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Clinicopathological observation of Abnormal uterine bleeding in peri-menopausal age female

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Abstract

Background: Abnormal uterine bleeding (AUB) is one of the most common problems presenting to the gynecologist. Abnormal Uterine Bleeding is a term which refers to menstrual bleeding of abnormal frequency, duration or quantity.

Method: This retrospective study of was carried out in perimenopausal women with complain of abnormal uterine bleeding in the age group ranging from 40-50 years for a period of one year. The age, parity, menstrual complaints were noted and clinical diagnosis along with ultrasound report and histopathological reports of endometrial tissue were analyzed. Also the histopathological report of the hysterectomy specimen was analysed.

Results: Among 126 total women in the study 65% were between 40-45 years of age. Majority (73%) were multipara. Menorrhagia was the most common presenting symptom. Leiomyoma was the commonest cause (52.3%) followed by DUB (41.2%). Proliferative endometrium was the most common histopathological finding present in 52.3% of cases.

Conclusion: Abnormal uterine bleeding predominantly affects women of perimenopausal age group. Although benign lesions are commonest cause of AUB in this age but thorough evaluation is required as it could be the only clinical manifestation of endometrial carcinoma.

Keywords: abnormal uterine bleeding (AUB), perimenopausal, dysfunctional uterine bleeding (DUB)

Introduction

Abnormal uterine bleeding is the common presenting complains in the Gynaecology outpatient department in all age groups. It accounts for more than 70% of all gynaecological consultations in the postmenopausal and perimenopausal years [1]. Perimenopause is defined as the period of life beginning with menopausal transition and ending 12 months after the last menstrual period and may last for many years (2 to 8 years) [2]. AUB is responsible for about two third of all hysterectomies in the world [3]. The most common cause of AUB is dysfunctional uterine bleeding (DUB) which has no organic cause. It is usually due to hormonal disturbances. The organic causes of AUB includes pelvic lesions like fibroid, adenomyosis, polyp, malignancy, iatrogenic (hormonal replacement therapy, contractive use, anticoagulant therapy), coagulopathy, endometritis etc [4]. Histopathological examination of the endometrium can detect the cause of the disorders taking into account the age and phase of a menstrual cycle. Hysteroscopy along with biopsy is considered as gold standard in the evaluation of AUB. Dilatation and Curettage (D and C) is the mainstay of endometrial sampling. Ultrasound is a safe initial investigation in the management of abnormal uterine bleeding [5]. Although malignancy is not the most common etiology for perimenopausal bleeding, it is the most important.

Material and Method

This study was undertaken in a large tertiary care teaching hospital over a period of one year on patients presenting with abnormal uterine bleeding in the perimenopausal age group (40-55years). In the retrospective study of perimenopausal women with complaints of abnormal uterine bleeding hospital records were evaluated after getting approval from institute ethical committee. Pregnant women with bleeding and patients receiving hormonal therapy were excluded. Demographic profiles of the patients, the clinical diagnosis along with the histological findings of endometrial tissue even in hysterectomised specimen were noted.

Results

Total 126 perimenopausal women with AUB attended the hospital over a time period of one year. 65% of the women were between 40-45 years of age. Table 1 depicts the age distribution of patients in the study.

Table 1: Age distribution of perimenopausal women in the study

Age(years)	No. of patients	%
40-45	82	65.0
46-50	33	26.19
51-55	11	8.7

Most of the cases of AUB were multiparous (73.0%) followed by grand multiparous (15.0%), primiparous (14.28%) and nulliparous (5.5%). Table 2 shows the distribution of perimenopausal women in the study according to their parity.

Table 2: Distribution of women in the study according to parity

Parity	No. of patients	%
Nullipara	7	5.5
Primipara	18	14.28
Multipara	92	73.0
Grandmultipara (≥4)	19	15.0

Out of the various causes of abnormal uterine bleeding, women in perimenopause most commonly were clinically diagnosed to have leiomyoma (52.3%) followed by DUB (41.26%), adenomyosis (3.17%), polyp (1.5%) and endometrial carcinoma (1.5%). Figure 1 shows different causes of AUB in the study.

Among the histological finding of endometrial tissue in cases of AUB in perimenopausal female proliferative endometrium was found in 52.3%, endometrial hyperplasia in 38%, secretory endometrium in 4.7%, chronic inflammation in 2.3%, adenocarcinoma in 1.5% and atrophic in only 0.7% cases. Table 3 shows pattern of endometrium in perimenopausal women with AUB.

Table 3: Histological pattern of endometrium in perimenopausal women with AUB

Histological finding	No. of patients	%
Proliferative	66	52.3
Secretory	6	4.7
Hyperplasia	48	38.0
Atrophic	1	0.71
Adenocarcinoma	2	1.5
Chronic inflammation	3	2.3

Common menstrual disturbance with which the perimenopausal patients with AUB presented was menorrhagia (46%) followed by polymenorrhagia (25.7%), menometrorrhagia (10.6%), metrorrhagia (9%), polymenorrhoea (5.4%) and oligomenorrhoea (3.3%).

Discussion

Earlier the cause of abnormal uterine bleeding was thought to be chronic inflammation, but now it has been clear that abnormal uterine bleeding is due to various causes ranging from functional to malignancy.

In the current study majority of the women (65%) were in the age group of 40-45 years which was similar to the study done by S. Sudhamani *et al* in which also 65% of the patients belonged to same age group [6]. In the study conducted by Talukdar B *et al* also 67.97% of the women were from 40 to 45 years of age [7].

73% were multipara and only 5.5% of the patients were

nullipara which is similar to the study conducted by Sreelakshmi U *et al* in which 80.6% were multipara and 3.7% only was nullipara [8].

This was also similar to the study of Lotha L *et al* in which 64.9% were multipara [9]. Menorrhagia was the most common presenting complaint in 46% of case which was similar to the study done by Talukdar B *et al* (43.6%) and Lotha L *et al* (49%) [7, 9].

Uterine leiomyoma was the most common cause of AUB in perimenopausal women present in 52.3% cases followed by DUB (41.26%). This was same as the study of Lotha L *et al* in which fibroid preceded the list and was present in 52.7% cases. Carcinoma endometrium was present in 1.5% of cases similar to the study of Talukdar B (1%) and G. J. Vani Padmaja *et al* in which malignancy was seen in 1% cases [10].

On histological evaluation proliferative endometrium was the most common finding seen in 52.3% cases which was similar to the study done by Sudhamani S *et al* in which majority (48.7%) were having proliferative endometrium [6].

Conclusion

Abnormal uterine bleeding is one of the commonest cause for women to seek medical help in perimenopausal age. Abnormal uterine bleeding has significant effect on women's health affecting her quality of life. In the present study there is high prevalence of heavy menstrual bleeding in perimenopausal age with highest prevalence between the ages of 40-45 years. Abnormal uterine bleeding is mostly correlated with abnormal endometrial histopathological findings in this study. These abnormal bleeding patterns should be properly evaluated along with the evaluation of endometrial tissue for histopathological findings. Histopathological study of the endometrium reveals a wide variety of abnormalities, evaluation of which will help us to plan for successful management. Although the benign lesions of endometrium and myometrium are the most common causes for abnormal uterine bleeding in perimenopausal women, the possibility of endometrial hyperplasia and cancers of uterus must be considered. A comprehensive clinicopathological study will usually help in arriving at the correct diagnosis. However, in view of the wide variety of causes, abnormal uterine bleeding continues to be a diagnostic challenge during perimenopausal period.

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