

Original article:

Assessment of Clinico-Pathological Pattern in Women with Dysfunctional Uterine Bleeding: A Prospective Hospital Based Study

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Abstract

Background: Excessive uterine bleeding is one of the most common complaints encountered in clinical practice. Hence; we planned the present study to assess clinic-pathological pattern in women with dysfunctional uterine bleeding.

Materials & Methods: A total of 50 subjects with dysfunctional uterine bleeding (DUB) were included in the present study. Detailed demographic details and clinical history of all the subjects was obtained. Detailed data in relation to pattern of menstrual irregularity, history of bleeding from other sites, any other associated hormonal disturbance was obtained. Preparation of PAP smear was done. Complete biochemical and hematological investigations were performed in the entire subject group. Obtaining of the endometrial tissue was done by curettage followed by fixation in formalin. All the tissues were sent to histopathological laboratory for preparation of H and E section. Histopathological findings were recorded and correlated with clinical findings.

Results: Proliferative findings and hyperplastic endometrial findings were present in 20 percent and 36 percent of the subjects respectively. Menorrhagia was found to be present in 50 percent of the cases. Other menstrual irregularities observed in the present study were Menorrhagia, Metrorrhagia, Polymenorrhoea, Polymenorrhagia and Oligomenorrhoea respectively. Non- significant results were obtained while comparing the clinical and histopathological findings in the present study.

Conclusion: Excessive menstrual blood loss is responsible for visit of women for seeking medical help in majority of the cases. Histopathologic assessment is necessary for obtaining the final diagnosis.

Key words: Bleeding, Clinico-pathological, Uterine.

INTRODUCTION

Excessive uterine bleeding is one of the most common complaints encountered in clinical practice. The social and economic cost of menorrhagia is considerable. Over the years menorrhagia has become a frequent complaint possibly due to easy accessibility to health services.^{1,2} Abnormal uterine bleeding (AUB) is one of the most common Gynecologic presentations which prompt a patient to consult the Gynecological.³ AUB is categorized into two broad groups. First is due to organic causes, having some pathology like fibroid, polyp etc and the second is the so called Dysfunctional uterine bleeding (DUB) when there is absence of organic disease of the genital tract or in other words 'abnormal bleeding from the uterus unassociated with tumor, inflammation or pregnancy.'⁴⁻⁶ Hence; under the light of above mentioned data, we planned the present study to assess clinic-pathological pattern in women with dysfunctional uterine bleeding.

MATERIALS & METHODS

The present study was planned in the Department of Obstetrics & Gynaecology, Government Medical College, Barmer, Rajasthan, India and it included assessment of clinic-pathological pattern in women with DUB. A total of 50 subjects with DUB were included in the present study. Detailed demographic details and clinical history of all the subjects was obtained. Detailed data in relation to pattern of menstrual irregularity, history of bleeding from other sites, any other associated hormonal disturbance was obtained. Preparation of PAP smear was done. Complete biochemical and hematological investigations were performed in the entire subject group. Obtaining of the endometrial tissue was done by curettage followed by fixation in formalin. All the tissues were sent to histopathological laboratory for preparation of H and E section. Histopathological findings were recorded and correlated with clinical findings. All the results were analyzed by SPSS software. Chi square test was used for assessment of level of significance.

RESULTS

In the present study, a total of 50 subjects were analyzed. Mean age of the subjects of the present study was 42.2 years. Majority of the subjects belonged to the age group of more than 40 years. Proliferative findings and hyperplastic endometrial findings were present in 20 percent and 36 percent of the subjects respectively. Menorrhagia was found to be present in 50 percent of the cases. Other menstrual irregularities observed in the present study were Menorrhagia, Metrorrhagia, Polymenorrhoea, Polymenorrhagia and Oligomenorrhoea respectively. Non- significant results were obtained while comparing the clinical and histopathological findings in the present study.

