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Role of hysteroscopy in abnormal uterine bleeding and its histopathological correlation

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Abstract

Background: Abnormal uterine bleeding (AUB) is the regularly experienced gynecological issue. The goal was to survey the accuracy of demonstrative hysteroscopy in assessment of abnormal uterine bleeding and to correspond hysteroscopy discoveries with histopathology reports.

Materials and Methods: One hundred and twenty cases were chosen for this investigation from patients of age 20 -60 years, who were conceded with the historical backdrop of abnormal uterine bleeding. Hysteroscopic examination was done in all patients post-menstrually, at whatever point conceivable, aside from in those situations where menstrual cycles were irregular or patients accompanied nonstop bleeding per vaginam. The patients at that point experienced dilatation and curettage. The endometrium was sent for histopathological examination. The connection between discoveries on hysteroscopy and histopathological examination was organized.

Result: AUB was more common in patients of age 32-40 yrs. The most widely recognized complaint was Menorrhagia. On hysteroscopy 55% of patients had some anomaly which incorporates: endometrial hyperplasia, polyps, submucous myoma, endometrial atrophy, endometrial carcinoma, misplaced IUCD, and synechiae comprising and tubercular endometritis. Hyperplasia was the most widely recognized discovery which was seen in 24% patients. Both hysteroscopy and curettage were precise when a variation from the norm was analyzed, yet the capacity to determine a lesion was more with hysteroscopy in contrast with curettage. Hysteroscopy uncovered more data than curettage.

Conclusion: Hysteroscopy is an eye in uterus and it gives more exact conclusion than dilatation and curettage alone in patients with anomalous uterine bleeding.

Keywords: Abnormal uterine bleeding, dilatation and curettage, hysteroscopy

Introduction

Menstrual dysfunction is the reason for uneasiness, burden and interruption of healthy way of life, which influences a great many ladies in both created and creating world ^[1]. Until late circumstances, regular technique for assessing this manifestation was dilatation and curettage. In any case this distinguishes the reason in under half of the cases. Hysteroscopy offers a profitable augmentation of the gynecologist's armamentarium. It can enhance the indicative precision and can allow better treatment of uterine illnesses. After hysteroscopy, the elective surgery of the patient can be arranged better. Utilization of hysteroscopy in abnormal uterine bleeding is nearly supplanting blind curettage, as it sees and chooses the reason ^[2-5].

Hysteroscopy gives a precise conclusion by coordinate perception of the cervical canal and endometrial cavity, and results in therapeutic or surgical administration identified with the particular etio-pathology, evading the requirement for real surgery. Hysteroscopy is viewed as an exact gold standard in endometrial cavity assessment and hysteroscopy related with guided biopsy was more precise than dilatation and curettage ^[6-8].

Despite the fact that the analysis might be gotten in this way in many patients, yet in around 10% of patients assessed by the visually impaired curettage; may miss central pathology. Polyps and submucous fibroids are oftentimes undetected by curettage alone. The misrepresentations of curettage propose the requirement for better techniques for assessment of unusual uterine bleeding. Other analytic systems utilized as a part of AUB are hysteroscopy, transvaginal sonography, laparoscopy and so on. In this manner, the customary dilatation and curettage should now be supplanted by hysteroscopy took after by curettage ^[7, 8].

DUB (dysfunctional uterine bleeding) is the commonest reason for iron inadequacy in the created world and of unending sickness in the creating scene as well. Clinical administration goes for getting a precise determination and graphing the right line of treatment. Clinical history, physical and pelvic examination endeavors to decide the site and source of the bleeding.

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The aims and objectives of this study were to study the accuracy of hysteroscopy in evaluation of abnormal uterine bleeding and to correlate hysteroscopic findings with histopathologic findings.

Materials and Methods

The study was carried out in the Department of Obstetrics and Gynecology in a hospital. One hundred and twenty cases were chosen for this examination from the patients of age amass 20-60 years, who were conceded with the history of abnormal uterine bleeding; barring any obvious pelvic pathology like fibroids, growth of cervix or vagina or endometrium on clinical examination and having dynamic pelvic contamination, coagulation issue, thyroid sickness, pregnancy, patients on hormonal medications like tamoxifen, patients with dynamic lavish uterine bleeding and history of recent intrauterine perforation.

