



A PROSPECTIVE ANALYTICAL STUDY OF PATIENTS WITH DYSFUNCTIONAL UTERINE BLEEDING.

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ABSTRACT

Background: Dysfunctional uterine bleeding is defined as abnormal uterine bleeding not caused by any pelvic pathology, medications, pregnancy related complications or any systemic disease. It is the most common cause of abnormal uterine bleeding. It affects pubertal adolescents and perimenopausal women and is associated with considerable morbidity and affects patient's family, personal and social life. Patient presents as menorrhagia, polymenorrhea, metrorrhagia or intermenstrual bleeding. It has great variations in endometrial patterns each deciding treatment modality.

Objective: To determine frequency of various types of abnormal uterine bleeding and analyze the histopathology of endometrial curettage samples.

Method: A prospective analytical study was conducted from Jan 2018 to Dec 2019 on sample of 650 patients between 20-70 years of age with symptoms of dysfunctional uterine bleeding presenting to medical college and hospital, Pimpri. Their endometrial samples were obtained by dilatation and curettage. To have a broader analysis the endometrial histopathology on hysterectomy specimens where the clinical diagnosis was DUB were also included in the study. Data obtained was tabulated and analyzed.

Conclusion: The age group 31-40 and 41-50 years was the most common age group presenting with DUB. The predominant pattern of presentation was menorrhagia. The most common endometrial pattern on histopathology was proliferative type.

KEYWORDS : Dysfunctional uterine bleeding, Abnormal uterine bleeding, endometrial curettage.

INTRODUCTION:

Abnormal uterine bleeding is the single most common complaint of women presenting to gynecological OPD. Hence all clinicians providing women care should be familiar with cause of abnormal uterine bleeding and have an organized logical approach to the evaluation and treatment of the problem. Anovulatory bleeding or traditionally referred to as "dysfunctional uterine bleeding" describes the spectrum of abnormal bleeding patterns that can occur in anovulatory women. The mechanisms involved in anovulatory bleeding reflect an abnormal pattern of steroid hormone stimulation that deviates from the sequence characterizing the normal ovulatory menstrual cycle. It has been shown that 55.7% of adolescents experience abnormal menstrual bleeding in the first year or so after the onset of menarche because of immaturity of the hypothalamo-pituitary-ovarian axis leading to anovulatory cycles. It generally takes 18 months to 2 years for regular cycles to be established. In perimenopausal age group anovulation and abnormal pattern of steroid hormone stimulation causing dysfunctional uterine bleeding along with endometrial hyperplasia due to unopposed estrogen action on endometrium. Hence it is necessary to rule out endometrial hyperplasia-malignancy in these group of patients.

Most common pattern of menstrual abnormality in patients with dysfunctional uterine bleeding is that of prolonged and excess bleeding for more than 7 days or more than 80 ml in volume termed traditionally as Menorrhagia. Patients also present as cycles more frequent than every 21 days termed traditionally as polymenorrhea. Patients also present as intermenstrual bleeding or menstruation at irregular intervals termed traditionally as metrorrhagia.

Patients with dysfunctional uterine bleeding have various patterns on endometrial histopathology ranging from secretory to proliferative to atrophic to hyperplasia without or with atypia.

Office endometrial biopsy is the easiest method of endometrial sampling, but it can sometimes miss hyperplastic areas and also may result in inadequate sample in many

cases. Traditionally dilatation and curettage are the mainstay of endometrial sampling since long time. It almost is always successful in getting adequate sample along with advantage of fractional curettage with separate sampling of both the endometrial and endocervical tissue. It also provides advantage of therapeutic curettage as a method of control of heavy menstrual bleeding. Hysteroscopy recently has almost replaced blind curettage as the uterine cavity can be observed and the area in question can be curetted.

The underlying pattern of hormonal imbalance either estrogen withdrawal or estrogen breakthrough or progesterone withdrawal or progesterone breakthrough can be detected by histological variations of endometrium considering the age of the women, the phase of her menstrual cycle and use of any exogenous hormone. The most appropriate treatment can then be assigned on a case-to-case basis.

