



STUDY OF ENDOMETRIAL PATHOLOGY IN THICKENED ENDOMETRIUM IN PERIMENOPAUSAL WOMEN WITH ABNORMAL UTERINE BLEEDING

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ABSTRACT

Background: Abnormal uterine bleeding is a frequently encountered complaint in perimenopausal women^(1,2) and also the most common cause of hysterectomy in this age group⁽³⁾. **Objective:** The study of endometrial thickness by transvaginal USG with its histopathology correlation in abnormal uterine bleeding. **Methods:** A prospective study of 50 perimenopausal women with complaint of AUB with age group ranging from 40-51 years, those attending to the department of gynecology at Rajah Muthiah Medical College and Hospital from 2015-2017. Clinical examination between parameters were analyzed. TVS study of endometrial pattern and thickness was done followed by dilatation of curettage (D&C). Histopathology examination report was correlated with ultrasonography. **Results** Out of 50 women, 62% belonged to the age group 40-45 years and 66% patients presented with menstrual complaints of menorrhagia which accounts for the common menstrual complaint 60% patient had endometrial thickness between 5.1-8mm. most common type of endometrial pattern is proliferative endometrium. Sensitivity and specificity of TVS is 81.8% and 100%.

Conclusion

1. Patient with AUB should be investigated promptly with transvaginal sonogram, as first line of investigation which is non invasive, safe and cost effective.
2. In perimenopausal age group when endometrial thickness is <8mm - it is correlated well with the histopathology report. In patients with endometrial thickness >8mm, a histopathological study of endometrium is warranted to rule out atypical changes or endometrial malignancy.
3. This study helps us to individualize treatment protocols between medical and surgical intervention.

Keywords :- Abnormal uterine bleeding, histopathology perimenopausal, Ultrasonography.

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INTRODUCTION

Abnormal uterine bleeding (AUB) is defined as any deviation in terms of cycle, duration of bleeding, amount of blood loss or combination of all. It includes both DUB (i.e. due to functional causes) and bleeding from structural causes like fibroids, polyp and due to endometrial pathology. Endometrium represents a plethora of changes that balanced by the complex

interplay of endogenous steroids and other factor. Life expectancy is now increased and we are in era of geriatric medicine. Preventive medicine is gaining more importance as more women are entering the climacteric phase apart from facing psychological derangement they are scared by taboos about malignancies of genital tract.

These women might present with abnormal bleeding,

anemia, pain, and occasionally infertility^(4,5). Diagnostic procedures for anatomic changes and for endometrial carcinoma include ultrasonography, diagnostic hysteroscopy, sonohysterogram, and dilation and curettage (D&C)⁽⁶⁾. Endometrial abnormalities are common diagnostic challenges facing the radiologist and referring gynecologist. For the evaluation of AUB, TVS plays an important role as the initial modality⁽⁷⁾.

Hence imaging by transvaginal sonogram plays a pivotal role in arriving at the etiological diagnosis of abnormal uterine bleeding and for early diagnosis and treatment of endometrial hyperplasia and endometrial carcinoma.

MATERIALS AND METHODS

This is a prospective study done on 50 perimenopausal women with a complaint of AUB in the age group ranging from 40 - 51 years those who are attending the OPD at Rajah Muthiah Medical College and Hospital, Chidambaram

All the patients were included in the study after taking prior informed consent.

Inclusion Criteria

1. Women of more than 39yrs age, before menopause (between 39yrs to before menopause) with menstrual irregularities.
2. With no detectable pelvic pathology.

Exclusion Criteria

1. Patient with abnormal uterine bleeding in other age group.
2. Carcinoma of genital tract.
3. Active genital tract infection.
4. Severe medical condition precluding study like uncontrolled hypertension DM.
5. Pregnancy with related cause of bleeding PV.

They were examined with detailed clinical history, general examination, pelvic examination, basic lab investigations & transvaginal sonogram done for endometrial pathology including the thickness of the endometrium & then admitted in the gynaec ward. Later they were subjected to fractional curettage in the premenstrual phase. Endometrial biopsy sent for histopathological study.

RESULTS AND ANALYSIS

50 cases in the age group of 40-51 years were included in the study. 62% of patients belong to the age group 40-45 years. 34% of patients correspond to age group 46-49 years.

