

Original article:

Histopathological finding in patients with abnormal uterine bleeding in Surguja district of Chattisgarh

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Abstract:

Background: Endometrium is a very sensitive organ and undergoes changes throughout the reproductive life due to hormonal influence. Abnormal uterine bleeding can be due to organic or hormonal cause.

Aim of this study was to find out the cause of abnormal uterine bleeding by analyzing the endometrial biopsy.

Material and method: This is a retrospective study for a period of 3 years of 244 hysterectomy cases.

Result : Out of 244 cases 178 had organic lesions with maximum cases having Leiomyoma followed by Simple Typical Hyperplasia and adenomyosis.

Conclusion: Hysterectomy in abnormal uterine bleeding can be both diagnostic and therapeutic.

Introduction

In acute reproduction life endometrium is sensitive to hormones and constantly undergoes changes. In a normal menstrual cycle there is an interval of 28 ± 7 days with 4 ± 3 days duration and blood loss amounting to 30 ml / cycle to 80 ml / cycle. Abnormal uterine bleeding is said to occur when bleeding differs in frequency, duration, amount observed during a normal menstrual cycle or after menopause. (1). This includes both dysfunctional uterine bleeding and bleeding from structural causes like fibroids, polyps, endometrial carcinoma, pregnancy complicatoris. No organic cause is present in DUB and endometrial biopsy/ curettage is done to find out organic uterine disorder (2,3). Most DUB occur in perimenopausal women or after menarche when the ovaries are in unstable

responsive stage. Both estrogen & progesterone are secreted in abnormal amount in this stage. Most common cause of DUB is anovulatory cycle.

Aim of our study is to find the cause of abnormal uterine bleeding by analysing the endometrial biopsy of hysterectomy cases.

Material and method

This is a retrospective study in a private hospital of Surguja district Chhattisgarh of 3 years between December 2013 to November 2016. 244 hysterectomy were analysed. Patient's detailed clinical history were retrieved.

Inclusion criteria was abnormal bleeding for which hysterectomy was undertaken.

Exclusion criteria was other causes for which hysterectomy was done.

The biopsy or curettage specimen were fixed in 10 % formalin for 24-48 hrs. Section from representative areas were taken, processed & paraffin embedded. Blocks were sections and stained with haematoxylin and eosin. A detailed microscopic examination of the stained slides were carried out. Finally, the histopathological diagnosis were correlated with clinical diagnosis.

Result

A total of 244 hysterectomy were analysed. 178 cases had organic lesion and 66 cases had no organic cause may be due to dysfunctional uterine bleeding. Age range of the patients were from 30 to 65 with average age 44.6.

Table- Showing different histopathologically confirmed organic lesions in hysterectomy cases of 3 years.

	Leiomyoma	Adenomyosis	Simple Typical Hyperplasia	Adenomyoma	Complex Typical Hyperplasia
2014	27	7	12	2	1
2015	39	12	11	4	0
2016	25	14	18	6	0

Out of 244 cases ,91 patients had Leiomyoma , 33 patients had adenomyosis, 41 had simple typical hyperplasia, 12 had adenomyoma and 1 had complex typical hyperplasia.

Discussion

Abnormal uterine bleeding that is excessive & irregular bleeding is a common presentation in both organic & hormonal uterine disease. This accounts for 70 % of all gynaecological consultation in peri & postmenopausal women (4).

DUB due to hormonal imbalance is the most common presentation of abnormal uterine bleeding especially menorrhagia.(9).Hys-terectomy causes relief of symptoms and is a definitive cure in many diseases. In our study

patient of AUB was in the age group of 30 -65 years similar to study by Machenzee, Shaheen, Nilima et al (10,11, 8).

Our study had leiomyoma 37.2 % followed by adenomyosis 13.5 %,Simple typical hyperplasia 16.8 %, adenomyoma 4.9 %, Complex typical hyperplasia 4.5 %. Similar to our study Sajjad et al had 39 % leiomyoma followed by adenomyosis 19 %, both together 5 %. Gupta et al showed leiomyoma in 53 % cases of AUB.

Study by Nilima et al showed adenomyosis (31%), Leiomyoma 25%, leiomyoma and adenomyosis together 6 % . (8), Khreisat et al had adenomyosis (37%) followed by fibroid. (12). International studies have also shown leiomyoma to be the most common cause of AUB (20-23). Unopposed estrogen stimulation may lead to endometrial proliferation & hyperplasia and this may lead to AUB. Our study

had endometrial hyperplasia 21.3 % Nilima et al showed endometrial hyperplasia 23 %, Sajjal et al show endometrial hyperplasia 5 % (13)

Conclusion

Leiomyoma & adenomyosis are the most common cause of Abnormal uterine bleeding so hysterectomy is both diagnostic and therapeutic for management of AUB.

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