Patients were subjected to a point by point history and examination. This was trailed by examinations [Hb, BT, CT, TLC, DLC, chest X-ray, ultrasound (stomach area and pelvis), urine pregnancy test, where necessary]. Educated assent of each patient was taken. Patients were encouraged to have a light supper before 9 pm in the night preceding hysteroscopy took after by dilatation and curettage. In this examination, hysteroscopy was performed under I/V sedation and medications utilized were fortwin and phenargan. The distending medium utilized as a part of this investigation was typical saline. The gadget which was utilized as a part of this investigation is: Flexible hysteroscope. Hysteroscopic examination was done in all patients post-menstrually, at whatever point conceivable, aside from in those situations where menstrual cycles were terribly unpredictable or patients accompanied nonstop bleeding per vaginum.

Endometrium was sent for histopathology and relationship of hysteroscopic discoveries with histopathology discoveries was contemplated. Advance administration of every patient was arranged by age, equality, seriousness of the malady, hysteroscopic discoveries and histopathology report. All the data were collected and recorded.

Result

AUB was more common in patients of age 31-40 yrs. The most widely recognized complaint was Menorrhagia. On

hysteroscopy 55% of patients had some anomaly which incorporates: endometrial hyperplasia, polyps, submucous myoma, endometrial atrophy, endometrial carcinoma, misplaced/ forgotten IUCD and tubercular endometritis. Hyperplasia was the most widely recognized discovery which was seen in 24% patients. Both hysteroscopy and curettage were precise when a variation from the norm was analyzed, yet the capacity to determine a lesion was more with hysteroscopy in contrast with curettage. Hysteroscopy uncovered more data than curettage.

Table 1: Demographic profile.

Variables	Number
Age (years)	
20-30	15
31-40	56
41-50	28
51-60	21
Duration of symptoms	
<6 months	27
6months – 1 year	39
>1 year	54
Clinical presentation	
Menorrhagia	29
Continuous bleeding	15
Hypomenorrhea	16
Polymenorrhea	8
Polymenorrhagia	17
Post menopausal bleeding	19
Other	16

Of the 120 patients majority, 54 had symptoms for more than 1 year, 39 patients had symptoms for 6 months to 1 year and 27 patients had symptoms for less than 6 months. Majority of the patients presented with menorrhagia. The second commonest was post menopausal bleeding in 19 cases. There were 17 cases with polymenorrhagia and 16 patients with Hypomenorrhea.

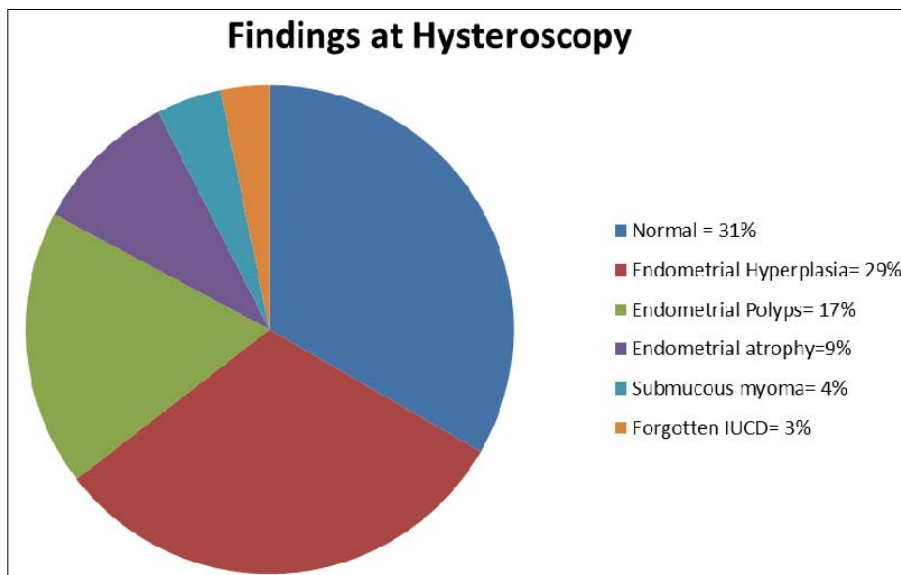


Table 2: Findings at endometrial histopathology.

