

Prevention and Care of Common Gynecological Diseases

Yonglan Luo

The Second Affiliated Hospital of Guilin Medical University, Guilin 541199, Guangxi, China

Copyright: © 2025 Author(s). This is an open-access article distributed under the terms of the Creative Commons Attribution License (CC BY 4.0), permitting distribution and reproduction in any medium, provided the original work is cited.

Abstract: Objective: To analyze common gynecological diseases in women and explore effective preventive health care, treatment, and nursing measures. Methods: A total of 1,025 women who participated in gynecological disease screening at the gynecological outpatient department of our hospital from January to December 2024 were selected as the research subjects. Among them, 252 patients diagnosed with gynecological diseases were included in the observation group, and the remaining 773 healthy women were included in the control group. The detection status of gynecological diseases and related risk factors were analyzed. Results: Through screening, the common gynecological diseases included vaginitis, uterine fibroids, ovarian cysts, and menstrual disorders. Women aged 40–49 years were the high-risk group for gynecological diseases. Conclusion: The risk of gynecological diseases in women is gradually increasing. It is necessary to strengthen the popularization of knowledge about gynecological diseases among women and guide them to take effective preventive health care, treatment, and nursing measures to reduce their risk of developing gynecological diseases.

Keywords: Gynecological diseases; Preventive health care; Nursing and treatment

Online publication: Oct 16, 2025

1. Introduction

Gynecological diseases, especially gynecological inflammations, are highly prevalent and have a high incidence rate. Women of all age groups may be affected by such diseases, and married women with a history of sexual activity or childbirth are even more likely to be in the high-risk group. After marriage and childbirth, women are more vulnerable to gynecological diseases, which have adverse effects on their physical and mental health.

With the development of social economy and the improvement of living standards, people's awareness of hygiene has gradually increased, and disease prevention and health care have received sufficient attention. Against this background, women's reproductive health management has become an important part of my country's medical and health undertakings, and the prevention and care of gynecological diseases have also been fully studied. Gynecological diseases are closely related to women's physiological characteristics, psychological changes, and external environment. Their occurrence and progression have a significant impact on women's work and development, and are directly related to women's quality of life, physical and mental health. Therefore, effectively strengthening the preventive health care

of gynecological diseases and improving the quality of nursing and treatment for various gynecological diseases are of great significance for ensuring the physical and mental health of patients with gynecological diseases.

2. Materials and methods

2.1. General information

A total of 1,025 women who participated in gynecological disease screening at the gynecological outpatient department of our hospital from January to December 2024 were selected as the research subjects. Their ages ranged from 20–65 years old, with an average age of (40.27 ± 5.10) years old. Among them, 252 patients were diagnosed with gynecological diseases and included in the observation group; the remaining 773 healthy women were included in the control group.

2.2. Inclusion criteria

Patients had not taken corresponding therapeutic drugs within two months before being included in the clinical study, patients were willing to receive treatment in accordance with the doctor's treatment plan and complete the clinical study. All women participating in the study had signed an informed consent form and had a basic understanding of this clinical study.

2.3. Exclusion criteria

Patients with severe liver and kidney dysfunction, mental disorders, and cancers such as uterine fibroids or cervical cancer were excluded from the subjects of this clinical study.

2.4. Screening methods

The gynecological disease screening in this study mainly included the following methods: ultrasonic examination imaging, vaginal secretion detection, virus testing, and routine gynecological examination. On this basis, if further in-depth examination was required, other supplementary methods would be used as auxiliary examinations, such as colposcopy and thin-layer liquid-based cytology examination. According to the actual conditions of patients (e.g., relevant index data of vaginal secretions such as leukorrhea and secretion cells), detailed statistics were conducted, and relevant information of patients was comprehensively collected. Combined with patients' past medical history, educational background, and reproductive status, an in-depth discussion was carried out on the risk factors of gynecological diseases they might have.

2.5. Statistical analysis

The data obtained in this study were processed and analyzed using SPSS 22.0. Among them, count data were expressed as %, and the chi-square test (χ^2 test) was used for comparison; the Pearson correlation analysis was applied to analyze the relationship between different numerical variables, and the Logistic multivariate regression analysis was used to identify the independent risk factors for gynecological diseases in women^[1].

