



ORIGINAL RESEARCH PAPER

Gynecology

**ENDOSCOPIC EVALUATION OF AUB
AN INSTITUTIONAL STUDY**

KEY WORDS: Meckel's diverticulum, intussusception, Ectopic gastric mucosa

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ABSTRACT AUB is most common cause of gynaecological problem comprising more than 30-50% of gynaecological OPD patients. There are various causes of AUB from hormonal dysfunction to endometrial cancer. Hyperestrogenic state is thought to be the cause for correlation of fibroids and endometrial polyps. Endometrial polyps and uterine fibroids are common cause of AUB and may co-exist. In order to manage effectively, it is important to diagnose accurately the cause of abnormal bleeding. Hysteroscopy allow exclusion of intrauterine cavity pathology as well as treatment of them in same sitting with proper tissue biopsy from abnormal area which can be help in proper treatment planning. Hysteroscopy is a valuable, simple, low risk technique which allows an adequate exploration of uterine cavity.

INTRODUCTION

- AUB is most common problem accounting to 30-50% of gynaecological OPD
- There are various causes of AUB from hormonal dysfunction to endometrial cancer.
- To manage effectively it is important to diagnose accurately the cause of abnormal bleeding.
- Various methods used to rule out the structural causes of AUB are ultrasonography, sonosalpingography, hysteroscopic D and C.
- Primary goal is to diagnose accurately and in least invasive manner.
- Hysteroscopy permits diagnosing and managing of intrauterine lesion Aim: To study about causes of AUB.

Objectives:

- To study about intrauterine lesions in AUB(L)
- To correlate between USG and hysteroscopic findings

MATERIALS AND METHODS

- A retrospective study carried out in Department of OBGY at DR.PSIMS AND RF from June 2018 to October 2019.
- 50 patients with complaints of AUB were subjected to a detailed history and thorough clinical examination followed by sonography and hysteroscopy and confirmed with HPE
- Hysteroscopy is done to rule out intrauterine pathology.

INCLUSION CRITERIA:

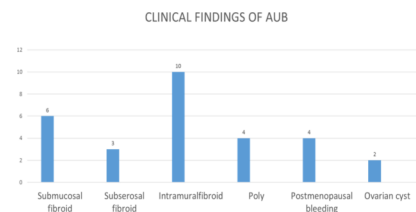
All women of age group from 35 to 70 years presenting to OPD with abnormal uterine bleeding who did not require emergency management.

EXCLUSION CRITERIA:

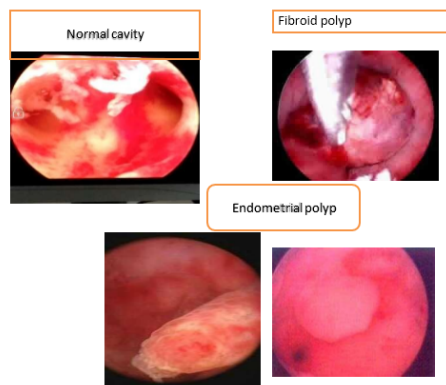
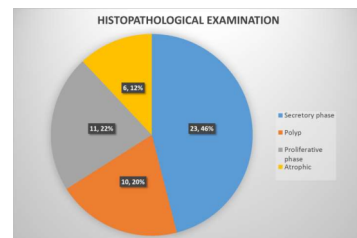
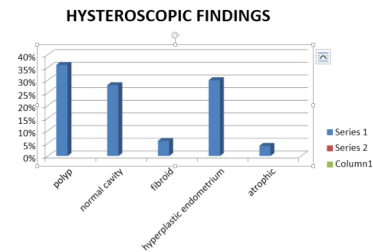
- Women with known or
1. suspected pregnancy,
 2. pelvic infection,
 3. cervical cancer,
 4. PID,
 5. genital prolapse.

AGE DISTRIBUTION

AGE	NO. OF CASES
35-40 YRS	7
41-45YRS	28
46-50YRS	11
51-60YRS	2
61-70YRS	2



HYSTEROSCOPIC FINDINGS



RESULTS

- Age group of patients in our study ranged from 35-70years.

- Majority of patients were in 40-50years age group.
- Predominant complaint reported was heavy menstrual bleeding, long cycles or short cycles with heavy bleeding.
- Incidence of positive findings on hysteroscopy was 64%, normal cavity seen in 28%.
- Out of 50 cases of AUB
17 cases - polyps(36%)
14 cases - hyperplastic endometrium(30%)
11 cases - normal endometrium(28%).
8 cases - fibroids(6%)
- Out of 17 cases of polyp, 9 cases are associated with uterine fibroids.
- The prevalence of endometrial polyp coexist with uterine fibroids was 54%.
- Ultrasound has poor sensitivity in diagnosis of endometrial polyp.
- Most common finding in hysteroscopy was endometrial polyps followed by hyperplastic thickened endometrium.
- There were no complications noted in my study.

DISCUSSION

- Prevalence of endometrial polyp and uterine fibroids in women with AUB are 10%-40% and 30% respectively.
- Presence of estrogen and progesterone receptors in polyp specimens suggests that the increased endogenous and exogenous estrogen level plays a role in endometrial polyp growth.
- High estrogen levels increase the insulin-like growth factor-1 level, and the number of IGF-1 receptors within the endometrial tissue and causes endometrial polyp growth.
- Estrogens exert their growth stimulatory effects on leiomyomas intermediated by cytokines, growth factors or apoptosis factors.
- Therefore, hyperestrogenic state is thought to be the cause for correlation of fibroids and endometrial polyps.
- Other risk factors like hypertension and hyperglycemia also induce endometrial polyp growth.
- Endometrial polyps and uterine fibroids are common cause of AUB and may co-exist.
- In order to manage effectively, it is important to diagnose accurately the cause of abnormal bleeding.
- Hysteroscopy allow exclusion of intrauterine cavity pathology as well as treatment of them in same sitting with proper tissue biopsy from abnormal area which can help in proper treatment planning.
- Hysteroscopy is a valuable, simple, low risk technique which allows an adequate exploration of uterine cavity.

References

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