterial vaginosis.

### **PREVENTION ADVICE**

Dr. Mensah sees a variety of women in her practice. To prevent gynecological problems, she advises patients to:

- Stop smoking.
- Have regular screenings for breast, cervical, and colon cancer.
- Practice good nutrition.
- Exercise regularly.
- Check cholesterol.
- Screen for diabetes.