Table 1: Age-wise distribution of patients

Age group (years)	Number of patients	Percentage
Less than 25	10	20
25 to 40	15	30
More than 40	25	50
Total	50	100

Table 2: Histopathological findings

Endometrial status	Number of patients	Percentage
Proliferative	18	36
Secretory	8	16
Atrophic	1	2
Hyperplastic	10	20
Simple	7	14
Complex	4	8
Others	2	4
Total	50	100

Table 3: Menstrual irregularities

Menstrual patter	Number of patients	Percentage
Menorrhagia	25	50
Metrorrhagia	8	16
Polymenorrhoea	6	12
Polymenorrhagia	6	12
Oligomenorrhoea	3	6
Others	2	4
Total	50	100

Table 4: Correlation of histopathologic findings in relation to bleeding pattern

Endometrial status	Menorrhagia	Metrorrhagia	Polymenorrhoea	Polymenorrhagia	Oligomenorrhoea	Others	p- valve
Proliferative	8	3	3	3	1	0	0.84
Secretory	5	0	2	0	0	1	
Atrophic	0	0	0	1	0	0	
Hyperplastic	5	2	1	0	1	1	
Simple	2	3	0	1	1	0	
Complex	3	0	0	1	0	0	
Others	2	0	0	0	0	0	

DISCUSSION

Abnormal uterine bleeding can occur at any age in various forms and has different modes of presentation. Abnormal uterine bleeding during reproductive age can result from a broad spectrum of conditions ranging from physiological process to malignant lesions involving organic, systemic, and hormonal responses. It may be due to fibromyoma, adenomyosis, endometrial polyp, ovarian tumor, pelvic inflammatory disease (PID), endometrial hyperplasia, endometrial carcinoma, hormonal imbalance (like hypothyroidism), or hypothalamic-pituitary diseases. In a large number of patients, abnormal uterine bleeding occurs without any systemic causes or any organic lesions of the genital tract and for this, the term dysfunctional uterine bleeding is used.⁶⁻⁹

In the present study, a total of 50 subjects were analyzed. Mean age of the subjects of the present study was 49.2 years. Majority of the subjects belonged to the age group of more than 40 years. Proliferative findings and hyperplastic endometrial findings were present in 20 percent and 36 percent of the subjects respectively. Khan R et al evaluated DUB in various age groups, carry out histopathological study of the endometrium and analyze its clinic-pathological patterns. The study included 500 cases of atypical uterine bleeding, out of which 120 cases of DUB were included based on clinical features and detailed investigations. Hyperplasia was the commonest endometrial pathology (20.5%) followed by luteal phase insufficiency (15.6%) and secretory endometrium (13.7%). Endometritis including tubercular endometritis (12.7%), post abortal (5.8%), proliferative (6.8%), polyp (3.9%), atrophic (3.9%), exogenous hormone changes (2.9%) and anovulatory cycles (6.8%) made up for

the remaining lesions. DUB occurs secondary to a wide variety of functional and structural abnormalities, warranting a thorough evaluation especially in perimenopausal females. Menorrhagia is a common symptom and the most likely etiology relates to the patient's age.¹⁰

In the present study, menorrhagia was found to be present in 50 percent of the cases. Other menstrual irregularities observed in the present study were Menorrhagia, Metrorrhagia, Polymenorrhoea, Polymenorrhagia and Oligomenorrhoea respectively. Non- significant results were obtained while comparing the clinical and histopathological findings in the present study. Doraiswami S et al assessed the incidence of various pathology in different age groups presenting with abnormal uterine bleeding. Out of which 409 cases of isolated endometrial lesions diagnosed on histopathology were selected for the final analyses. The most common age group presenting with AUB was 41–50 years (33.5%). The commonest pattern in these patients was normal cycling endometrium (28.4%). The commonest pathology irrespective of the age group was disordered proliferative pattern (20.5%). Other causes identified were complications of pregnancy (22.7%), benign endometrial polyp (11.2%), endometrial hyperplasias (6.1%), carcinomas (4.4%) and chronic endometritis (4.2%). Endometrial causes of AUB and age pattern was statistically significant with P value <0.05. There was an age specific association of endometrial lesions.¹¹

CONCLUSION

Under the light of above obtained data, the authors conclude that excessive menstrual blood loss is responsible for visit of women for seeking medical help in majority of the cases. Histopathologic assessment is necessary for obtaining the final diagnosis.

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