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HISTOPATHOLOGICAL STUDY OF ENDOMETRIUM IN WOMEN WITH POSTMENOPAUSAL BLEEDING AT A TERITARY CARE CENTRE

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ABSTRACT **Background:** Postmenopausal bleeding (PMB) is frequent complaint in the women attending gynecological clinic and it requires complete assessment in order to ensure the absence of malignancy and to identify and treat high risk patients such as those with endometrial hyperplasia. The aim of the present study was to evaluate the cause of post menopausal bleeding and to study the endometrial pathology in patients with postmenopausal bleeding. **Methods:** A hospital based prospective study conducted on postmenopausal women visiting Malla Reddy Institute of Medical College sciences, suraram, Telangana between june 2021-November2022. About 25 patients (aged between 45-60 years) with postmenopausal bleeding were selected and these patients were evaluated by pelvic ultrasound ,endometrial curettage and endometrial histology. **Results:** The commonest finding of pelvic USG was increased endometrial thickness (>4mm) (65%). The histopathological analysis showed proliferate endometrium (26.66%), atrophic endometrium (16.66%), simple hyperplasia without atypia (13.33%) and simple hyperplasia with atypia (10%). Incidence of endometrial and cervical carcinomas was 10% and 6.6%, respectively. **Conclusion:** postmenopausal bleeding is an important symptom and requires careful and timely assessment to eliminate the possibility of malignancy as soon as possible.

KEYWORDS : Postmenopausal bleeding, endometrial, endometrial thickness, Pelvic ultrasound ,histopathology, endometrial cancer.

INTRODUCTION-

Post menopausal bleeding is defined as vaginal bleeding occurring after 12 months of permanent cessation of menstruation. Even without amenorrhea, menstruation occurring after 55years of age should be evaluated. WHO defines menopause as permanent cessation of menstruation resulting from the loss of ovarian activity (1). Average age of menopause in Indian women is 51years. Post menopausal women constitute about 1% of female population. If women has attained menopause, further vaginal bleeding is no longer considered as normal. The main reason for referral to gynecological services in a post menopausal bleeding is due to the suspicion of an underlying genital malignancy (2). Post menopausal visits accounts for approximately 5% of gynecological visits. The differential diagnosis of post menopausal bleeding includes many benign and malignant conditions, the most common of which is atrophy, either of vaginal or endometrial. Other causes include local causes include local trauma, women on hormonal therapy, endometrial and cervical polyps, endometrial hyperplasia, endometrial carcinoma, carcinoma cervix, estrogen secreting ovarian tumors, uterine sarcoma and rarely carcinoma of vulva(3,4,5,6,7).

About 1-14% of post menopausal bleeding will be secondary to endometrial cancer. Vaginal bleeding is the presenting complaint in more than 90% of post menopausal women with endometrial cancer. Hence a woman with a post menopausal bleeding is promptly and appropriately evaluated.

Ultrasound pelvis is an appropriate first line investigation in women with post menopausal bleeding to differentiate between benign and malignant genital conditions. Hysteroscopy and endometrial biopsy is the preferred method to detect the benign lesions. The purpose of this study is to know the risk factors, etiology, incidence of malignancy and histo -pathological evidence in post menopausal bleeding(8,9,10).

METHODS

It is a hospital based prospective study conducted at MALLAREDDY INSTITUTE OF MEDICAL SCIENCES, HYDERABAD, in the department of obstetrics and gynecology in between June 2021-November 2022. The present study was conducted after approval of institutional ethical committee and after taking informed consent from the women. Out of 80-100 women attending the gynecology OPD daily, a total of 25 cases who presented with post menopausal bleeding and had endometrium >4mm were selected. All the women gave history of bleeding from vagina, varying from spotting, scanty flow, moderate to profuse bleeding.

The detailed history regarding age at the time of presentation, age at menopause, time since menopause, amount of vaginal bleeding, any usage of hormonal therapy, any history of hypertension, diabetes, thyroid disorders was taken. After detailed general physical examination and body mass index calculation, patients were subjected to routine gynecological examination, where abdominal and pelvic examination was performed, followed by TVS for size of the uterus, endometrial thickness, and ovarian volume. Investigations like CBP, blood sugars, RFT, and Pap smear were done. Women with ET > 4MM were subjected to endometrial curettage and sample sent for histopathological evaluation. The slides were then reviewed and classified using current pathological criteria. The endometrial specimens were divided into the following histological categories like endometrial atrophy, proliferative endometrium, and endometrial polyp, simple hyperplasia without atypia, simple hyperplasia with atypia, cystic hyperplasia and adenomatous hyperplasia.
SSPS statistical software was used for statistical analysis.