3. Results

3.1. Prevalence and age distribution of common gynecological diseases in women

In this clinical study, among 1,025 women who participated in the gynecological disease screening, 252 cases

were diagnosed with gynecological diseases. Through examinations, these women were found to suffer from common gynecological diseases such as vaginitis, cervical intraepithelial neoplasia (CIN), uterine fibroids, ovarian cysts, and menstrual irregularities, as well as other gynecological conditions. Analysis of the actual data revealed that these common gynecological diseases were most prevalent in women aged 40–49 years, while menstrual irregularities were most common in women aged 20–30 years. For detailed information, see **Table 1**.

Table 1. Common gynecological diseases and age distribution among married women [n (%)]

Age (years)	Vaginitis (n = 98)	Cervical Intraepithelial Neoplasia (n = 39)	Uterine Fibroids (n = 30)	Ovarian Cysts (n = 19)	Menstrual Irregularities, Dysmenorrhea (n = 42)	Other (n = 24)	Total (n = 252)
20–29 (n = 52)	3 (5.77)	0 (0.00)	0 (0.00)	0 (0.00)	7 (13.46)	0 (0.00)	9 (17.31)
30–39 (n = 230)	6 (2.61)	5 (2.17)	1 (0.43)	0 (0.00)	16 (6.96)	6 (2.61)	34 (14.78)
40–49 (n = 390)	60 (15.38)	22 (5.64)	21 (5.38)	2 (0.51)	20 (5.13)	11 (2.82)	136 (34.87)
50–59 (n = 302)	20 (6.62)	5 (1.66)	7 (2.32)	10 (3.31)	0 (0.00)	3 (0.99)	45 (14.90)
> 60 (n = 51)	12 (23.53)	5 (9.80)	0 (0.00)	8 (15.69)	0 (0.00)	3 (5.88)	28 (54.90)

3.2. Risk factors

There were significant differences ($p < 0.05$) between the observation group and the control group in the following aspects: past medical history, educational background, reproductive status, history of vaginal delivery, vulvar cleaning habits, history of sexual intercourse during menstruation, frequency of sexual intercourse, failure to seek timely medical attention when experiencing vulvar symptoms, relatively weak immune function in some patients, and recurrent respiratory tract infections. For details, see **Table 2**.

Table 2. Analysis of risk factors for gynecological diseases

Factors	Observation Group (n = 252)		Control Group (n = 773)	
	Number of Cases	Proportion (%)	Number of Cases	Proportion (%)
College degree or above	32	12.7	245	31.69
Smoking	20	7.94	39	5.05
Childbirth History	213	84.52	397	51.36
Vaginal Delivery History	143	56.75	310	40.1
Daily Vulva Cleaning	140	55.56	623	80.6
Sexual Intercourse During Menstruation History	51	20.24	58	7.5
Partner Not Cleaning Before Sexual Intercourse	63	25	97	12.55
Sexual Intercourse > 1 Time Per Week	55	21.83	84	10.87
Failure to Seek Medical Attention in Time for Vulvar Symptoms	42	16.67	315	40.75
Poor Immunity/Recurrent Respiratory Tract Infections	53	21.03	42	5.43

4. Discussion

Affected by women's physiological structural characteristics, lifestyles, environmental factors, and other influences, the incidence of gynecological diseases is gradually increasing and showing a trend of younger age ^[2]. Common gynecological diseases such as vaginitis, cervicitis, pelvic inflammatory disease, uterine fibroids, and ovarian cysts not only cause physical discomfort such as scratching, pruritus and pain, or non-menstrual bleeding, but also may lead to increased mental stress and affect family relationships. Therefore, research on the prevention and care of common gynecological diseases is of great urgency.

