VOLUME - 10, ISSUE - 10, OCTOBER - 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

Original Research Paper

Pathology

HISTOPATHOLOGICAL STUDY OF LEIOMYOMA IN HYSTERECTOMY SPECIMENS IN CASES OF ABNORMAL UTERINE BLEEDING: A RETROSPECTIVE STUDY

smooth muscles which lies as a significant pathology with women suffering from abnormal uterine

| Dr. Divya. J (M.D) Assistant professor. Department of pathology. ACS Me Velappanchavadi, Tamilnadu, India. | | |
|---|--|--|
| Dr. Prathipaa. R* | (M.D) Assistant professor. Department of pathology. ACS Medical college, Velappanchavadi, Tamilnadu, India. *Corresponding Author | |
| Dr. Kirthana. G | (M.D) Assistant professor. Department of T.B and chest medicine. ACS Medical college, Velappanchavadi, Tamilnadu, India. | |
| ABSTRACT INTRODUCTION: Leiomyoma is one of the most common benign tumours arising from the uterine | | |

bleeding

OBJECTIVE: The objective of this study was to determine the histopathological changes in hysterectomy specimens with uterine leiomyomas, who have found to have abnormal uterine bleeding; with probable etiology being leiomyoma

SUBJECTS AND METHODS: The study was done retrospectively from january 2018 – january 2019 102 specimens of hysterectomy with underlying etiology of leiomyoma were taken up for the study and analysed.

RESULTS AND CONCLUSION: The study was done retrospectively .on 102 hysterectomy specimens with underlying etiology of leiomyoma. All the patients had abnormal uterine bleeding following which hysterectomy was performed . Among the 102 hysterectomy cases the age group of women suffered AUB ranged from 31 years to 80 years. Leiomyoma was more common in the age group 41-50 years and the second most common age group was 30-40 years in our present study . Degenerative changes were also note during the study which were Hyaline degeneration, calcific degeneration and myxoid degeneration. The commonly seen degenerative change was Hyaline degeneration in our study

KEYWORDS : AUB, LEIOMYOMA, HYALINE DEGENERATION

INTRODUCTION

Uterus is a dynamic reproductive organ of female which is responsive to hormone There are many benign, malignant tumors and premalignant tumors arise in uterus. Leiomyoma (fibroid) is one of the most common benign tumor of uterine myometrium , leiomyoma affects roughly around 5-20% women of in the reproductive age group. (1). These benign tumors arise from smooth muscle cells of myometrium The most important underlying pathology of AUB being leiomyoma, adenomyosis. and other causes being pelvic inflammatory diseases, Endometriosis , endometrial hyperplasia and endometrial polyps, and tuberculosis of the uterus and the pelvis may also lead to abnormal uterine bleeding Abnormal uterine bleeding (AUB) is termed as bleeding from the uterine corpus that is abnormal in duration, amount, regularity. AUB occurring as heavy acyclical or cyclical flow at perimenopausal age is alarming and has to be evaluated.(2)

Abnormal uterine bleeding occurs in 10-15 percent of women from menarchy, perimenopausal and menopausal age group. About 13 percent of premenopausal women with a frequent anovulatory cycles develop endometrial cancer or its precursor lesions, hyperplasia with atypia. In cases of excessive uterine bleeding Hysterectomy is the definitive treatment for massive bleeding In the Recent advances number of minimally invasive surgical options for hysterectomy are available. Large number of patients with leiomyoma are asymptomatic, however some present with symptoms, which depend upon the location and the size of leiomyoma. Leiomyomas can be Submucosal, Intramural or Subserosal .Subserosal leiomyomas which are small remain usually unnoticed. (3)

METHODOLOGY

Study design-Retrospective study

This study was conducted in the Department of pathology , at ACS Medical College and Research Institute.

102 Hysterectomy cases were studied retrospectively from January 2018 to janyary 2019. Respectively after applying the inclusion and exclusion criteria were taken up for this study.

INCLUSION CRITERIA

102 cases from January 2018 to January 2019 women with complaint of AUB for which hysterectomy was performed were included in the study.

Cases which were histologically proven leiomyoma

EXCLUSION CRITERIA

Malignancies were excluded from the study.

