



ORIGINAL RESEARCH PAPER

Obstetrics & Gynaecology

COMPARATIVE STUDY OF DIAGNOSTIC EFFICACY BETWEEN HYSTEROSCOPY AND HISTOPATHOLOGY IN AUB

KEY WORDS: Hysteroscopy histopathology examination AUB.

Dr. G. S. Snigdha* MD OBG, Asst. Professor, OBG Dept., Kurnool Medical College, Kurnool. D. No. 42-119a, Gowli Street, Near Old Police Control Room, Kurnool – 518001, Andhra Pradesh. *Corresponding Author

Dr. B. Varalakshmi MD OBG, Asst. Professor, OBG Dept., Kurnool Medical College, Kurnool.

ABSTRACT

AIM AND OBJECTIVE:- Comparative study of diagnostic efficacy between hysteroscopy and histopathological examination in AUB.
MATERIAL AND METHODS:- This is a prospective study carried out from April 2013 to march 2014 in dependent of OBG Kurnool medical college Kurnool. The date was collected from patient also attending gynac OP with abnormal uterine bleeding with age ranging from 28-60years All PTC in this group were taken up for hysteroscopy in OT followed by D&C and sent for HPE.
RESULTS:- Most common complaint was menorrhagia, sensitivity specificity PPV & NPV of hysteroscopy in AUB in detecting abnormal pathology is 93% 28% 70.3% 93.4% respectively.
CONCLUSION:- Hysteroscopy plays major role in evaluating intra uterine pathology more accurately.

INTRODUCTION:-

Women attending gynec OP with AUB constitute 30-70% main causes include fibroids polyps endometrial hyperplasia, ca endometrium and atrophic vaginitis. Any thing that can significantly improve diagnostic accuracy can help in treating such cases. Hysteroscope is a new tool that can illuminate darkness of uterine cavity.

METHODS:-

This is a prospective study conducted over a period of 1 year from April 2013 to March 2014 in in department of OBG Kurnool medical college Kurnool the patients aged 25-60 years were taken up for study.

1. AGE DISTRIBUTION IN AUB

S.NO	AGE	NUMBER	%
1	25-30	13	13
2	31-35	10	10
3	36-40	20	20
4	41-45	13	13
5	46-50	34	34
6	51-55	5	5
7	56-60	5	5

2. AUB DISTRIBUTION OF BLEEDING PATTERNS

S.NO	COMPLAINT	NUMBER	%
1	Menorrhagia	55	55
2	Menometrorrhagia	8	8
3	Polymenorrhoea	10	10
4	Polymenorrhgia	13	13
5	Metrorrhgia	2	2
6	Metropathia hemorrhica	2	2
7	PRT menoporal bleeding	10	10

3. HISTOPATHOLOGICAL EXAMINATION REPORT

Proliferative	21	07	02	00	00	00	00	00	00	00	30
Secretory	03	12	01	00	00	00	00	00	00	00	16
Hyperplasia	02	01	11	02	03	01	00	00	00	00	20
Atrophic	02	02	01	00	00	00	04	00	00	00	09
Ca.											
Endometrium	00	00	00	00	00	00	00	00	00	00	00
Submucous											
Myoma	04	03	02	01	00	00	00	00	01	00	11
Endo.polyp	01	00	00	01	00	00	00	11	00	00	13
Misplaced											
Cu-T	01	00	00	00	00	00	00	00	00	00	01
TOTAL	34	25	17	04	03	01	04	11	01	00	100

4. COMPARISON OF HYSTEROSCOPY AND HISTOPATHOLOGY IN DIAGNOSING IN ENDOMETRIAL HYPERPLASIA

HYSTEROSCOPY	HISTOPATHOLOGY		TOTAL
	YES	NO	
YES	17(a)	3(b)	20
NO	8 (c)	72(d)	80
TOTAL	25	75	100

SENSITIVITY $a/a+c*100=17/25=68\%$
 Specificity $d/b+d*100=72/75=96\%$
 Positive predictive value $a/a+b*100=17/20*100=85\%$
 Accuracy concordance $a+b/n*100=89/100*100=89\%$

5. COMPARISON OF HYSTEROSCOPY HISTOPATHOLOGY IN DIAGNOSING ENDOMETRIAL HYPER PLASIA.

HYSTEROSCOPY	HISTOPATHOLOGY		TOTAL
	YES	NO	
YES	4(a)	5(b)	9
NO	1(c)	90(d)	91
TOTAL	5	95	100

SENSITIVITY $a/a+c*100=4/5*100=80\%$
 Specificity $b/b+d*100=90/95*100=94.7\%$
 Positive predictive value $a/a+b*100=4/9*100=44.4\%$

6. FINDINGS IN HYTEROSCOPE

S.NO	FINDINGS	NO	%
1	Proliferative endometrium	30	30
2	Secretory endometrium	16	16
3	Hyperplasia	20	20
4	Polup	13	13
5	Submucus myoma	11	11
6	Misplaced cut	1	1
7	Ca endometrium	0	0
8	Atrophic endometrium	9	9

7. MICROSCOPIC DESCRIPTION OF HISTOPATHOLOGY

S.NO	FINDINGS	NO	%
1	Secretory endometrium	25	25
2	Prolife rative endometrium	34	34
3	Simple hyper plasia c out a typia	17	17
4	Simple hyper plasia c atypia	4	4
5	Complex hyperplasia c out atypia	3	3
6	Complex hyperplasia c a typia	1	1
7	Atrophic endometrium	9	9

CONCLUSION:-

Management of abnormal uterine bleeding depends on diagnostic

accuracy. In our study most common symptom was menorrhagia 55% Hysteroscope is a simple sensitive technique which allows finding source of bleeding and perform directed biopsies of suspected areas it affords more accurate diagnosis than dilatation and curettage for intra uterine pedunculated pathologies. Diagnosis of endometrial atrophy is best Diagnosed by hysteroscopy as curettage does not yield positive diagnosis.