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Retrospective Study of Histopathology of Cervix in Hysterectomy Specimen of Women with Perimenopausal Bleeding

KEYWORDS: MRD – Medical records department, AUB – Abnormal uterine bleeding

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ABSTRACT ***Introduction -***
Excessive and abnormal menstrual bleeding is the commonest symptom which brings a perimenopausal woman to the hospital. This age group is more amenable to serious conditions like genital cancer; hence this bleeding should be seriously evaluated to exclude the life threatening conditions by easily available investigating modalities like ultrasonography (USG) and biopsy before deciding their line of treatment (1).
Aims and objectives *- To determine the most common histopathology of cervix correlating it with the endometrial histopathology and type of bleeding in perimenopausal women who have under gone total abdominal hysterectomy for a nonmalignant condition , at a tertiary care centre in AJ institute of medical sciences and research centre.*
Materials and method *–It is retrospective study, hysterectomies done between the period of June 2013 to June15 specimens are included. The criteria of selection of patients was age above 40 years and where abdominal hysterectomy was carried out to alleviate symptoms of abnormal and excessive bleeding.Specimens were sent to Histopathology Department in formalin with complete clinical details. data is collected from old files from MRD and analyzed.*
Results *: In this study 49% of the patients presented with abnormal uterine bleeding were between age group of 40 to 45 years and non secretory endometrium was most common histopathology (42%) and the menorrhagia was the most common type of bleeding pattern, and chronic cervicitis was the most common histopathology of cervix (45%), 8% of patients had the simple endometrial hyperplasia ,*
Conclusion*: Benign lesions of endometrium and myometrium are the most common causes for abnormal uterine bleeding in perimenopausal women, but the possibility of endometrial hyperplasia and particularly the cancers of uterus and cervix must be considered particularly with the advancing age. In our study there was no significant changes noted in histopathology of cervix in women with perimenopausal bleeding.*

INTRODUCTION:
Abnormal uterine bleeding (AUB) in peri-menopausal age group is a common but ill-defined entity which needs proper evaluation (2).

Normal menstruation is defined as bleeding from secretory endometrium associated with ovulatory cycles, not exceeding a length of five days. Any bleeding not fulfilling these criteria is referred to as abnormal uterine bleeding(4). Several terms are popularly used to describe patterns of AUB. Menorrhagia refer to bleeding occurring at normal intervals (21 to 35) days but with heavy flow (>80 ml) or duration (>7 days). Metrorrhagia is bleeding of any amount which is acyclical and which occurs irregularly or continuously in between normal cycles. Bleeding occurring at irregular, noncyclic intervals and with heavy flow(>80 ml) or duration (>7 days) is called menometrorrhagia. Polymenorrhoea is cyclical bleeding which is normal in amount but which occurs at too frequent intervals of less than 21 days. Oligomenorrhea describes bleeding occurring at intervals greater than 35 days.

Hysterectomy is one of the most common surgical procedures in gynaecology worldwide. (5,6) It is one of the major methods of surgical management of abnormal uterine bleeding . Hysterectomy is either by vaginal or by abdominal approach.

Due to action of hormones, histology as well as disease pattern of uterus shows a wide variation. The clinical diagnosis of abnormal uterine bleeding gives an idea of the uterine morphology. Histopathology of the hysterectomy specimen is mandatory for ensuring and confirming diagnosis, which has great impact on the management of the patient . ,

this study was done to know the various cervical changes in women with perimenopausal bleeding and compare them with the endometrial changes and type of bleeding .

Materials and methods It is A Retrospective study hysterectomies done between the period of June 2013 to June15 specimens are included. The criteria of selection of patients was age above 40 years and where abdominal hysterectomy was carried out to alleviate symptoms of abnormal and excessive bleeding. **A Inclusion Criteria.** Age >40yeras, Before menopause, Perimenopausal bleeding of different etiologies **B.Exclusion Criteria.**1.Uterovaginalprolapse 2.Hysterectomy done for cervical pathology.3..Postmenopausal women, and All the cases files assessed for clinical details, USG reports, diagnosis, surgery abdominal or vaginal. These findings were also correlated with clinical diagnosis and histopathology reports ,Those who could not be diagnosed for cause of bleeding were qualified to be labeled as cases of Dysfunctional Uterine Bleeding (DUB). Those who were cured by conservative treatment were excluded from the study. Specimens were sent to Histopathology Department in formalin with complete clinical details and the histopathology reports are collected from the case files and analysed.