Majority 84 % of perimenopausal women were multiparous.

Most common type of endometrial pattern is proliferative endometrium. Out of 50 perimenopausal women, 60% had proliferative type of endometrium, 20% women had secretory pattern 8% had irregular shedding 1% cystoglandular hyperplasia, 3% had simple hyperplasia, 1% women had adenocarcinoma.

Table 1 Age distribution

Age	No. of Cases	Percentage
40 – 45 yrs	31	62.0
46 – 49 yrs	17	34.0
50 – 51 yrs	2	4.0
Total	50	100.0

Table 2 Menstrual pattern

Menstrual pattern	No. of Cases	Percentage
Menorrhagia	33	66.0
Polymenorrhagia	10	20.0
Polymenorrhea	5	10.0
Menometrorrhagia	2	4.0
Total	50	100.0

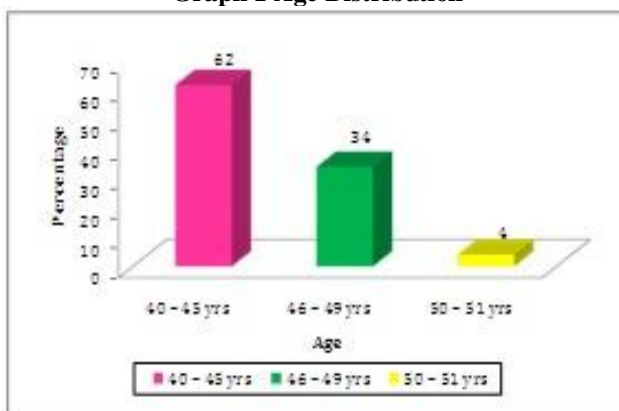
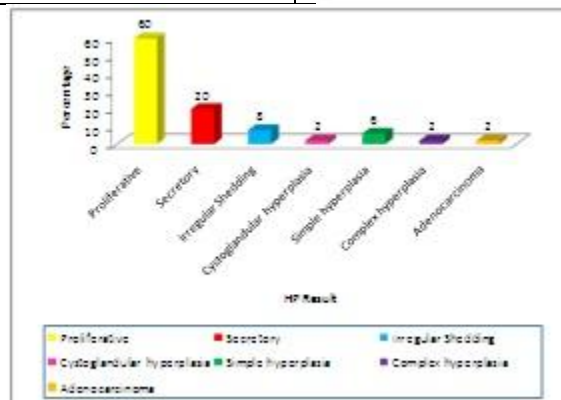
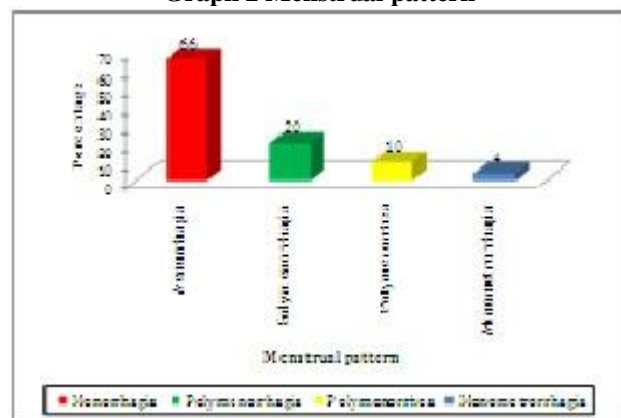
Table 3 Parity

Parity	No. of Cases	Percentage
Nulliparity	2	4.0
Uniparity	6	12.0

Parous	42	84.0
Total	50	100.0

Table 4 Histopathology of Endometrium

Mode of Delivery	No. of Cases	Percentage
Proliferative	30	60
Secretory	10	20
Irregular Shedding	4	8.0
Cystoglandular hyperplasia	1	2.0
Simple hyperplasia	3	6.0
Complex hyperplasia	1	2.0
Adenocarcinoma	1	2.0
Total	50	100.0

Graph 1 Age Distribution**Graph 2 Menstrual pattern**

DISCUSSION

Abnormal uterine bleeding is common in perimenopausal women. The etiology varies from simple dysfunctional uterine bleeding to benign lesion like polyp & malignancies. Apart from the clinical examination, various diagnostic modalities are available to confirm our diagnosis. Current study designed to identify the cause of AUB in perimenopausal women and also to correlate with their histopathology examination.