Tissue samples which were insufficient or destroyed Histopathological findings of the hysterectomy specimens were analysed after

RESULTS

A total number of 102 hysterectomy analysed in this study

Table 1: Age Distribution Of Patients According To Histological Lesion Leiomyoma

| - | |
|----------------|----------------|
| AGE GROUP | NO OF PATIENTS |
| 30-40 YEARS | 22 |
| 41-50YEARS | 45 |
| 51-60 YEARS | 30 |
| ABOVE 60 YEARS | 5 |
| TOTAL | 102 |

Table 2-Percentage Of Leiomyoma With Respect To Age

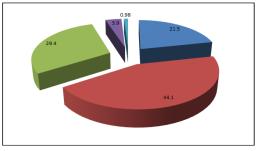
| AGE GROUP | PERCENTAGE OF LEIOMYOMA |
|-----------|-------------------------|
| 30-40 | 21.5% |
| 41-50 | 44.1% |
| 51-60 | 29.4% |
| 61-70 | 3.9% |
| 71-80 | 0.98% |

VOLUME - 10, ISSUE - 10, OCTOBER - 2021 • PRINT ISSN No. 2277 - 8160 • DOI : 10.36106/gjra

A majority of our patients With leiomyoma were above 40 years of age (44.1%), one third of patients were in the age group between 51 to 60 years (29.4%) only a few patients were below 30 years of age

Pie chart l

Age Distribution Of Leiomyoma With Aub



| Table 3: | Age | Wise | Distribution | Of | Degenerative | Changes | In |
|----------|------|------|--------------|-----|--------------|---------|----|
| Leiomvo | ma Ā | mona | 102 Cases O | fΑι | ıb | | |

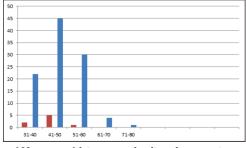
| AGE | TOTAL NO OF CASES OF | DEGENERATIVE |
|-------|----------------------|--------------|
| | LEIOMYOMA | CHANGES |
| 30-40 | 22 | 2 |
| 41-50 | 45 | 5 |
| 51-60 | 30 | 1 |
| 61-70 | 4 | - |
| 71-80 | 1 | - |

Table 4 Distribution Of Degenerative Changes In Leiomyoma Among 102 Cases

| DEGENERATION | TOTAL NUMBER OF CASES | PERCENTAGE |
|--------------|-----------------------|------------|
| HYALINE | 6 | 5.8 |
| CALCIFIC | 1 | 0.98 |
| DEGENERATION | | |
| MYXOID | 1 | 0.98 |
| DEGENERATION | | |

CHART 1

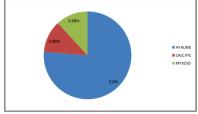
Age Wise Distribution Of Degenerative Changes In LeiomyomaAmong102Cases



Among 102 cases of leiomyoma hyaline degeneration, calcific degeneration and myxoid degeneration were noted. (table 3)most common degenerative change which was hyaline degeneration accounting to 5.8%

Pie Chart-2

Distribution Of Degenerative Changes In Leiomyoma Among 102 Cases



DISCUSSION

This is a retrospective study designed to analyse 102 cases of AUB. following which hysterectomy was performed and histologically proven to have uterine leiomyoma.

In the study 102 specimens of fibroid uterus following hysterectomy were evaluated, 45 cases belonged to the age group ranging between 41-50 yrs which accounting to 44 %.which was the majority among the total number of cases included in the study.and the second most common age group was 30-40 years which accounted to 21.5 %.(9,10). Which was collerlated by a study done by begum et al.

Degenerative changes were also noted among the 102 specimens which was hyaline degeneration which accounted to 5.8%, calcific degeneration which accounted to 0.98% and myxoid degeneration which accounted to 0.98% (6,7).which correlated with a study done by Gowri. M. mala et al.

The most common degenerative change found among the 102 cases in the study was hyaline degeneration

CONCLUSION

AUB can be disturbing and needs surgical intervention if unresponsive to treatment(4). The most common causes of AUB being uterine leiomyomas in the reproductive and perimenapausal age group, Degenerative change most like to occur are hyaline degeneration, myxoid and calcific degeneration(11). Hence a detail histopathological and clinical evaluation is required to avoid false alarms of malignancy.

