

Clinical And Histopathological Spectrum Of Endometrial Hyperplasia In Perimenopausal Women Presenting With AUB



Medical Science

KEYWORDS : Abnormal Uterine Bleeding-AUB, Hyperplasia, Metrorrhagia, Perimenopausal age.

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ABSTRACT

Background and objectives: Perimenopause also called the menopausal transition is the interval in which a woman's body makes a natural shift from more or less regular cycles of ovulation and menstruation toward permanent infertility, or menopause. This study was designed to study incidence, clinical presentation and various histopathological types of Endometrial Hyperplasia in perimenopausal age women. *Materials and method:* Total 103 patients in age group of 41 to 50 years presenting with AUB were studied for a period of 1 year. Materials collected for study were D&C, D&E and Endometrial Biopsy. *Result:* Total 41(39.8%) cases of hyperplasia were diagnosed out of 103 with most common histopathology being Simple hyperplasia(70%). Metrorrhagia was most common form of clinical presentation. *Conclusion:* Endometrial hyperplasia is a one of the most common endometrial pathology in perimenopausal women with AUB presenting them to Gynecologist.

INTRODUCTION

Abnormal uterine bleeding(AUB) is a common reason for women of all age group to consult their gynaecologist. Abnormal uterine bleeding may be defined as a bleeding pattern that differs in frequency, duration, and amount from a pattern observed during a normal menstrual cycle or after menopause. Gynaecologists are often unable to identify the cause of abnormal bleeding even after a thorough history and physical examination. Perimenopause is the phase of the life of a woman when her body makes a shift from ovulatory cycles and menstruation towards a stage of permanent infertility called as menopause. Menopause is the permanent cessation of menstruation resulting from loss of ovarian follicular activity. Chronic anovulation can lead to irregular bleeding, prolonged unopposed oestrogen stimulation of the endometrium, and increased risk of endometrial cancer. It has been shown that endometrial hyperplasia is a pre-malignant condition; if treated in time, incidence can be reduced and early treatment can increase life expectancy and quality in women over age of 45 years.[1,2,3] The present study was undertaken to study clinicopathological spectrum of endometrial hyperplasia in perimenopausal abnormal.

MATERIAL AND METHOD

Study consisting of 103 cases presenting with AUB including Postmenopausal bleeding in age group of 41 to 50 years in period of 1 year in Department of pathology Medical college Baroda. Only endometrial tissue, in the form of D&C, D&E and endometrial biopsy were included in this

study. AUB due to lesion in other organs like cervix, vagina were excluded. Data on age, presenting clinical feature and parity were retrieved from the laboratory requisition form sent with the endometrial tissue and whenever required directly from patients. Sample were received in 10% formalin from OB&GY department of our hospital. Examined grossly and then kept in 10% formalin for sufficient time for fixation before tissue processing. Blocks were prepared from processed tissue and raw slides were prepared. The raw slides were stained by routine H&E stain. No special stains were used.

RESULTS

Total 103 women in perimenopausal age presenting with AUB were studied. There were total 41(39.8%) cases of endometrial hyperplasia. **Clinical Findings:** Mean age of presentation for hyperplasia was 45.4 years. Most common presenting symptoms was metrorrhagia (43.9%) followed by menorrhagia (31.7%). Frequency of different symptom is shown in Table-1. **Histopathological Finding:** Most common histopathologic type was simple hyperplasia(70%) showed in Fig.1, followed by complex hyperplasia(21.9%) showed in Fig.2. Table-2 shows all different types of hyperplasia found in study with their frequency of

occurrence. Also found single case of complex hyperplasia with atypia having both architectural and cellular atypia.



Fig.1 Shows changes of Simple Hyperplasia. Variation in size and shape of glands (small arrow), dilated glands (large arrow) and dense cellular stroma surrounding glands. (H&E x10)

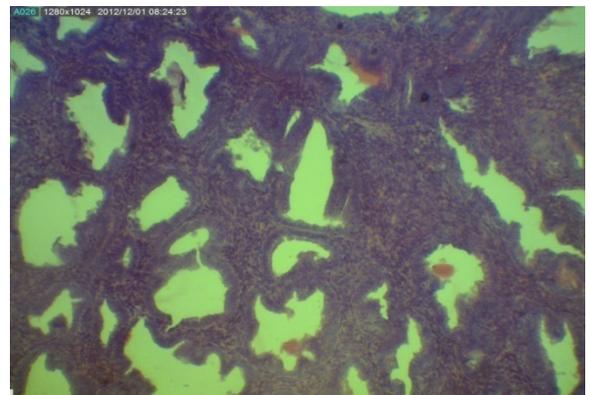


Fig.2. Complex hyperplasia without Atypia having Back to Back arrangement of glands with very scanty intervening stroma. (H&Ex10)

DISCUSSION

AUB that is excessive and irregular continues to be one of the most frequently encountered complaints in gynecologic practice. It accounts for more than 70% of all gynecological consultation

in the peri- and postmenopausal years. Conventional D&C is commonly used in developing countries with limited resources as a standard and an important method of

Table -1 Different symptoms in perimenopausal women with AUB

Symptom	Number of cases	%
Menorrhagia	13	31.7
Metrorrhagia	18	43.9
Polymenorrhea	9	21.9
Post menopausal bleeding	1	2.4

Table-2 Different types of Hyperplasia

Type of Hyperplasia	Number of cases	%
Simple hyperplasia without atypia	29	70
Simple hyperplasia with focal complex	2	4.8
Complex hyperplasia without atypia	9	21.9
Complex hyperplasia with atypia	1	2.4

diagnosing AUB in perimenopausal age(41-50 years)[4]. There were total (39.8)% cases of hyperplasia and was the most common histopathological finding in this study. (39.8%) of the perimenopausal women in the present study were exposed to unopposed estrogen. In the absence of ovulation and the production of progesterone, the endometrium responds to estrogen stimulation by proliferation. This endometrial proliferation with no periodic removal leads to the rupture of the fragile endometrial tissue. The bleeding is characteristically painless and irregular, as was seen in all these cases. In perimenopausal years, anovulatory cycles are most frequent and chronic anovulation is associ-

ated with an irregular and unpredictable pattern of bleeding[4]. Wahda MT et al.[5] also found 30.3% cases of endometrial hyperplasia commonest histopathological findings in their study in perimenopausal women with AUB. Muhammad M et al.[6] had similar findings in women in 41-50 years of age. Khare et al. [7] in their study also showed that simple endometrial hyperplasia without atypia the most common histological findings in perimenopausal women. Most common histopathological type was Simple hyperplasia(70%) that correlated with above mentioned studies[5,6,7]. Complex hyperplasia(21.9%) was second most common type that also seen studies[5,7,6].

CONCLUSION:

Endometrial Hyperplasia is a frequent histopathological finding in perimenopausal women presenting with AUB. It is readily diagnosed by routine D&C and must be performed in all women of age more 40 years presenting with AUB for early diagnosis and treatment and also for prevention of Ca endometrium as hyperplasia is a premalignant condition.

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