Among the 1,025 women who participated in this clinical study, 252 cases were diagnosed with gynecological diseases, involving common gynecological diseases such as vaginitis, irregular menstruation, and cervical intraepithelial neoplasia. This result indicates that the current probability of women suffering from gynecological diseases is relatively high, and many patients do not go to the hospital for treatment in the early stage of the disease due to unobvious symptoms. Among them, the treatment rate of reproductive system infections is relatively low, which also has a certain adverse impact on the prognosis ^[3]. There are many pathogenic factors for gynecological diseases. In clinical research, age is one of the most significant influencing factors. Specifically, women aged 30–40 years are prone to various gynecological diseases, while irregular menstruation is also more common among women aged 20–30 years. These phenomena are caused by a variety of factors, including lesions in the reproductive system, a decrease in the body's immune mechanism, and changes in the endocrine system. The high incidence of irregular menstruation in women is related to factors such as excessive emotional fluctuations and poor blood circulation caused by physiological reasons.

By comparing the data of the observation group and the control group, including past medical history, educational background, fertility status, vaginal delivery history, vulvar cleaning, menstrual sexual activity history, sexual activity frequency, occurrence of vulvar symptoms, as well as differences in patients' body immunity and recurrent respiratory tract infections, it was found that the differences between the two groups were statistically significant ($p < 0.05$). This indicates that women have many risk factors for gynecological diseases, and pregnancy and childbirth history directly affect women's reproductive health. Some patients have pelvic floor muscle dysfunction, and with the increase of age, the patients' body immunity decreases, leading to an increase in the risk of reproductive system infections, which in turn increases the risk of gynecological diseases in patients. Unreasonable postnatal care is the most important cause of pelvic floor muscle dysfunction in patients, which directly affects women's reproductive health. Meanwhile, unhealthy lifestyles are also among the many risk factors. For example, neglecting regular vulvar cleaning and hygiene, having sexual activity during menstruation, partners not cleaning before sexual intercourse, excessively high frequency of sexual activity, and failing to seek medical treatment early when vulvar symptoms are found all increase the risk of gynecological diseases in patients.

In the prevention of gynecological diseases, women should do the following: First, enhance personal hygiene and healthcare awareness: in daily life, maintain the cleanliness and dryness of the vulva, develop the good habit of washing the vulva with warm water every day without using irritating lotions or soap, wear cotton and breathable underwear, wash them separately and change them frequently, and expose the washed underwear to the sun to further kill potential pathogens; meanwhile, pay attention to hygiene during menstruation by replacing sanitary pads in a timely manner and avoiding activities such as sexual intercourse, tub baths and swimming to better prevent pathogen infections and gynecological diseases. Second, develop healthy living habits: ensure balanced nutrition in diet by eating more fresh vegetables and fruits and consciously supplementing sufficient

protein, vitamins and minerals every day, reduce the intake of spicy, greasy and stimulating foods as well as high-sugar and high-fat foods; strive to ensure adequate sleep in daily routine, develop a regular work and rest habit, and especially avoid staying up late, long-term staying up late can lead to endocrine disorders in the body, which in turn affects the body's immunity and increases the risk of gynecological diseases. In addition, women can engage in appropriate exercises such as walking, jogging and yoga in their spare time to enhance physical fitness and improve immunity, thereby preventing the occurrence of gynecological diseases. Third, practice safe sex: women should try to maintain a fixed and single sexual partner to reduce the risk of sexually transmitted diseases (STDs), correctly use condoms during sexual intercourse (as condoms not only prevent pregnancy but also effectively prevent STDs such as gonorrhea and chlamydia infection, thus reducing women's risk of gynecological diseases), and pay attention to cleaning the vulva before and after sexual intercourse to avoid bacterial infection. Fourth, conduct regular gynecological examinations: adult women should undergo a gynecological examination every year, including but not limited to gynecological internal examination, cervical smear test (also known as Pap smear test), vaginal secretion examination and B-ultrasound examination; women with a family history of gynecological diseases or who have been taking medications for a long time can appropriately increase the frequency of examinations to achieve early diagnosis and early treatment through regular check-ups.