Findings	No. of patients
Proliferative	32
Secretory	28
Simple hyperplasia without atypia	17
Simple hyperplasia with atypia	8
Complex hyperplasia without atypia	6
Complex hyperplasia with atypia	3
Endometrial polyp	14
Atrophic endometrium	5
Tuberculous endometrium	4
Endometrial carcinoma	3

Discussion

Abnormal uterine bleeding is one of the most commonly experienced conditions in gynecology. As cited by Menon^[9], the occurrence is 30-40% of all gynecological cases. Menstrual dysfunction is the reason for uneasiness, burden and interruption of healthy way of life, which influences a great many ladies in both the created and the creating scene. As of not long ago, the typical strategy for assessing unusual uterine bleeding was dilatation and curettage. In spite of the fact that the finding might be acquired by this way in many patients, yet in around 10% patients assessed by curettage; may miss the central pathology. Hysteroscopy offers a significant augmentation of the gynecologist armamentarium. It can enhance the demonstrative exactness and can allow better treatment of the uterine maladies. After hysteroscopy, the elective surgery of the patient can be arranged.

In this planned examination, 120 ladies in the vicinity of 20 and 60 years old who gave dissensions of unusual uterine bleeding example had experienced two modalities of examinations to achieve a conclusion – demonstrative hysteroscopy and endometrial histopathology report. The examination demonstrates that analytic hysteroscopy is particularly protected, precise, practical, and clinically valuable in the analysis of intrauterine variations from the norm. This examination was embraced to connect the hysteroscopic discoveries with histopathology report. Affirming the finding and arranging restorative administration with hormones or suitable surgical mediation is vital in the clinical administration of unusual uterine dying. Precise finding keeps away from major gynecologic surgery for negligibly intrusive surgery by agent hysteroscopy.

In the investigation, the age of patients varied from 20 to 60 years. Abnormal uterine bleeding was most regular among ladies having age gatherings, 31-40 years (46%). In an investigation directed by Schwarzler a sum of 104 patients with age differing from 26 to 79 years were evaluated^[10]. Tahir considered 400 ladies all above age of 35 years with maximum occurrence between 40-50 years^[11]. In the present investigation, 22% ladies displayed following a half year duration of abnormal uterine bleeding, 33% women had abnormal uterine bleeding for more than 6 months to 1 year duration, and 45% women presented after 6 year duration of abnormal uterine bleeding.

In 37 patients, endometrium was pink, smooth and thin, having all the earmarks of being of proliferative type. The same was affirmed by histopathology in 32 patients. Histology of the endometrial curetting uncovered proliferative endometrium with tall columnar cells and pseudostratification. Discoveries were distinctive in five cases. Indicative precision of hysteroscopy for proliferative endometrium was 86%. Hysteroscopy ended up being ordinary with orange, undulating and thick endometrium having all the earmarks of being secretory endometrium in 28

cases. It was affirmed in 21 cases. Indicative precision of hysteroscopy for secretory endometrium was 75%.

In patients with hyperplasia, endometrium seemed, by all accounts, to be thickened, edematous and undulating. There were 37 patients with these hysteroscopic discoveries. This finding was steady with histology of the endometrium in 29 cases and distinctive in 8 cases. In this way, hysteroscopic indicative precision for hyperplasia was 78%. Symptomatic exactness of hysteroscopy for endometrial hyperplasia was 68.2, 71.4 and 76.4% of every an arrangement announced by Valle *et al.*,^[12] Sheth *et al.*,^[13] and Panda *et al.*,^[14] separately.

In 20 patients on hysteroscopy, little growths in the uterine cavity, which were delicate, oval, pedunculated with a smooth surface were seen. These developments showed up as endometrial polyps. The histopathology report affirmed the discoveries in 14 cases. These residual 6 cases were affirmed later after hysterectomy as endometrial polyp. The symptomatic exactness of hysteroscopy for endometrial polyp when contrasted with histopathology was 70%. Hysteroscopy is a significant, basic, generally safe procedure which permits a sufficient investigation of the uterine cavity under visual control. It guarantees speed and well being with the analysis and treatment. The outcomes are promptly accessible. Haller *et al.*,^[15] had revealed affectability and specificity of 100 and 96.7%, separately. Panda A *et al.*,^[14] had announced indicative precision of 100% in diagnosing polyp.

