

ROLE OF ENDOMETRIAL BIOPSIES IN WOMEN WITH COMPLAINT OF ABNORMAL UTERINE BLEEDING AT GMERSMC & HOSPITAL, VALSAD

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Abstract

Background: Abnormal Uterine Bleeding is one of the commonest presentations of patients in Gynecology OPD (Outdoor patient department). Patients presenting with Abnormal Uterine Bleeding might have a range of pathological conditions, ranging from endocrinological conditions to uterine pathologies; including uterine polyps, hyperplasia, to carcinoma. Thus, it is pertinent to convince such patients for undergoing Endometrial Biopsy, before opting for Hysterectomy. Counselling of patients and relatives is of great significance, so as to diagnose pathologies in their earlier stages. **Material & Methods:** The prospective study was conducted in 100 Gynecological patients, who attended OPD during period of January 2016 to December 2016, with complaints of abnormal uterine bleeding. Demographic details of the patients were taken. General examination and systemic examination were done. Endometrial biopsy was taken after taking consent. All the biopsy specimens were evaluated on microscopy and an appropriate histopathological diagnosis was made. **Results:** Out of 100 cases studied 30% were found out to be having secretory endometrium, 24% proliferative endometrium, 8% simple hyperplasia without atypia, 10% complex hyperplasia without atypia, 3% endometrial hyperplasia with atypia, 8% endometrial polyp, 14% chronic nonspecific endometritis, 1% tuberculous endometritis, 1% endometrial carcinoma and 1% squamous cell carcinoma of cervix. **Conclusion:** Endometrial biopsy is an OPD procedure, takes few minutes, with minimal discomfort to the patient; but at the same time, has a significant role in diagnosing uterine pathologies, so as to make it possible for the treating gynecologist to have earlier intervention, even in cases of carcinoma; thus, benefitting patients by reducing morbidity to the great extent.

INTRODUCTION

Abnormal Uterine Bleeding is one of the commonest presentations of patients in Gynecology OPD (Outdoor patient department). Patients presenting with Abnormal Uterine Bleeding might have a range of pathological conditions, ranging from endocrinological conditions to uterine pathologies; including uterine polyps, hyperplasia, to carcinoma.^[1-8] Exact incidence/prevalence of AUB hasn't been perfectly determined, as there is lack of uniformity with regards to presenting symptoms, reporting of the examination findings and even

variations in phases of menstrual cycle at the time of taking biopsy.^[9-11] Endometrial biopsy makes the treating gynecologist able to treat the existing pathology with appropriate management. Endometrial biopsy is an OPD procedure, thus avoiding hospital admission, pre-operative preparations; and patient can go home after the consultation; thus increasing its acceptance. Present study was carried out to find out the causes for abnormal uterine bleeding in women. Counseling of patients and relatives is of utmost importance, specifically so, when they develop mindset of undergoing hysterectomy directly, before undergoing

biopsy. In such cases, the drawbacks/dangers of direct hysterectomy, before proper biopsy needs to be explained.

MATERIALS AND METHODS

This prospective study included 100 gynecological patients who attended OPD of gynecology department at GMERSMC & hospital valsad during January 2016 to December 2016, with complaints of abnormal uterine bleeding, patients consent and ethical approval was taken from institutional ethical committee. Thorough history was taken. General and systemic examinations were done, and their findings were noted. Patients were explained about endometrial biopsy and its necessity. Inj. Atropine and Inj. Diclofenac were given.

Endometrial biopsies were taken by gynecologist and the specimens were sent to Pathology department in Formalin solution, for histopathological evaluation. All the biopsy specimens were fixed in 10% formalin for 24 hours after recording the gross morphological features. Tissues after appropriate fixation were processed and embedded in paraffin block. After that 4-5-micron tissue sections were cut, and they were stained with H & E stain. The sections were evaluated on microscopy and an appropriate histopathological diagnosis was made.

RESULTS

Amongst 100 cases of endometrial biopsies analyzed in present study, non-neoplastic cases were 98% and neoplastic cases were 02% [Table 1].

The highest incidence of secretory endometrium in the present study dealing with abnormal uterine bleeding (30%). The study done by S. Shaheen et al,^[12] (2005), 33.91% which is comparable with our study.

