



PREMENOPAUSAL WOMEN REQUIRING HYSTERECTOMY FOR AUB: A TERTIARY CARE CENTER EXPERIENCE

Obstetrics & Gynaecology

Samiksha	Junior Resident, Department of Obstetrics and Gynecology , SMS Medical College, Jaipur ,Rajasthan, India.
Anita Simlot	Senior professor, Department of Obstetrics and Gynecology , SMS Medical College, Jaipur ,Rajasthan, India.
Ramesh Beniwal	Assistant professor , Department of obstetrics & gynaecology , SMS Medical college , Jaipur, Rajasthan India.

ABSTRACT

Background- Abnormal uterine bleeding (AUB) is a common and debilitating condition with high direct and indirect costs. In the perimenopausal and post-menopausal women, 70% of the gynaecological problems are due to AUB. In the United States, 11% of the hysterectomies are performed for AUB per year. **Methods-** This is a retrospective study of 40 patients of premenopausal age group presenting with AUB undergoing to hysterectomy. All these women had been evaluated by speculum examination to exclude bleeding from cervical lesion and cervical cytology reports were noted. Patients with leiomyoma, cervical, vaginal pathology and patients with systemic or non-pelvic causes of bleeding were excluded from the study. **Results-** Mean age of patients was 47.06 ± 4.66 yrs. Maximum 47.25% patients were belong to leiomyoma abnormal uterine bleeding, 12.50% patients were belong to endometrial AUB, 10.00% patients were from Adenomyosis and Abnormal Uterine Bleeding (AUB-A) and 7.50% patients were belong endometrial poly abnormal uterine bleeding. 50.00% patients were diabetic and 47.50% patients were belong to thyroid disease. In USG finding 42.50% patients were present with fibroid, 37.50% patients were present with endometrial thickness and 10.00% patients were present with endometrial poly and adenomyosis each. In histopathological finding 55.00% patients were in proliferative and 35.00% present with secretory phase. **Conclusion-** AUB could be social problem affecting the woman, physically, psychologically & economically with profound impact on their family lives. Since there is no definitive conservative management for fibroid /adenomyosis/ endometrial Cancer, the community may focus on the risk factors, to avoid radical treatment such as hysterectomy even at a young age.

KEYWORDS

AUB, Hysterectomy, Fibroid, Adenomyosis.

INTRODUCTION

Perimenopause refers to the period surrounding the last menstrual event. In the 21st century, women are living major years of their lifetime in perimenopause state, constituting a large segment of the population. Abnormal uterine bleeding is the most common complaint encountered in these years causing significant physical and mental morbidity and financial burden on these patients.¹

Variations from the normal cyclical pattern in the peri-menopausal age may be due to physiological hormonal changes on one hand or may be due to neoplastic changes either benign or malignant, on the other hand. Therefore, accurate diagnosis of the causative factor of AUB in this age group is of utmost importance so that appropriate management can be established.²

Tests have evolved over the years starting from blind dilatation & curettage (D&C), to latest immunohistochemical markers. Relative accuracy of these tests varies and gynecologists all over the world up till now have not reached a consensus on what test to advise first. In this prospective study, diagnostic accuracy of Transvaginal Sonography (TVS), Saline Infusion Sonography (SIS) and Dilatation & Curettage (D&C), were compared in detecting uterine pathology in women with AUB.³

Diagnosis and the management strategies of AUB is not complete without histopathological characteristics of endometrial biopsy material. Endometrial biopsy by a simple procedure of D and C [Dilation and curettage] is an effective and safe diagnostic step in evaluation of abnormal uterine bleeding and for the diagnosis of endometrial pathologies such as infections, polyps, endometrial hyperplasia and endometrial carcinoma.⁶ Endometrial curettage is not very expensive as an outpatient procedure; its only disadvantage is it is an invasive procedure. The microscopic appearance of endometrial sampling has many advantages over other diagnostic methods. Hormonal assay are expensive and in rural areas may not be easily available. Ultrasonography evaluates the uterine contour and the status of the ovary. Regarding the endometrium, its reliability is limited to the diagnosis of endometrial atrophy and hyperplasia only. Hysteroscopy and hysterosalpingography are of help in diagnosis of organic pathology.⁴

METHODS

This is a retrospective study of 40 patients of perimenopausal age

group presenting with AUB undergoing to hysterectomy. All these women had been evaluated by speculum examination to exclude bleeding from cervical lesion and cervical cytology reports were noted. Patients with leiomyoma, cervical, vaginal pathology and patients with systemic or non-pelvic causes of bleeding were excluded from the study. All the relevant data like age, parity, pattern and duration of abnormal menstrual bleeding, past menstrual history, obstetric history and any other associated gynaecological problems, clinical examination and laboratory investigation results were recorded. Patients had been screened for hypertension, diabetes mellitus and hypothyroidism.

