Prevalence of anxiety and depression and quality of life in women with Mayer-Rokitansky-Kuster-Hauser (MRKH) syndrome in Malaysia

Khailiyana Khairudin¹, Nur Azurah Abdul Ghani¹, Shamsul Azhar Shah¹, Tutti Iryani Mohd Daud¹, Jerilee Azhary¹, Esther Loh Sweet Yi¹, Noorkardiffa Syawalina Omar¹, Anizah Ali¹, Ani Amelia Zainuddin¹

¹Department of Obstetrics and Gynaecology, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, ²Department of Community Health, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, ³Department of Psychiatry, Faculty of Medicine, Universiti Kebangsaan Malaysia, Kuala Lumpur, ⁴Department of Obstetrics and Gynaecology, Faculty of Medicine, University of Malaya, Kuala Lumpur, ⁵Department of Obstetrics and Gynaecology, Faculty of Medicine, Universiti Teknologi Mara

ABSTRACT
Introduction: Mayer-Rokitansky-Küster-Hauser (MRKH) syndrome is a rare congenital disorder in which women are born with an underdeveloped or missing vagina and uterus. It has been reported that MRKH is linked to poor psychological health and quality of life. We aimed to determine the prevalence of anxiety and depression and to evaluate the quality of life in women with MRKH syndrome in Malaysia. Methods: We conducted a cross-sectional study involving women with MRKH in Malaysia. The following self-administered questionnaires were used to assess the women’s anxiety, depression, and quality of life; 1) Generalised Anxiety Disorder-7 (GAD-7), 2) the Patient Health Questionnaire-9 (PHQ-9), and 3) World Health Organization Quality-of-Life Scale (WHOQOL-BREF). The respondents’ sociodemographic and medical profiles were also recorded. Results: A total of seventy-seven women with MRKH were included with a response rate of 73%. The mean age of the participants (mean ± SD) was 29.1±8.3 years old and the mean age of diagnosis was 20.5±5.0 years old. Women with MRKH syndrome had anxiety (n=29, 37.7%) and depression (n=25, 32.5%) of varying severity. Of the domains in WHOQOL-BREF, only the aspect of social relationships was poor (mean ± SD: 54.88±20.99) in which a cut-off score of less than 60 indicates poor outcome. Conclusion: There was a high prevalence of anxiety and depression in Malaysian women with MRKH. In terms of their quality of life, only social aspects were adversely affected.

A peculiar case of endocervical polyp in an adolescent and a review of cervical rhabdomyosarcoma in an adolescent

Leek Mei Lim, Suguna Subramaniam, Ana Vetriana Abd Wahab

Department of Obstetrics and Gynaecology, Sabah Women and Children’s Hospital, Kota Kinabalu, Sabah, Malaysia

ABSTRACT
Introduction: Cervical Rhabdomyosarcoma (RMS) is a rare disease and treatment is not codified. Fertility sparing surgery followed by chemotherapy is a possible modality in well-selected cases, which is further supported by data shown in a literature review that we performed. Methods: We conducted a cross-sectional study involving women with MRKH in Malaysia. The following self-administered questionnaires were used to assess the women’s anxiety, depression, and quality of life; 1) Generalised Anxiety Disorder-7 (GAD-7), 2) the Patient Health Questionnaire-9 (PHQ-9), and 3) World Health Organization Quality-of-Life Scale (WHOQOL-BREF). The respondents’ sociodemographic and medical profiles were also recorded. Results: A total of seventy-seven women with MRKH were included with a response rate of 73%. The mean age of the participants (mean ± SD) was 29.1±8.3 years old and the mean age of diagnosis was 20.5±5.0 years old. Women with MRKH syndrome had anxiety (n=29, 37.7%) and depression (n=25, 32.5%) of varying severity. Of the domains in WHOQOL-BREF, only the aspect of social relationships was poor (mean ± SD: 54.88±20.99) in which a cut-off score of less than 60 indicates poor outcome. Conclusion: There was a high prevalence of anxiety and depression in Malaysian women with MRKH. In terms of their quality of life, only social aspects were adversely affected.

Discussion: Polyps are rather odd in adolescence and malignancy should be suspected. Management may not be straightforward and need MDT approach. Minimally access surgery followed by chemotherapy is possible in managing selected cases to improve outcome.