In patients with abnormal uterine bleeding, hysteroscopy gives the likelihood of quick determination and immediate and compelling treatment. It permits discovering the source of bleeding and play out a coordinated biopsy of the speculated region. It bears a more exact conclusion than dilatation and curettage for intrauterine pedunculated pathologies. Be that as it may, for hyperplasia and carcinoma endometrium, histopathology is more exact. So it can be reasoned that hysteroscopy offers a significant preferred standpoint of direct representation of any variation from the norm inside the uterine cavity. It doesn't substitute other analytic systems; rather, it supplements them. Hysteroscopy is a sheltered, straightforward, fast and monetary procedure, very much acknowledged by the patient, with incredible potential in gynecology. Hysteroscopic-guided biopsy and histopathology are considered as the "new highest quality level" in assessing an instance of abnormal uterine bleeding.

Conclusion

This examination affirms that hysteroscopy is better than curettage in assessing patients with abnormal uterine bleeding. Hysteroscopy is safe, reliable and fast method in determination of cases with abnormal uterine bleeding with high affectability, specificity and negative prescient esteem. Hysteroscopy is economic technique, very much acknowledged by the patient, with extraordinary potential in gynecology.

References

- Gianninoto A, Morana C, Campione C. Diagnostic hysteroscopy in abnormal uterine bleeding. Five years experience. *Mineva Ginecol.* 2003; 55:57-61.
- Sciarra JJ, Valle RF. Hysteroscopy: a clinical experience with 320 patients. *Am J Obstet Gynecol.* 1977; 127:340-8.
- Hamou JE. Microhysteroscopy: a new procedure and its original applications in gynecology. *J Reprod Med.* 1981; 26:375-82.
- Cohen MR, Paul W. Modern hysteroscopy: Diagnostic and therapeutic potential. *Fertil Steril.* 1973; 12:905-11.

5. Jong PD, Doel F, Falconer A. Outpatient diagnostic hysteroscopy. *Br J Obstet Gynaecol.* 1990; 97:299-303.
6. Jyotsana, Manhas K, Sharma S. Role of Hysteroscopy and Laproscopy in evaluation of abnormal uterine bleeding. *JK Sci.* 2004; 6:1.
7. Loverro G, Bettocchi S, Cormio G, Nicolardi V, Porreca MR, Pansini N *et al.* Diagnostic accuracy of hysteroscopy in endometrial hyperplasia. *Maturitas.* 1996; 25:187-91.
8. Arslan S, Aytan H, Gunyeli I, Koi O, Tuncay G, Tapisiz OL. Office hysteroscopic evaluation of endometrium: Can we hit the target. *Arch Gynecol Obstet.* 2004; 271:200-2.
9. Menon MKK, Devi PK, Rao KB. *Postgraduate Obstetrics and Gynecology.* India: Orient Longman; 1982, 253.
10. Schwärzler P, Concin H, Bösch H, Berlinger A, Wohlgenannt K, Collins WP *et al.* An evaluation of sonohysterography and diagnostic hysteroscopy for the assessment of intrauterine pathology. *Ultrasound Obstet Gynecol.* 1998; 11(5):337-42.
11. Tahir MM, Bigrigg MA, Browning JJ, Brookes ST, Smith PA. A randomised controlled trial comparing transvaginal ultrasound, outpatient hysteroscopy and endometrial biopsy with inpatient hysteroscopy and curettage. *Br J Obstet Gynaecol.* 1999; 106(12):1259-64.
12. Valle RF. Hysteroscopic evaluation of patients with abnormal uterine bleeding. *Surg Gynecol Obstet,* 1981; 153:521-6.
13. Sheth S, Hamper VM, Kurman R. A study between hysteroscopy with directed biopsies and dilatation and curettage. *Am J Obstet Gynecol.* 1989; 158:489.
14. Panda A, Parulekar SV, Gupta A. Diagnostic hysteroscopy in abnormal uterine bleeding and histopathological correlation. *J Obstet Gynaecol India* 1999; 49:74-76.
15. Haller H, Maehjic N, Rukarina B, Krasevic M, Rupic S, Mozetic D. Transvaginal sonography and hysteroscopy in women with postmenopausal bleeding. *Int J Gynaecol Obstet.* 1996; 54:155-9.