Although various methods such as ultrasound scan and magnetic resonance imaging have shown high levels of accuracy for the noninvasive diagnosis of adenomyosis (16,17) hysterectomy and microscopic evaluation of the samples are still the only ways of definite diagnosis of adenomyosis (18).

Here we are conducting a retrospective study of hysterectomy specimens in the period from August 2018 – August 2019 with a purpose to compare clinical and radiological diagnosis of adenomyosis with the histopathological examination.

MATERIALS AND METHODS:
A retrospective study was done on the 120 hysterectomy specimens received from August 2018 – August 2019 at the Pathology department in Ahalia Diabetes hospital. The hysterectomy specimens received by the Pathology department were properly labeled, numbered and fixed in 10% buffered formalin. After a detailed gross examination of the specimens, multiple bits were taken from representative sites, processed and paraffin blocks were made. The blocks were sectioned and stained routinely with hematoxylin and eosin. Cases of malignancies, and those with medical records were sectioned and stained routinely with hematoxylin and eosin. Cases of malignancies, and those with medical records showing other medical conditions were excluded from the study. Transabdominal, transvaginal and pelvic floor ultrasonography were done for the respective cases.

We analyzed the cases by recording age, menstrual symptoms, associated symptoms for clinical evaluation, clinical indication of hysterectomy and Ultrasonographic evaluation were recorded. Histopathological reports of the hysterectomy specimens were correlated with preoperative evaluation was recorded. Histopathological reports of the hysterectomy specimens received by the Pathology department in Ahalia Diabetes hospital. The hysterectomy specimens received from August 2018 – August 2019 at the Pathology department in Ahalia Diabetes hospital.

RESULTS:
A total of 120 hysterectomy cases were studied. Age of the patients range from 20 – 70. Most of the patients fall under the age group of 41 – 50. The largest group was of perimenopausal age (41-50 years) contributing 46 % of total cases in the study (Table 1).

Table 1: age wise Distribution Of Cases

<table>
<thead>
<tr>
<th>AGE</th>
<th>NO OF CASES (n = 120)</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>21 – 30</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>31 – 40</td>
<td>30</td>
<td>25%</td>
</tr>
<tr>
<td>41 – 50</td>
<td>55</td>
<td>46%</td>
</tr>
<tr>
<td>51 – 60</td>
<td>33</td>
<td>27%</td>
</tr>
<tr>
<td>61 – 70</td>
<td>2</td>
<td>2%</td>
</tr>
</tbody>
</table>
Of the 120 cases we received, 48 cases were diagnosed as leiomyoma, 42 with adenomyosis, 20 with leiomyoma and adenomyosis and 10 with prolapse uterus. Transabdominal, transvaginal and pelvic floor ultrasonography were done for the suspected cases.

### TABLE 2: Clinical, Radiological And Histopathological Distribution Of Cases

<table>
<thead>
<tr>
<th>DIAGNOSIS</th>
<th>CLINICAL (n=120)</th>
<th>USG (n=120)</th>
<th>HISTOPATHOLOGY (n=120)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adenomyosis</td>
<td>42 (35%)</td>
<td>35 (29%)</td>
<td>32 (27%)</td>
</tr>
<tr>
<td>Leiomyoma</td>
<td>48 (40%)</td>
<td>45 (37%)</td>
<td>45 (37%)</td>
</tr>
<tr>
<td>Leiomyoma with adenomyosis</td>
<td>20 (17%)</td>
<td>15 (13%)</td>
<td>18 (15%)</td>
</tr>
<tr>
<td>Prolapse uterus</td>
<td>10 (8%)</td>
<td>10 (8%)</td>
<td>10 (8%)</td>
</tr>
<tr>
<td>Others</td>
<td>15 (13%)</td>
<td>15 (13%)</td>
<td></td>
</tr>
</tbody>
</table>

Out of the 42 cases of clinically diagnosed adenomyosis, 35 cases were diagnosed as adenomyosis ultrasonographically and only 32 were proven histopathologically. Other 10 cases were negative for adenomyosis histopathologically. Of the 20 cases diagnosed clinically as combined leiomyoma with adenomyosis, only 15 cases diagnosed the same ultrasonographically and 18 were diagnosed histopathologically. Prolapse uterus in the cases diagnosed clinically were diagnosed same in ultrasonographically and histopathologically.

### DISCUSSION:
In a cross-sectional retrospective study Kim and Strawn [19] reported that the hysterectomy specimens of 64 patients out of the 182 participants (35.2%) had adenomyosis and these patients were in the age range of 25–52 years. Most common lesion in our study is leiomyoma, accounting 32% of all cases in histopathology. Our finding correlates with Gupta et al (7), Khan et al (20), Qamar-Ur-Nisa et al (21).

In our study, the incidence of adenomyosis was 27%. The overall prevalence of adenomyosis was determined to be 27%, which correlates with the previous reports (22,23). Of the total hysterectomies, 27% showed incidence of adenomyosis which correlates with the study done by Isogoli et al (24) where 30.23% of the hysterectomy cases were diagnosed as adenomyosis.

Diagnosis of adenomyosis on clinical findings is usually different. The difficulty in diagnosing adenomyosis clinically is due to the lack of strong positive pathognomonic signs and/or clinical findings (25). Our study shows 100% of the clinical and radiological cases of adenomyosis and combined leiomyoma with adenomyosis were diagnosed by the histopathological examination. 31% of the cases which were clinically diagnosed as adenomyosis and 9% of the cases which were radiologically diagnosed as adenomyosis were proven to be negative in histopathological examination. 11% of the combined leiomyoma with adenomyosis cases diagnosed clinically were found to be negative in the histopathology. 17% of the combined leiomyoma with adenomyosis cases which were proven in the histopathological examination were undiagnosed radiologically. Pre-operative clinical diagnosis always may not be possible because in many cases histopathological examination of endometrium is the key for pathological evaluation (26).

### CONCLUSION:
Though recent advances are on its way for the better diagnostic work up of adenomyosis, histopathology still stays ahead for the final confirmatory diagnosis.

### CONFLICT OF INTEREST:
None.

### REFERENCES: