IS-82 Bone mineral density in patients with endometrial cancer

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Objective: Endometrial cancer represents therapeutic challenge, and requires intensive & often complex surgery, chemotherapy and radiotherapy which can reduce bone mass. Our purpose was to evaluate the bone mineral density (BMD) in patient with endometrial cancer before treatment. Methods: We retrospectively analyzed the BMD of spine and femur measured by dual-energy X-ray absorptiometry (DEXA) in 31 patients with endometrial cancer and 61 control women. All patients with endometrial cancer and the control women experienced menopause. There were no bone metastases in patients with endometrial cancer. The control group was treated with surgery for benign disease. We compared age, height, body weight, body mass index (BMI) and BMD of spine and femur between the endometrial cancer and control, and compared BMD between stage I and stage II, III, IV endometrial cancer patients. Results: There were no differences in the BMD of spine and femur in patients with endometrial cancer and control group. In patient with stage I and stage II, III, IV endometrial cancer, we could not find differences in the BMD of spine and femur. Conclusions: Endometrial cancer appeared to have no effects on BMD before treatment. But, to define its detailed effect on BMD, prospective study with large sample size is needed.

IS-83 Blood Rheology and Hemostatic Changes in Mature and Climacteric Elderly Women

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[Objective] Hypercoagulable state represents a major public health problem in women. The incidence of thrombosis and ischemic heart disease increases with age. Therefore, mature, climacteric, and elderly women were investigated by both blood rheologic and hemostatic examination. [Methods] With Informed consent, 28 healthy mature women (under 35 years old), 65 climacteric elderly women (17 women 44-55 years old, 14 women 60-69 years old, 19 women 70-79 years old, and 15 women over 80 years old) were tested (without complication). Firstly, using a Micro Channel Flow Analyzer, wholeblood passage time was recorded on heparinized blood samples. Secondly, as screening test for hemostasis, 1) Platelet Hemostatic Capacity (PHC), 2) Fibrinogen, 3) Factor X, and 4) TAT were performed. [Results] Whole blood passage time was prolonged at 58.9 ± 18.6 sec in women over 60 years old, while women under 35 years old showed 37.6 ± 12.7 sec. As far as Hemostatic parameters were concerned, only PHC had significantly prolonged as age advanced. (138.2 ± 34.1 sec in women over 60 years old, while women under 35 years old showed 126.5 ± 33.6 sec. [Conclusion] The prolonged whole blood passage time seen in climacteric, elderly women reflects the tendency for circulation to slow as age advances, and this could be the trigger for thrombosis.

IS-84 A study on the changes in the vaginal environment depending on the life stages of females from the perspective of vaginal secretion cultures

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[Objective] Estrogens maintains acidity of the vagina. It is prone to bacterial infections when acidity is not maintained due to the reduced estrogen level from the onset of menopause. However, very few reports have specifically studied how the infection rate and vaginal flora change due to reduced estrogen level. We herein report our findings in regard to how the vaginal infection rate as well as the vaginal flora change due to fluctuating hormonal environment, depending on life stages. [Methods] We analyzed the results of 6317 samples of vaginal cultures prepared from patients who complained of abnormal vaginal discharge and/or vulval symptoms at our department from November 2001 to January 2008. We divided them into three groups as follows: the sexually mature age (18 to 44 years of age), menopausal age (44 to 55 years of age), and old age (56 years and older). [Results] The rate at which bacteria and/or fungi were detected was significantly higher in the menopausal age group (84.4%, 266/315) and the old age group (87.6%, 543/620) in comparison to the sexually mature age group (69.6%, 3744/5382) (p < 0.01). [Conclusion] It was revealed that the detection rate of bacteria and/or fungi increases in menopausal age and old age in association with the reduction in estrogen, and the detected species included an increased rate of pathogens in comparison to normal vaginal flora.