

Study of Endometrial Pathology in Abnormal Uterine Bleeding Patients Visited in Hospital: An Retrospective Study

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Abstract

Background: Abnormal uterine bleedings is the commonest presenting symptom in gynaecology out-patient department. This retrospective study was done to assess the incidence of endometrial pathology in abnormal uterine bleeding patients visited in hospital. **Subjects and Methods:** This was a prospective study done on patients presenting with abnormal uterine bleeding from done in the Department of Obstetrics & Gynecology, Government Medical College, Barmer, Rajasthan, India. The study sample included a total number of 440 women. Specimens were fixed in 10% formalin, processed, embedded in paraffin and 3- 4 micron thick sections were cut and stained with H&E. Histological evaluation was done. **Results:** In the present study total no. of cases were 440 in which maximum cases had isolated endometrial pathology (69.09%). Maximum no. of patients had menorrhagia (38.63%). 29.77% patients had metrorrhagia. **Conclusion:** Endometrial cause of AUB is age related pathology. In our study maximum cases had isolated endometrial pathology and maximum no. of patients had menorrhagia.

Keywords: Abnormal Uterine Bleeding, Menorrhagia, Metrorrhagia

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Introduction

Endometrium is a dynamic, hormonally sensitive and responsive tissue, which constantly and rhythmically undergoes changes in the active reproductive life. It is a sensitive bioassay for estrogen and progesterone, whose actions are mediated on specific receptors.^[1] Abnormal Uterine Bleeding is a symptom and not a disease. It occurs in various forms.^[2] It is defined as change in frequency of menstruation, duration of flow or amount of blood loss.^[3] The main duration of menses is 4.7 days; 89% of cycles last 7 days or longer. The average blood loss per cycle is 35ml.^[4] The causes of abnormal uterine bleeding include a wide spectrum of diseases of reproductive system and non-gynaecologic causes as well.^[5] Organic causes can be further divided in to many subdivisions when an organic cause of abnormal uterine bleeding cannot be found, then by exclusion, a diagnosis is dysfunctional uterine bleeding is assumed.^[6] In about 20-30% of cases, the abnormal uterine bleeding is the result of a well-defined organic abnormality.^[7] This retrospective study was done to assess the incidence of endometrial pathology in abnormal uterine bleeding patients visited in hospital.

Subjects and Methods

This was a prospective study done on patients presenting with abnormal uterine bleeding from done in the

Department of Obstetrics & Gynecology, Government Medical College, Barmer, Rajasthan, India. The study sample included a total number of 440 women. Patients with isolated endometrial causes of abnormal uterine bleeding were included in the study. Patients with leiomyoma, cervical, vaginal pathology and hemostatic disorders were excluded from the study. Specimens were fixed in 10% formalin, processed, embedded in paraffin and 3- 4 micron thick sections were cut and stained with H&E. Histological evaluation was done.

Results

Table 1: Number of cases with abnormal uterine bleeding

Total no. of cases	440(100%)
Isolated endometrial pathology	304(69.09%)
Leiomyoma	110(25%)
Cervical pathology	26(5.9%)

Table 2: Pattern of bleeding

Pattern of bleeding	N(%)
Menorrhagia	170(38.63%)
Metrorrhagia	131(29.77%)
Menometrorrhagia	39(8.86%)
Polymenorrhagia	27(6.1%)
Post menopausal bleeding	34(7.7%)
Continuous bleeding	19(4.31%)
Polymenorrhea	11(2.5%)
Oligomenorrhea	9(2.04%)
Hypomenorrhea	440(100%)

In the present study total no. of cases were 440 in which maximum cases had isolated endometrial pathology (69.09%). Maximum no. of patients had menorrhagia (38.63%). 29.77% patients had metrorrhagia.

Discussion

Excessive and irregular uterine bleeding (abnormal uterine bleeding) continues to be one of the most frequently encountered complaints in Gynecology. The frequency of various causes of AUB varies with the age of the patient. Dysfunctional uterine bleeding is the diagnosis of exclusion in which no specific organic cause can be attributed to as the reason for the bleeding.^[8]

In the present study total no. of cases were 440 in which maximum cases had isolated endometrial pathology (69.09%). Maximum no. of patients had menorrhagia (38.63%). 29.77% patients had metrorrhagia.

Menorrhagia as a common complaint has often been reported in literature, it varied between 51.9% and 53.3%.^[9,10] Nayak et al., found menorrhagia in 49.1% of cases similar to our study.^[11]

Abnormal uterine bleeding occurs as heavy, prolonged or acyclic flow at menopausal transition or as spotting or minimal bleeding at post-menopausal period needs thorough evaluation, since it may be clinical manifestation pointing towards endometrial cancer.^[12] According to WHO the endometrial hyperplasia are classified as simple or complex. It is based on the absence or presence of architectural abnormalities like glandular complexity and crowding, further designated as atypical if they show nuclear atypia.^[13] The incidence of abnormal uterine bleeding was more in perimenopausal age group than postmenopausal age group, may be due to earlier evaluation and treatment of these patient.^[14]

Conclusion

Endometrial cause of AUB is age related pathology. In our study maximum cases had isolated endometrial pathology and maximum no. of patients had menorrhagia.

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