On the nursing care of common gynecological diseases, this article will briefly explore the nursing care for common gynecological diseases such as vaginitis, cervicitis, uterine fibroids, and ovarian cysts. Vaginitis refers to the inflammation of the vaginal mucosa and the connective tissue under the mucosa in patients. Common types of vaginitis include trichomonal vaginitis, mycotic vaginitis, and bacterial vaginitis. Taking the treatment and nursing of trichomonal vaginitis as an example, when a patient is diagnosed with trichomonal vaginitis, doctors may adopt a treatment plan where the patient takes metronidazole orally at a dose of 2 g per time per day for one consecutive week. Alternatively, the patient can take tinidazole 0.5 g each time, twice a day, for one week. If the treatment fails, the patient should continue to take metronidazole 400 mg each time, twice a day, for 7 consecutive days, and the therapeutic effect should be observed. Patients with trichomonal vaginitis can often recover in a relatively short period of time with very obvious recovery effects, and they are classified as having a good prognosis. This is because the bacteria causing such diseases also exist in the normal vaginal microenvironment. Studies have shown that *Candida* is present in the vaginas of approximately 20% of healthy women, which is not an insignificant proportion. Furthermore, follow-up research has confirmed that bacteria and *Candida* are integral components of the normal vaginal flora. This indicates that when women maintain normal reproductive health, they will not develop trichomonal vaginitis caused by these types of bacteria. In the treatment of vaginitis, if a direct eradication strategy is adopted targeting specific microorganisms such as *Candida* or trichomonas, it may significantly disrupt the balance of the patient's vaginal flora and the local microenvironment, rendering the vaginal microenvironment unstable. After the pathogenic bacteria are eliminated, the patient needs to go through a process of repairing the internal vaginal environment, which may lead to a prolonged recovery period. In addition, the destruction of the normal vaginal flora may impair the immune function of the vaginal area and even trigger inflammatory responses, thereby seriously hindering the repair of the vaginal microenvironment and reducing the therapeutic effect ^[4]. In contrast, trichomonas is not part of the normal vaginal flora, so treating it has less impact on the original vaginal flora. As a result, the vaginal recovery rate is faster, the patient's recovery speed is accelerated, and the treatment effectiveness is relatively higher. Therefore, in the nursing and treatment of vaginitis, patients should use medications such as vaginal suppositories and lotions as prescribed by doctors. Before medication, patients should first clean the vulva, wash their hands thoroughly, and insert the medication into the vagina in the correct manner.

During the medication period, patients should pay attention to personal hygiene and avoid sexual intercourse to prevent affecting the treatment effect. In terms of nursing, if symptoms of vulvar itching occur, patients can clean the vulva with warm water or use anti-itching medications as directed by doctors, while keeping the vulva clean and dry and avoiding wearing tight chemical fiber underwear. In terms of diet, patients should avoid consuming spicy and irritating foods such as chili peppers and Sichuan peppercorns to prevent exacerbating inflammatory reactions. Secondly, patients should eat more fruits and vegetables and drink plenty of water to promote the body's metabolism.

Cervicitis includes inflammation of the vaginal part of the uterine cervix and inflammation of the cervical canal mucosa. It is a gynecological disease caused by cervical injury and pathogen invasion. For patients with cervicitis during treatment, the following points should be noted: Prioritize rest to avoid overexertion, and refrain from sexual intercourse and tub baths, as these measures are conducive to preventing the spread of pathogens. Take antibiotics and other medications as prescribed by the doctor. Administer the drugs strictly in accordance with the medication requirements, and do not stop or increase the dosage arbitrarily. If a cervical surgery such as cervical conization is performed: Closely monitor vaginal bleeding. In case of heavy bleeding, seek medical assistance as soon as possible. After the surgery, maintain the hygiene of the vulva, avoid strenuous activities, and attend follow-up check-ups on time as instructed by the doctor. Meanwhile, cervicitis may cause patients to experience negative emotions such as anxiety and tension. Family members and medical staff should provide care and concern, help patients understand their condition, and alleviate their psychological stress.