Results-

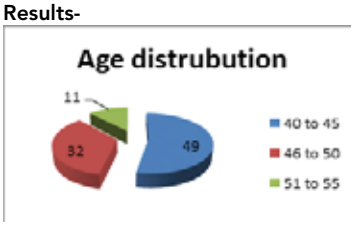

Figure 1 – 49% patients with AUB belongs to 40 to 45yrs

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LEIOMYOMA	46
ADENOMYOSIS	20
LEOMYOMA + ADENOMYOSIS	19
NORMAL	15
TOTAL	100

TABLE 1: HISTOPATHOLOGY OF MYOMETRIUM

Table 2 Correlation of histopathology of endometrium with histopathology of cervix and bleeding pattern.

SECRETORY ENDOMETRIUM: 23	TYPE OF BLEEDING
Chronic cervicitis - 10	Menorrhagia 13
Normal cervix -13	Polymenorrhagia 10

Table 2A – 23 patients with secretory endometrium 47% had chronic cervicitis and 60% had menorrhagia.

NON SECRETORY ENDOMETRIUM - 42	
CERVICAL HISTOPATHOLOGY	TYPE OF BLEEDING
PAPILLARY ENDOCERVICITIS – 12	MENORRHAGIA- 19
POLYPOIDAL ENDOCERVICITIS – 6	POLYMENORRHAGIA-13
CHRONIC CERVICITIS - 17	
	OLIGOMENORRHAGIA - 2
NORMAL CERVIX – 5	METRORRHAGIA – 5
MILD DYSPLASIA – 2	POLYMENORRHOEA – 3

PROLIFERATIVE ENDOMETRIUM – 11	
CERVICAL HISTOPATHOLOGY	TYPE OF BLEEDING
PAPILLARY ENDOCERVICITIS – 2	MENORRHAGIA – 2
CHRONIC CERVICITIS – 6	POLYMENORRHAGIA – 4
NORMAL CERVIX – 2	METRORRAGIA – 2
SQUAMOUS METAPLASIA – 1	polymenorrheoa – 3

TABLE 2C-11 patients with proliferative endometrium 56% CHRONIC CERVICITIS 36% had polymenorrhagia

ATROPHIC ENDOMETRITIS-8	
CERVICAL HISTOPATHOLOGY	TYPE OF BLEEDING
CHRONIC CERVICITIS – 4	MENORRHAGIA – 6
ENDOCERVICITIS – 2	POLYMENORRHAGIA – 2
SQAMOUS METAPLASIA – 2	

TABLE 2D- 8 PATIENTS WITH ATROPHIC ENDOMETRIUM 50% HAD CHRONIC CERVICITIS AND 70% HAD MENORRHAGIA

Table2E -2 patients had ebdometrial polyp

ENDOMETRIAL POLYP – 2	
CERVICAL HISTOPATHOGY	TYPE OF BLEEDING
CHRONIC CERVICITIS – 1	METRORRHAGIA – 1
CHRONIC POLYPOIDAL ENDOCERVICITIS – 1	POLYMENORRHAGIA

DISORDERLY PROLIFERATIVE ENDOMETRIUM – 6	
CHRONIC CERVICITIS – 6	MENORRHAGIA – 6

TABLE 2F - 6 PATIENTS HAD DISSORDERLY PROLIFERATIVE ENDOMETRIUM

ASSOCIATED COMPLAINTS	
DYSMENNORRHOEA	49
MASS PER ABDOMEN	14
PAIN ABDOMEN	26
POST COITAL BLEEDING	2

Discussion- In our study average age group for hysterectomy was between 40 to 45years and leiomyoma was the common myometrial histopathology 46% following which adenomyosis was seen in 20% of the cases , chronic cervicitis was the most common histopathology found in 45% patients and 42% had non secretory endometrium **less frequently endometrial hyperplasia and others like endometrial polyp noted , we also studied for the associated complaints with the abnormal bleeding 49% patients had dysmenorrhoea as the associated symptom followed by pain abdomen 26% patients**

Layla s Abdullah, in 2006, published the results of the study performed on 179 hysterectomy specimens and concluded that the most common lesion is leiomyoma (34%). The clinico-pathological correlation is 100% in all cases of leiomyoma, adenomyosis and endometrial polyps[13].

Perveen and Tayyab reviewed 54 elective abdominal hysterectomies and revealed that menstrual disturbance/ DUB is a leading indication (27.7%) of hysterectomy and leiomyoma is the commonest (59. 2%) pathological lesion[14].

In our study we found that there is no correlation between the histopatholgy of cervix and endometrium.

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