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RESEARCH ARTICLE

ROLE OF DIAGNOSTIC HYSTEROSCOPY IN ABNORMAL UTERINE BLEEDING AND ITS HISTO PATHOLOGICAL CORRELATION

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ABSTRACT

Abnormal uterine bleeding is one of the most common clinical problems the gynecologists come across in their clinical practice**.** It affects a woman's physical and mental health and has a huge impact on clinical workload. The present study was aimed to study the accuracy of hysteroscopy in evaluation of abnormal uterine bleeding and to correlate hysteroscopic findings with histopathological findings. Among the women reporting to the OPD of Lal Ded Hospital an associated hospital of Government Medical college, Srinagar majority of women belonged to the perimenopausal age group of 40 to 49 years. Menorrhagia was found to be the most common complaint. Hysteroscopy revealed normal endometrium in most of the cases, endometrial hyperplasia in 15% of cases followed by endometrial polyps, cervical polyps and myomas. HPE showed proliferative type of endometrium present in majority of patients i.e., around 410 (82%). About 80 patients presented with simple hyperplasia without atypia (16%). And simple hyperplasia with atypia in 9 i.e., 1.8% of patients. 1 patient revealed endometrial adenocarcinoma on histopathology. This study proved Hysteroscopy to be the gold standard for evaluation of AUB. Endometrial biopsy with hysteroscopy helps in supplementing the diagnostic accuracy of hysteroscopy.

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INTRODUCTION

Abnormal uterine bleeding is one of the most common clinical problems the gynecologists come across in their clinical practice. Up to 33% of women referred to gynecological outpatient clinics have this problem and the proportion rises significantly in the women of peri- and postmenopausal age. Abnormal uterine bleeding has enormous consequences on social life, morbidity and clinical workload (The ESHRE Capri workshop group, 2007). Hysteroscopy offers a valuable extension of the gynecologist's armamentarium. It can improve the diagnostic accuracy and can permit better treatment of uterine diseases. After hysteroscopy the elective surgery of the patient can be planned better. Use of hysteroscopy in abnormal uterine bleeding is almost replacing the blind diagnostic curettage as it "sees" and "decides" the cause. This is because uterine cavity can be observed and the suspicious area can be curetted. In fact, the hysteroscope is an eye inside the uterus. The aim of this present study was to study the accuracy of hysteroscopy in evaluation of abnormal uterine bleeding and to correlate hysteroscopic findings with histopathological findings.

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MATERIALS AND METHODS

This study is a prospective observational study which was carried in the Postgraduate Department of Obstetrics and Gynecology of Government Medical College, Srinagar at Lalla Ded Hospital from January 2015 to January 2018. 500 cases were selected for this study from the patients in reproductive, premenopausal and postmenopausal age group reporting to the hospital for AUB. Patients were subjected to detailed history and examination. Routine investigations were done. Hysteroscopic examination was done in all patients post-menstrually, whenever possible, except in those cases where menstrual cycles are irregular or patients came with continuous bleeding per vaginum. The patients then underwent dilatation and curettage and endometrium was sent for histopathological examination. The correlation between hysteroscopy and histopathological examination was tabulated. Further management of the patient was decided according to age, parity, severity of disease, hysteroscopic and histopathological report. Data was recorded on a predesigned proforma.

Observations: Over the period of 3 years from January 2015 to January 2018, 500 hysteroscopic procedures were performed in our referral centers for patients with abnormal uterine

bleeding to discover the true nature of uterine pathology. In the study, the age of patients varied from 30 to 60 years. AUB was most prevalent among women of age groups 40 to 49 (55%). The commonest affected patients were para 3 or more (67%) and least affected were nulligravida (3%). Major menstrual pattern was menorrhagia. The most common indication for diagnostic hysteroscopy was abnormal uterine bleeding in the premenopausal or bleeding in the postmenopausal period. The most common Hysteroscopic findings among study group was normal endometrium in 315 patients (63%). Endometrial hyperplasia was seen in 75 patients (15%). In around 20 patients (4%) endometrial polyp was found on hysteroscopy Cervical polyp was found on hysteroscopy in 40 patients (8%). A white coloured bulge, round in shape with a smooth surface which was diagnostic on hysteroscopy as submucous leimyoma was found in 15 patients (3%). Hysteroscopy showed 25 cases (5%) of intramural myoma and 10 cases (2%) of cervical myoma. HPE findings among bleeding patients showed prolferative type of endometrium present in majority of patients i.e., around 410 (82%). About 80 patients presented with simple hyperplasia without atypia (16%). And simple hyperplasia with atypia in 9 i.e., 1.8% of patients. 1 patient revealed endometrial adenocarcinoma on histopathology.

