Original Research Paper

Volume-8 | Issue-10 | October-2018 | PRINT ISSN No 2249-555X

Gynaecology

# A STUDY OF HISTOPATHOLOGICAL ANALYSIS OF ENDOMETRIAL BIOPSY IN PATIENTS REPORTING WITH ABNORMAL UTERINE BLEEDING

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**ABSTRACT**

**Background:** Abnormal uterine bleeding is one of the commonest presenting complaints in a Gynaecology OPD. It can be because of benign conditions such as anovulatory cycles or because of more serious problems like endometrial hyperplasia or cancer. Thus, endometrial biopsy and its histo- pathological analysis forms an essential part of work up of these cases.
**Methods:** We carried out a time bound study over a period of one year at a Municipal Government Women's Hospital. Patients as per the inclusion and exclusion criteria were included in the study. The endometrial biopsy was taken in the OPD with a Pippelle or a Karman's Canula connected to a MVA syringe. Endometrial sample was sent to the lab and histo-pathological report obtained and analysed.
**Results:** It was seen that the commonest cause finding was a secretory endometrium. In women who had history of prolonged cycles, the commonest finding was that of proliferative endometrium. We found Hyperplasia with atypia in 5% cases and endometrial cancer in two patients.
**Conclusion:** A large number of patients who report for abnormal uterine bleeding should be subjects to endometrial sampling in OPD. Though the majority of the patients have benign etiology, atypia and malignancy may also be picked up.

**KEYWORDS :**

## INTRODUCTION

Abnormal uterine bleeding is one of the commonest presenting complaints in a Gynaecology OPD. It has earlier been classified as per the pattern of menstrual bleeding into menorrhagia, metrorhhagia, oligomenorrhoea etc. Recently, the classification that is being used for these patients is the PALM COEIN classification.

The causes for abnormal uterine bleeding can be very diverse, ranging from simple anovulatory cycles to that of endometrial malignancy. It is prudent that these patients are subjected to a detailed clinical examination followed by imaging in almost all patients. Since the etiology may not be evident on imaging and a doubt of uterine cancer may exist, an endometrial Biopsy is recommended for majority of patients.

In patients where still no etiology can be found, the probable causes are either imbalance between the vasodilator and vasoconstrictor prostaglandins or abnormalities in coagulation system or the uterine vasculature.[1,2]

As described by Joshi et al, [3]the study histo-pathological study of endometrium is likely to bring out important facts to light. This is specifically recommended for those with heavy menstrual bleeding with no obvious clinical pathology.[4]

The cause for heavy menstrual bleeding in pubertal age group is commonly pubertal menorrhagia because of anovulatory cycles. This study was undertaken in patients with no obvious clinical or radiological cause of heavy menstrual bleeding. A correlation to the symptomatology with histo-pathological findings was attempted.

## MATERIALS AND METHODS

The study was conducted at a Municipal Government run Womens Hospital in an urban setting. Patients reporting to Gynaecology OPD with abnormal uterine bleeding with no obvious clinical cause were included in the study.

The endometrial sampling was done as a OPD procedure. The sample was collected with a PIppelle or a Karman canula attached to a MVA syringe.

The sample was submitted for histo-pathological examination and results were collected and analysed.

## INCLUSION CRITERIA

Abnormal Uterine Bleeding
Sexually active women

## EXCLUSION CRITERIA

Pregnancy
Coagulapoathy
Tumors of uterus
Intrauterine Contraceptive Device in situ
Patients on hormonal treatment

In all patients, the history was taken as per the pre designed proforma. The age, parity, amount of bleeding and the number of days for which bleeding existed, previous pattern of menstrual cycle and date of LMP was noted. History of coagulation disorders and treatment history was noted.

A general examination was done to rule out anaemia, thyroid swelling if any was seen, obvious features of endocrine disorders were noted .

An abdominal examination to rule out abdominopelvic mass was done.

A speculm examination was done in all patients to rule out local causes of bleeding in vagina or cervix.

A bimanual pelvic examination was done to rule out uterine or adnexal lumps, and to note for any tenderness in this examination.

The patients were subjected to routine blood evaluation including a CBC and a peripheral smear was done for patients found to have anaemia.

An ultrasonography was done to rule out uterine or adnexal mass. Patients where no obvious cause was found were subjected to endometrial biopsy in OPD with a Pipplele or Karmans canula with MVA syringe.

Endomterial biopsy was subjected to HPE examination and results were collected and analysed.

## RESULTS

A total of 400 patients were included in the study.

**Table 1 : Age group Distribution**

| S No | Age Group | Number | % |
|---|---|---|---|
| 1 | < 20 years | 5 | 1.25 |
| 2 | 20- 40 years | 216 | 54 |
| 3 | >40 years | 179 | 44.75 |
| | Total | 400 | |

**Table 2 Obstetric Co relation: Parity**

| S No | Parity | Number | % |
|---|---|---|---|
| 1 | Nullipara | 11 | 2.75 |
| 2 | Para1 | 23 | 5.75 |
| 3 | Para 2 | 179 | 44.75 |
| 4 | Para 3 and above | 187 | 46.75 |

**Table 3 Pattern Of Menstrual Bleeding**

| S No | Types Of Menstrual Bleeding | Numbers | % |
|---|---|---|---|
| 1 | Menorrhagia | 168 | 42 |
| 2 | Metrorrhagia | 39 | 9.75 |
| 3 | Oligomenorrhagia | 102 | 25.5 |
| 4 | Polymenorrhagia | 76 | 19 |
| 5 | Postmenopausal Bleeding | 15 | 3.75 |
| | Total | 400 | |

**Table 4 Histopathologic Findings**

| S No | Histopathologic Pattern | Numbers | % |
|---|---|---|---|
| 1 | Proliferative | 174 | 43.5 |
| 2 | Secretory | 86 | 21.5 |
| 3 | Atrophic | 12 | 3 |
| 4 | Hyperplasia without atypia | 104 | 26 |
| 5 | Hyperplasia with atypia | 22 | 5.5 |
| 6 | Endometrial Carcinoma | 2 | .5 |

## DISCUSSION

We included 400 patients in our study which was carried out in a time bound fashion.

They were analysed for age, type of menstrual bleeding, different age groups and histo-pathological findings.

In the age group analysis, the maximum number of patients 216 (54%) were in the age group of 20- 40 years. This correlates well with the earlier studies by several workers.5-7 When analysing parity, we found maximum number of cases in multi parous group. Only2.75% of cases were nulliparous and 5.75% were para 1. This correlates well with the findings in another Indian study.[3]

The histo-pathological findings suggest a benign aetiology in 68% cases. However, we picked up endometrial hyperplasia without atypia in 26% women and endometrial hyperplasia with atypia in 5.5% cases. Significantly, 02 women were diagnosed as carcinoma endometrium which is very important.

## CONCLUSION

The study highlights the importance of endometrial sampling in women reporting with abnormal uterine bleeding. We included 400 women in the sytudy and concluded that though most of the cases are benign aetiology, a small but clinically very important group does have a spectrum ranging from endometrial hyperplasia without atypia to frank endometrial cancer. This cannot be confirmed on any other modality of investigation. The endometrial biopsy is an OPD procedure, does not require hospitalization or anaesthesia nd can be lifesaving by prompting early intervention.

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