In a study by Shazia R. Et al,^[13] (2010); 26.00% and by Dangal G,^[14] (2003); 10.70% had a lower incidence of secretory endometrium than the present study. The higher incidence of secretory endometrium in our study may be due to time of menstrual cycle when endometrial biopsy taken was later half of menstrual period according to clinical management of the patient.

Proliferative endometrium was found in 24% of cases in this study which correlated with the observation of Dangal G,^[14] 17.80%. In the study conducted by S. Shaheen et al. Showed 58.67% incidence and Shazia R. Et al,^[13] Showed 33.00% incidence of proliferative which are higher than present study. It may be

because as part of clinical management patients had taken any external hormones or it can be a different time of menstrual cycle while taking endometrial biopsy.

Endometrial hyperplasia was found as a cause in 21% of abnormal uterine bleeding in present study. Which is comparable with study conducted by Steven M. Greenwood et al,^[15] In this study endometrial hyperplasia was observed in 15% cases which is slightly lower than present study.

In observation of study by Steven M. Greenwood et al,^[15] there was 2% cases of endometrial hyperplasia with atypia which is comparable within 3% cases endometrial hyperplasia with atypia were observed in present study.

The incidences of endometrial polyp in present study were 2%, which is comparable with the study of E. Dreisler et al,^[17] who observed 7.80% incidence of endometrial polyp and they noted that polyps were rare (0.93%) in the women below the age of 30 years and abnormal uterine bleeding was less frequent among women with polyps in comparison with other women.

Chronic nonspecific endometritis was a cause of abnormal uterine bleeding in 14.00% cases. In the study of Shazia R. et al,^[13] 13% of cases observed with chronic nonspecific endometritis which is higher than present study. Pelvic inflammatory diseases and sexually transmitted diseases may be responsible for higher incidence of endometritis in our study.

In present study there was a single case of tuberculous endometritis which is comparable with the study of Shazia R. Et al,^[13] Where a single case of granulomatous endometritis was noted.

In the present study there was 1% incidences of endometrial carcinoma observed which is comparable with other studies done by Baral R. Et al,^[16] observed 1.0% incidence.

In our present study an incidental finding of cervical squamous cell carcinoma was discovered. Kumaran et al. noted that in a patient with complaints of abnormal uterine bleeding, suspicious of malignancy in the female genital tract should be considered even though it is uncommon. The one case of cervical carcinoma was discovered in our study after D&C, though not suspected clinically.

In present study, as tabulated in table 2; the patients of wide range in ages from 18 years to 62 years were observed. Maximum numbers (41%) of cases were seen in age group of 31-40 years. Minimum numbers (3 %) of cases were seen in age group of more than >50 years [Table 2].

Table 1: Table 1 represents the summary of the distribution of different endometrial pathology reported by pathologist in the present study.

Endometrial pathology	No. Cases
Secretory endometrium	30
Proliferative endometrium	24
Simple hyperplasia without atypia	8
Complex hyperplasia without atypia	10

Endometrial hyperplasia with atypia	3
Endometrial polyp	8
Chronic nonspecific endometritis	14
Tuberculous endometritis	1
Endometrial carcinoma	1
Squamous cell carcinoma of cervix	1
Total	100

Endometrial pathology	≤ 30 years	31-40 years	41-50 years	>50 years
Secretory endometrium	9	16	5	0
Proliferative endometrium	5	10	9	0
Simple hyperplasia without atypia	2	2	4	0
Complex hyperplasia without atypia	4	4	2	0
Endometrial hyperplasia with atypia	1	1	1	0
Endometrial polyp	4	1	3	0
Chronic nonspecific endometritis	3	4	5	2
Tuberculous endometritis	0	0	1	0
Endometrial carcinoma	0	0	1	0
Squamous cell carcinoma of cervix	0	0	0	1
Total	28	38	31	3

CONCLUSION

Endometrial biopsy is an OPD procedure, takes few minutes, with minimal discomfort to the patient; but at the same time, has a significant role in diagnosing uterine pathologies, so as to make it possible for the treating gynecologist to have earlier intervention, even in cases of carcinoma; thus, benefitting patients by reducing morbidity to the great extent. In present era of laparoscopy, surgeries have become easier and faster for doctors; and recovery has become smoother and faster as well, for patients; the importance of basic step of biopsy needs to be emphasized in the minds of patients, with its significance; so as to reduce morbidity and bringing in physical and mental relief; plus reducing unnecessary surgical interventions.

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