Data Analysis

Qualitative data were expressed in proportion (%). Quantitative data were expressed in mean $\pm$ SD. Significance of difference in proportion was calculated by 'chi-square test' / Fisher Exact test. Significance of difference in mean $\pm$ SD will be calculated by 'student T test' P-value < 0.05 was considered as statistically significant. All these statistical tests were applied using software Medcalc 16.4.

RESULTS

Table 1. General Characteristics

Mean age	47.06 $\pm$ 4.66 yrs
Rural : urban	29:11
AUB-A	4(10.00%)
AUB-E	5(12.50%)
AUB-L	19(47.50%)
AUB-M	8(20.00%)
AUB-P	3(7.50%)
Endometrial poly	1(2.50%)
P2:3:4:>4	8:20:4:8
History of post coital bleeding	2(5.00%)
Haemoglobin (<10 gm/dl)	9(22.50%)
History of TB	1(2.50%)
History of Diabetes	20(50.00%)
History of hypertension	19(47.50%)
History of thyroid disease	5(12.50%)
History of medical treatment	36(90.00%)

Mean age of patients was 47.06 ± 4.66 yrs. Maximum 47.25% patients were belong to leiomyoma abnormal uterine bleeding, 12.50% patients were belong to endometrial AUB, 10.00% patients were from

Adenomyosis and Abnormal Uterine Bleeding (AUB-A) and 7.50% patients were belong endometrial poly abnormal uterine bleeding. 50.00% patients were diabetic and 47.50% patients were belong to thyroid disease.

Table 2. USG Finding

USG	No of cases	Percentage
Fibroid	17	42.50%
Endometrial poly	4	10.00%
Adenomyosis	4	10.00%
Endometrial thickness	15	37.50%

In USG finding 42.50% patients were present with fibroid, 37.50% patients were present with endometrial thickness and 10.00% patients were present with endometrial poly and adenomyosis each.

Table 3. Histopathological Finding

Biopsy	No of cases	Percentage
Proliferative	22	55.00%
Secretory phase	14	35.00%
Others	4	10.00%

In histopathological finding 55.00% patients were in proliferative and 35.00% present with secretory phase.

DISCUSSION

Hysterectomy is the surgical procedure which involves the total removal of the uterus with or without the fallopian tubes and ovaries. It gives definitive cure to many uterine and adnexal diseases like fibroids, AUB, adenomyosis, endometriosis, pelvic inflammatory disease, pelvic organ prolapse and malignancy. 40 patients undergoing hysterectomy at our institution were studied over a period of one year retrospectively in order to find out AUB as a cause of hysterectomy in perimenopausal women.

In the peri-menopausal and post-menopausal women, 70% of the gynaecological problems are due to AUB, as reported by Mahajan et al.⁵ The cause of abnormal uterine bleeding can be provisionally diagnosed in about 50 to 60% of the cases by means of detailed history, clinical and pelvic examination, blood tests and ultrasonography – Kotdawala.⁶ A definitive diagnosis is very essential for the management of these cases, which can be established only by histopathological examination of the endometrium. Endometrial biopsy by dilation and curettage procedure is very safe and effective in evaluation of the endometrium to derive at a histopathological diagnosis of abnormal endometrial patterns, polyps, endometrial hyperplasia, endometrial carcinoma and infections, as reported by Barut et al.⁷ The accuracy of endometrial biopsy for the detection of endometrial abnormalities has been reported to be as high as 96%.⁸

Majority of endometrium specimens in our study were of the menstrual phases – PE and SE in 36 cases [90.00%], same was reported by Spencer and Jetly.^{8,9} Proliferative Endometrium [PE] was dominant, 22 cases [55.00%] same as reported by Dangla G et al.¹⁰ The Secretory endometrium cases were 14 [35.00%] in our study, whereas Patil et al reported an incidence of 16.11%.¹¹ Sadia Khan reported, proliferative phase was most common histological pattern followed by secretory phase.¹² The incidence of Disordered Proliferative Endometrium in our study was 15 cases [4.7%]. Endometrial hyperplasia is a precursor of endometrial carcinoma. Perimenopausal women with heavy or irregular menstrual bleeding should have an endometrial biopsy taken to exclude endometrial disease.¹³

CONCLUSION

AUB could be social problem affecting the woman, physically, psychologically & economically with profound impact on their family lives. Since there is no definitive conservative management for fibroid /adenomyosis/endometrial Cancer, the community may focus on the risk factors, to avoid radical treatment such as hysterectomy even at a young age. Further research on biochemical changes that influence the histochemical triggering of abnormal proliferation of endometrium may find a clue to conservative management of adenomyosis.

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