Table 1. Age Distribution of study patients

Age (years)	Frequency	Percentage
30-39	90	18
40-49	275	55
50-59	95	19
>=60	40	08
Total	500	100
	Mean+-SD=46.7+-7.94	

Table 2. Distribution of study patients as per parity

Parity	Frequency	Percentage
0	15	3
1	35	7
2	115	23
>=3	335	67
Total	500	100
	Mean+-SD=3.2+-1.43	

Table 3. Symptoms at presentation among study patients

Symptoms	Frequency	Percentage
Menorrhagia	400	80
Polymenorrhagia	65	13
PMB	35	07
Total	500	100

Table 4. Hysteroscopic findings among study patients

Hysteroscopic findings	Frequency	Percentage
Normal Endometrium	315	63
Endometrium Hyperplasia	75	15
Endometrial Polyp	20	04
Cervical Polyp	40	08
Submucous Myoma	15	03
Intramural Myoma	25	05
Cervical Myoma	10	02
Total	500	100

Table 5. Showing histopathological findings among study patients

Histopathological Findings	Frequency	Percentage
Normal Endometrium	410	82
Simple hyperplasia without atypia	80	16
Simple hyperplasia with atypia	09	1.8
Endometrial Carcinoma	1	0.2
Total	500	100

DISCUSSION

AUB is one of the most frequently encountered conditions in Gynecology. As quoted by Devi and Menon (1982) the incidence is 30-40% of all gynecological cases. In this prospective study, 500 women between 30-60 years of age who presented with complaints of AUB were subjected to two modalities of investigation to reach a conclusion- diagnostic hysteroscopy and endometrial histopathological report. This study was undertaken to document the Hysteroscopic findings and their histopathological report in patients with AUB in our institution over a period of 3 years. The results are shown in tables. Till recently the usual method of evaluating AUB was dilatation and curettage. The diagnosis was obtained by this manner in most patients yet in about 10% blind curettage may miss the focal lesions. Hysteroscope offers a valuable tool in hands of gynecologist. Hysteroscopic inspection of uterine cavity is a simple and well accepted method. Hysteroscopic examination predicts endometrial lesions with a good accuracy as well as endometrial aspect characterization, adopting a nomenclature similar to that used by the pathologist. This approach makes correlation between Hysteroscopic findings and histopathological results easier. The use of hysteroscopy in AUB is replacing the blind curettage, as it sees and decides the cause. This is because the uterine cavity can be observed panoramically and the area in question can be curetted for HPE. In fact, it is the eye in uterus (Velle *et al.,* 1981; Baggish *et al.,* 2007). The complication rate of procedure is very less. Hence nowadays many gynecologists are performing office hysteroscopy. In our study, there were no operative complications. In large study done by Singhi *et al,* the complication rate was 0.6%. the complications in comparison to D and C are much lower as hysteroscopy is inserted under vision. The most common finding was normal endometrium in 63% in our study. Endometrial polyp was seen in 20 patients around 4% in our study. While majority of other studies state the highest incidence of endometrial polyp (32.5% Raquel et al, 37.6%) (Raquel *et al.,* 2009; Cordeiro *et al.* 2009). In our series of patients, endometrial hyperplasia was seen in 75 patients (15%). The abnormal findings on hysteroscopy was shown in 185 patients (37%) patients. Of the 185 patientswith abnormal findings on hysteroscopy commonest was endometrial hyperplasia (15%) followed by cerssvical polyp in 8% and intramural myoma 5% and endometrial polyp 4%. HPE confirmed the findings- the accuracy near about 100. Abnormal peri and postmenopausal bleeding was associated with endometrial hyperplasia with atypia in about 1.8% of patient.1patient revealed endometrial adenocarcinoma on histopathology.

Conclusion

Hysteroscopy is emerging as the new gold standard for evaluation of AUB. Endometrial biopsy with hysteroscopy helps in supplementing the diagnostic accuracy of hysteroscopy. Adequate diagnosis is crucial for selection of relevant treatment of AUB and avoidance of unnecessary major surgical procedure.

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