Uterine fibroids are composed of smooth muscle and connective tissue, and they are the most common benign tumors of the female reproductive system. In the treatment and nursing of uterine fibroids, it is necessary to timely observe the patient's menstrual conditions, including the amount of menstrual flow, changes in the menstrual cycle, and whether symptoms such as pain or swelling occur. If the patient experiences symptoms like excessive menstrual flow or aggravated pain, they should seek medical attention as soon as possible. Patients with uterine fibroids should try to avoid consuming foods with high estrogen content such as honey and tofu, to prevent stimulation of the uterine fibroids. They should maintain a reasonable, balanced, and light diet ^[5]. Patients with uterine fibroids often feel anxious and worried because they are afraid that their condition will deteriorate into a malignant tumor. In such cases, medical staff need to explain knowledge about uterine fibroids to them and inform them that uterine fibroids are benign tumors, so as to reduce the patients' psychological pressure. Some patients need to undergo surgical treatment. Before the surgery, medical staff should first provide psychological counseling to them, helping them establish confidence in the success of the surgery. For patients who have already undergone surgical treatment, attention should be paid to the healing of the incision; the incision should be kept clean and dry to prevent incision infection. At the same time, patients should be reminded to rest properly and gradually increase the intensity of exercise, but the exercise should not be too strenuous. They must strictly follow the doctor's scheduled review time for reexaminations, so that the recovery of their body can be observed.

An ovarian cyst is a sac-like structure that forms inside or on the surface of an ovary, and the sac may contain fluid or solid substances. Patients should undergo regular B-ultrasound examinations to monitor changes in the size, shape, and other characteristics of the ovarian cyst. If the ovarian cyst is small and there are no obvious uncomfortable symptoms, regular rechecks can be conducted without the need for special intervention measures. However, when the ovarian cyst grows larger or symptoms such as abdominal pain and bloating occur, patients should seek medical attention and treatment in a timely manner. In daily life, patients with ovarian cysts should mainly follow a low-salt, low-oil, and non-irritating diet. They should eat more foods rich in vitamins and trace

elements to enhance the body's resistance. Due to anxiety and worry about the condition, treatment status, and other related issues, patients with ovarian cysts are generally prone to experiencing tension and unstable mental states. To address this situation, doctors must provide patients with popular science knowledge about ovarian cysts, helping them understand that most ovarian cysts are benign and have a generally good prognosis. This helps eliminate the tense psychological state of patients with ovarian cysts. For patients with ovarian cysts who have undergone surgery, attention should be paid to keeping the incision clean and dry to avoid infection. They should also ensure proper rest and a reasonable diet to promote the body's rapid recovery to health. In addition, patients must follow the doctor's advice, attend regular follow-up visits, and stay informed about the function and recovery status of their own ovaries.

5. Conclusion

In conclusion, the risk of gynecological diseases among women has been on the rise in recent years, and the influencing factors have become increasingly complex. Therefore, medical staff need to strengthen health guidance for patients in gynecological outpatient clinics, help them correctly understand common gynecological diseases, and guide them to take effective preventive health care, treatment and nursing measures under the guidance of medical staff.

Disclosure statement

The author declares no conflict of interest.

References

- [1] Li B, 2024, From Light to Health: The Application of Photodynamic Therapy in the Treatment of Gynecological Diseases. *Health Must-Read*, 2024(27): 12–13.
- [2] Xie D, Fan Q, 2024, Etiologies and Preventive Measures of Gynecological Diseases. *Mom & Baby*, 2024(09): 134–135.
- [3] Yan C, Zhu G, Luo Y, et al., 2023, Analysis of Gynecological Disease Census Results Among 2,924 Married Women in a Community of Hefei City. *Anhui Journal of Preventive Medicine*, 29(06): 511–514.
- [4] Qi Z, Wu S, 2023, Research Progress on the Application of “Internet +” in the Whole-Process Management of Gynecological Diseases. *Chinese Journal of Clinical Obstetrics and Gynecology*, 24(06): 651–653.
- [5] Du X, Yu H, 2023, Application Effect of Strengthening Preventive Health Care Measures in Preventing Common Gynecological Diseases in Elderly Women. *Guide to Women's and Children's Health*, 2(16): 34–36.

Publisher's note

Bio-Byword Scientific Publishing remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.