Totally of 50 cases in perimenopausal age group was enrolled in the study. Majority 31 cases (62%) are between 40 - 45 yrs of cases (34%) are B/W 46-49 yrs

and 2 cases (4%) are above 49. This study is closely related to archana bhosle, cornitese, Shoba S.Pillai *et al.* Archana Bhosle¹ studied 112 perimenopausal women with abnormal uterine bleeding, where 76% were in the age group of 41-45, 2.6% were in group 46-50 and 2.6% in group >51. Shoba S. Pillai *et al* study report showed 40% were in the age group of 48 to 51 years.

Cornitese studied 256 perimenopausal patients and reported 35.5% incidence in age 41-45 and 64.5% incidence in group 46-52. In our study, majority of women in perimenopausal age group 42 cases were multiparaous, 6 cases (12%) were unipara, 2 cases (4%)

were of nulliparity which closely related to Prasanna Byna, Shireesha Siddular *et al* (2015).⁷ The study report showed out of 65 perimenopausal women 11 (16.9%) were primipara, 36 (55-38) were para, 18 (27-69%) were para 3+ above.

In our study most common presentation in perimenopausal age group was menorrhagia i.e. 33 cases (66%). Remaining patients in perimenopausal age group presented with polymenorrhagia 10 cases (20%), 2 cases (4%) with menometrorrhagia.

This finding was comparable with the study of Shobha S. Pillai *et al* (2014), in which clinical presentation as menorrhagia in AUB evaluation revealed 46.5% respectively. In our study majority 30 cases (60%) showed proliferative endometrium and 10(20%) of cases showed secretory endometrium, in comparison to study.

According to Bhosle,¹ 66.1% had proliferative endometrium, 16.1% had secretory endometrium and 17.8% simple hyperplasia without atypia. In our study majority 30 cases (60%) showed proliferative

endometrium and 10(20%) of cases showed secretory endometrium, in comparison to study.

Predominant number of cases in this study showed normal physiologic phases such as proliferative, secretory and atrophic menstrual pattern. The bleeding in the pro-liferative phase may be due to anovulatory cycles and bleeding in the secretory phase is due to ovulatory dys-functional uterine bleeding.

CONCLUSION

Histopathological examination is mandatory in all cases of AUB in perimenopausal age. 66.14% had benign pathology which can be managed by hormonal therapy or conservative surgical modalities which alleviates need for unnecessary hysterectomy.

Endometrial cause of AUB is age related pathology. Histopathological examination of endometrial biopsy is a major diagnostic tool in evaluation of AUB and a specific diagnosis could help the physician to plan therapy for successful management of AUB.

REFERENCES

1. Bhosle A, Fonseca M. Evaluation and histopathological correlation Of abnormal uterine bleeding in perimenopausal women. *Bombay Hospital J*.2010; 52(1):69-72.
2. Fritz MA, Speroff L. Clinical gynaecologic endocrinology, and infertility. 8th ed. Lippincott Williams & Wilkins; 2011.
3. Goodman A. Abnormal genital tract bleeding. *ClinCornerstone*. 2000; 3(1):25-35.
4. Oriel KA, Schrager S. Abnormal uterine bleeding. *Am Fam Physician*. 1999; 60(5): 1371-82.
5. Cornitescu FI, Tanase F, Simionescu C, Illiescu D. Clinical, histopathological and therapeutic considerations in non-neoplastic abnormal uterine bleeding in menopause transition. *Rom J Morphol Embryol.IQU*; 52(3):759-65.
6. Shobha S. Pillai *et al* (2014). Sonographic and Histopathological Correlation and evaluation of endometrium in perimenopausal women with abnormal uterine bleeding. *Int. J. Repord Contracept Obstcyn*.
7. Prasanna Byna, Shireesh Siddula, Swathi Kolli, Mahaboob V. Shaik, (2015) hisopathological correlation of abnormal uterine bleeding in perimenopausal women, *Int. J. Reppro. Cog*. 4(6):1875-1878.16.

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