MATERIALS AND METHODOLOGY:

Study Design: A hospital based Prospective Analytical Study of patient population presenting to gynecological OPD with complaints of abnormal uterine bleeding was undertaken after obtaining written informed consent from the patient.

Study location: This study was conducted at Department of Obstetrics and Gynecology, at a Tertiary Care Hospital in western India.

Study Period: This study was conducted between January 2018- December 2019.

Study population: Patients presenting to Gynecological OPD with complaints of abnormal uterine bleeding at the tertiary care center during the study period that met the following criteria formed the cases for this study.

INCLUSION CRITERIA:

All patients between age 20 years-70 years visiting Gynecological OPD of Tertiary care Hospital with complaints of abnormal uterine bleeding.

EXCLUSION CRITERIA:

i. Women not fit for surgical procedure. ii. Women who received hormonal treatment in previous 6 months. iii. Women not willing for dilatation and curettage.

METHODOLOGY:

- During the study period, 650 patients presenting with abnormal uterine bleeding and fulfilling inclusion and exclusion criteria were recruited in the study.
- Patient selected for study based on above selection criteria were explained about the details of study, its purpose, benefits, and complications.
- Informed written consent was obtained.
- Data was collected according to Performa.
- Detailed history and physical examination were done.
- Endometrial sample was obtained by dilatation and curettage after surgical fitness.
- To have a broader analysis the endometrial histopathology on hysterectomy specimens where the clinical diagnosis was DUB were also included in the study.
- The endometrial specimen obtained was sent for histopathological examination.
- The obtained data was tabulated in excel sheet and analysed.

RESULTS:

A total of 650 patient's samples were analyzed. The age of patient ranged from 20-70 years of age. The most frequent presenting complaint was menorrhagia (38.46%). The other causes were polymenorrhagia (21.53%), polymenorrhea (20%), metrorrhagia (7.69%), post-menopausal bleeding (12.3%).

Proliferative phase endometrium was most frequent finding (43%). The other patterns of endometrium were secretory phase endometrium (16.92%), Pill endometrium (1.85%), Disordered proliferative endometrium (13.38%), Cystic atrophic (13.23%), Hyperplastic (4.77%), Hyperplasia without atypia (5.85%), Hyperplasia with atypia (0.77%).

HYPERPLASIA WITHOUT ATYPIA	38	5.846153846
HYPERPLASIA WITH ATYPIA	5	0.769230769

CONCLUSION:

DUB is seen most commonly in 31-50 age group. Majority presented with menorrhagia. No specific relationship exists between bleeding pattern and histopathological profile. The cause of DUB is either anovulatory or ovulatory. Anovulatory endometrium was much more common in our study.

Table 1: Distribution Of Cases According To The Age

AGE IN YEARS	NUMBER OF PATEINTS	PERCENTAGE
21-30	96	13.0769231
31-40	225	33.0769231
41-50	268	39.5384615
51-60	61	7.69230769

Table 2: Distribution Of Cases According To Various Bleeding Pattern

TYPE OF BLEEDING	NUMBER OF CASES	PERCENTAGE
MENORRHAGIA	250	38.4615385
POLYMENORRHAGIA	140	21.5384615
POLYMENORRHEA	130	20
METRRORRHAGIA	50	7.69230769
POSTMENOPAUSAL BLEEDING	80	12.3076923

Table 3: Distribution Of Cases According To The Endometrial Pattern On Histopathological Examination

ENDOMETRIAL PATTERN	NUMBER OF CASES	PERCENTAGE
PROLIFERATIVE PHASE ENDOMETRIUM	280	43.07692308
SECRETORY PHASE ENDOMETRIUM	110	16.92307692
PILL ENDOMETRIUM	12	1.846153846
DISORDERED PROLIFERATIVE ENDOMETRIUM	87	13.38461538
CYSTIC ATROPHIC	86	13.23076923
HYPERPLASTIC	31	4.769230769
DESCRIPTIVE	1	0.153846154