Abbrevations

AUB-Abnormal uterine bleeding

REFERENCES

- Crum CP. Body of uterus and endometrium. In: Kumar V, Abbas AK, Fausto N, Eds. Robbins and Cotran Pathologic Basis of Disease. 7th ed. Philadel-phia: Saunders, 2004:1089-90.
- Cada DJ, Ingram KT, Leiven TL, Baker DE. Canagliflozin. Hosp Pharm 2013; 48:855-867 [PMID: 24421439 DOI: 10.1310/hpj4810-855]
- Diagnosis of abnormal uterine bleeding inreproductive-aged women. Practice Bulletin No.128. American College of Obstetricians and Gynecologists. Obstet Gynecol., 2012; 120: 197–206.
- Fraser IS, Langham S, Uhl-Hochgraeber K;Health-related quality of life and economic burdenof abnormal uterine bleeding. Expert Rev Obstet Gynecol. 2009;4(2):179–189
- Ackerman, Gull B, Karlsson B, Milsom I, Granberg S. Factors associated with endometrial thickness and uterine size in random sample of postmenopausal women. Am J Obstet Gynecol 2001;185(2):386-91.
 Rein MS, Barbieri RL, Friedman AJ. Progesterone: A critical role in
- Rein MS, Barbieri RL, Friedman AJ. Progesterone: A critical role in pathogenesis of uterine myomas. Am J Obstet Gynecol 1995;172(1):14-.
- HA Nggada, MIA Khalil, B Isa. A clinico-pathological analysis of uterine leiomyomata in Maiduguri, Nigeria. Kanem Journal of Medical Sciences 2007;1(1):1-4.
- Lepine LA, Hillis SD, Marchbanks PA, KooninLM, Mor-row B, Kieke BA, Wilcox LS.Hysterectomy surveillance-United States 1980-1997. MMWR 1997; 46: 1-15.
- Rizvi G, Pandey H, Pant H, Chufal SS, Pant P;Histopathological correlation of adenomyosis andleiomyoma in hysterectomy specimens as the causeof abnormal uterine bleeding in women in differentage groups in the Kumaon region: Aretroprospective study. J Midlife Health, 2013;4(1):27–30.
- Gowri M, Mala G, Murthy S, Nayak V. Clinicopathological study of uterine leiomyomas in hysterectomy specimens. Journal of Evolution of Medical and Dental Sciences 2013;2(46):9002-9.
- Begum S, Khan S. Audit of leiomyoma uterus at Khyber Teaching Hospital, Peshawar. J Ayub Med Coll 2004;16(2):46-9.
- Abraham J, Saldanha P. Morphological variants and secondary changes in uterine leiomyomas. Is it important to recognize them? Int J Biomed Research. 2013;4(12):254-64.
- Wang X, Kumar D, Seidman JD. Uterine lipoleiomyomas: A clinicopathologic study of 50 cases. Int J Gynecol Pathol 2006:25:239-42.
- Saumitra B, Sudipta C, Abantika K, Shikha D. Lipoleiomyoma of uterus. J Obstet Gynecol India 2010;60:160-1.
- Chethana M, Kumar HML, Munikrishna M. Endometrial changes in uterine leiomyomas. J Clin Biomed Sci 2013;3(2):72-79.
- Rizvi G, Pandey H, Pant H, Chufal SS, Pant P. Histopathological correlation of adenomyosis and leiomyoma in hysterectomy specimens as the cause of abnormal bleeding in women in different age groups in the kumaon region-A retrospective study. J of Midlife health 2013;4:27-30.
- Rani S.V.R. Thomas S. Leiomyoma, a major cause of abnormal uterine bleeding. J of Evolution of Medical and Dental Sciences. 2013;2:2626-30.
- Talukder SI, Haque MA, Huq MH, Alam MO, Roushan A, Noor Z et al. Histopathological analysis of hysterectomy specimens. Mymensingh Med J 2007;16(1):81-84