

Gynecopathy of female table tennis players

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In recent years, female table tennis players have increasingly experienced menstrual disorder. According to our incomplete statistics, there were 10 confirmed diagnoses as gynecopathy patients by the Department of Gynecopathy of the Beijing Union Medical College Hospital from 1961-1994.

1991-1994	Pelvic tuberculosis	4
1978	Polycystic ovary	6

After systematic treatment, mainly traditional Chinese medicine and antituberculous treatment, the 4 cases of pelvic tuberculosis have improved somewhat. All of them took part in training and competition, but eventually there was one case of relapse due to improper balance between work and rest. There was one case of repeated abortion, with no treatment.

A somatoscopy showed that the ten were suffering from menstrual disorder, its main manifestation being secondary amenorrhea for 2-5 months. Six of the confirmed diagnoses were polycystic ovary, about 30% of the whole Chinese female team. It was owing to hyperandrogenism of their ovarian secretions and better physical performance such as speed and strength that they had been selected to the national team; that was why the proportion was comparatively high.

The clinical manifestations of polycystic ovary syndrome are irregular menstruation, sterility, pilosity and obesity, accompanied by the syndrome of bilateral ovarian bursa cystic dilatation. The clinical manifestations, physical signs and laboratory results vary; nevertheless, the typical case is as follows:

Abnormal menstruation: Menarche is fairly normal, the abnormality being amenorrhea.

Sterility: Disorder of the menstrual cycle and absence of ovulatory cycle cause sterility.

Hairiness: Eyebrows are heavy, or upper lip, arms, lower limbs, anus and vulva are hairy. Sometimes a few long hairs may be found around papilla.

Cystic dilatation of bilateral ovarian bursa. Obesity is seldom seen.

Discussion

1. With the rapid elevation of the sports level, the training becomes more tense. Exercise brings certain effects to all the systems of the human body and a series of changes occurs; internal secretions and the genital system are both affected. My work experience tells me that when players have menstrual disorder, attention should be paid and they should be given a timely gynecopathy check. The cause of menstrual disorder must be made clear and the players must receive timely treatment. The amount of exercise has to be adjusted accordingly.

2. The four cases of pelvic tuberculosis all took complete rest after their confirmed diagnoses. This result directly effected training and competition. Tuberculosis is an infectious disease, easily caught when one's resistance is low through being undernourished. The four patients were all top players, winners of world championships. In my view, they had taken a great amount of exercise in order to participate in both domestic and international competitions, and had then made no adjustment after all these burdens were over; the system, overloaded by stress, is not able to resist infectious disease, and to accommodate to changes of weather, way of life, nourishment and psychology. The result was that players who had been trained at high level were more easily attacked by common infectious diseases because of their low immunity in fatigue, a common cause of this illness in elite female players. In addition, the great amount of exercise resulted in poor appetites, and the necessary nourishment and medicine were not offered; this was another reason.

Considering these causes, I am convinced that special medical supervision and frequent preventive measures should be adopted for these players who are always involved in intense training. What we have done and are going to do are as follows:

(1) We have made regular and irregular somatoscopy and health examinations as well as GPT mass surveys, in different seasons.

(2) Special examinations, such as gynecopathy, biochemical, catecholamine, body fluid and cellular immunity, were carried out on various occasions.

(3) Training should be arranged scientifically and should be rescheduled after an important competition or large amount of exercise.

(4) Necessary nourishment and medical care must be guaranteed not only in the period of competition and training, but also in the period after, so that fatigue of the organism might be eliminated.

3. Polycystic ovary is a disease caused by hyperleydigism secreted in the ovary, with symptoms of pilosity, infrequent menstruation or amenorrhea, and sterility. If hormone level is normal, there is no need for special treatment. However, when the patient is married, examination must be made of ovulation. If she is not ovulating, the patient must take medication to avoid sterility.

According to our tracking observations for 11 years, all the six players with polycystic ovary have married and five have given birth.

After prolonged amenorrhea, the players might have periodicity of irritability and distending pain around the breasts and lower abdomen, with the result that they were not able to take part in training or competition. We took the following measures leading to menstrual onset.

(1) Traditional Chinese medicine: mainly Wuzi Yanzongwan

(2) Progesterone: 20 mg x 3, IM

4. I suggest that female players should have gynecopathy examination as one of the necessary steps if they are found to have pelvic tuberculosis or menstrual disorder on joining the team. The amount of exercise should be arranged appropriately and regular checks should be made with proper treatment so as to avoid unhappy results.