RESULTS

In the present study, women with post menopausal bleeding patients were between the age of45-60years.

Table: 1 AGE OF POST MENOPAUSAL BLEEDING (YEARS)

Age	No of Women	Percentage %
45-50	4	13.33
50-55	18	60
55-60	6	20
>60	2	6.66

Table 2: Age of Menopause in (years)

Age	No of Women	Percentage %
40-45	3	10
45-50	24	80
50-55	3	10

Diagram 1:- Distribution of Women according to Parity

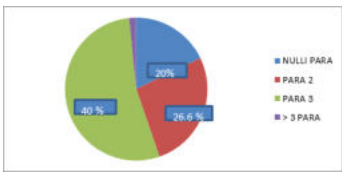

Table 3:- Women with Medical Disorders

Medical Disorder	No of Women	Percentage %
Hypertension	12	40

Diabetes Mellitus	07	23.33
Thyroid Disorders	05	16.66
Obesity	04	13.33

Table 4:- Pelvic UltraSound Findings of Post Menopausal Women

PARAMETER	Percentage %
ET<4MM	26.66
ET>4MM	65
Endometrial Polyp	6.66
Adnexal mass	10
Normal size Uterus	30
Atrophic Uterus	50
Enlarged Uterus	20

Table 5:-Types of Histopathological findings of Endometrium

Histopathological findings	No of patients (n=30)	Percentage %
Proliferative Endometrium	08	26.66
Atropic Endometrium	05	16.66
Simple Hyperplasia Without Atypia	04	13.33
Simple Hyperplasia With Atypia	03	10
Fibroids	03	10
Endometrial Polyp	02	6.66
Endometrial Carcinoma	03	10
Cervical Carcinoma	02	6.66

DISCUSSION

Post menopausal bleeding is the sinister complaint of post menopausal women. It is common between 5-10years after menopause and common age predilection is between 50-60 years. Beyond this age, endometrial malignancy is more common. Post menopausal bleeding requires complete assessment in order to ensure the absence of malignancy and in order to high risk patients, such as those with endometrial hyperplasia. The risk of endometrial malignancy increases with age. High cervical cancer preponderance stresses the need for education of patients regarding screening and early diagnosis. In the present study majority of women presented with post menopausal bleeding between 50-55years of age (60%). Most of the women attained menopause between 45-50years of age.

In the present study most of the women were multipara (82%). Nulliparous women with post menopausal bleeding is seen in 13.33% In the present study 40% women were associated with hypertension, 7% with diabetes mellitus, 5% with thyroid disorders, 4% of the women were obese. None of the women in the present study were on hormonal replacement therapy.

Regarding fractional curettage, endometrial biopsy was taken and sent for histo-pathological evaluation. In few cases scanty endometrial scrapings were obtained inspite of thickened endomerium, in these cases endometrium is sampled with cytobrush and sent for cytological examination.

In the present study the common histopathological finding of endometrium was proliferative next being atrophic endometrium. Simple endometrial hyperplasia without atypia was seen in 13.33% and simple endometrial hyperplasia with atypical was seen in 10%. Fibroids are seen in10% women and endometrial polyp was seen in 6.66%. Endometrial and cervical cancer was seen in 10% and 6.66% women respectively.

In the present study two women had complex ovarian cysts in those staging laparotomy was performed followed by total abdominal hysterectomy with bilateral salpingo-oopherectomy and specimen was sent for histopathological evaluation. Histopathology revealed serous cystadenoma of the ovary.

This study was consistent with the previous studies conducted by Jasmina begum and Rupal samal in 2019 and also with kavitha kothapally in 2013

The patients in this study were treated accordingly. Women with atrophic endometrium were managed conservatively and advised follow up after 6 months. In the women with endometrial polyp, polypectomy was done. Women with proliferative endometrium were put under observation for recurrent episodes of bleeding. Women with endometrial hyperplasia and fibroid uterus underwent hysterectomy. Patients with malignancy were referred to oncology unit for further management.

CONCLUSION

Post menopausal bleeding is a symptom that needs to be evaluated. Initial clinical evaluation and subsequent investigations are beneficial for disease detection and improved patient care. A more thorough clinical examination and specific management should be carried out for a woman who presents with post menopausal bleeding and increased endometrial thickness in TVS. Endometrial biopsy followed by histopathological evaluation is useful in differentiating benign conditions from malignant.

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