ABNORMAL UTERINE BLEEDING;
HISTOPATHOLOGICAL DIAGNOSIS BY CONVENTIONAL DILATATION AND CURETTAGE

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ABSTRACT...Background: Abnormal uterine bleeding is one of the most frequent conditions in gynecology. Hysteroscope & plastic devices for outdoor endometrial biopsy are gaining popularity but in our setup traditional dilatation and curettage play significant role in diagnosis of abnormal uterine bleeding. **Objective:** To detect different histopathological findings in abnormal uterine bleeding by conventional dilatation and curettage. **Design:** Descriptive **Period**: From December 2002 to March 2005.**Setting:** Department of obstetric & gynecology Unit-I Allied Hospital, Faisalabad, under the guidance of Professor Mahnaz Roohi. **Results:** 161 patients with abnormal uterine bleeding divided into adolescent, reproductive and peri-menopausal age groups. Maximum 59.02% patients with abnormal uterine bleeding were perimenopausal. Menorrhagia 49.06% was commonest bleeding pattern. Histopathological reports revealed 62.11% dysfunctional uterine bleeding, 21.73% organic lesions and 16.16% pregnancy complications. Complications occurred only in 0.62%.**Conclusion:** Dilatation and curettage is a safe & successful procedure for detecting intrauterine pathologies in abnormal uterine bleeding.

Key words: Abnormal uterine bleeding, Dilatation and curettage, Dysfunctional uterine bleeding

INTRODUCTION

Abnormal uterine bleeding is a commonly encountered gynecological problem[1]. It includes both dysfunctional uterine bleeding & bleeding from structural causes like fibroids, polyps, endometrial carcinoma & pregnancy complications[2]. Dysfunctional uterine bleeding is defined as abnormal uterine bleeding without a demonstrable organic cause[3]. It may be anovulatory characterized by irregular, unpredictable bleeding (metrorrhagia) or ovulatory resulting in heavy but regular periods (menorrhagia)[4].

Accurate analysis of endometrial sampling and localization of intrauterine lesions is the goal to effective management and better outcome of problem. Diagnostic techniques available for evaluation of abnormal uterine bleeding include endometrial biopsy, ultrasonography, hysteroscopy and dilatation and curettage[5].

Endometrial biopsy with pipelle provides an adequate sample for diagnosis of endometrial problem in up to 90% cases but fails to detect polyps & leomyoma[6]. Vaginal probe ultrasonography is excellent screening examination for presence of intrauterine pathology and can assist further evaluation & treatment[7,8]. Hysrtoscopy an accurate diagnostic tool for polyps, Submucous fibroids, endometrial hyperplasia but may miss endometritis[9,10]. Dilatation and curettage allows more extensive sampling of uterine cavity and has higher sensitivity than endometrial biopsy especially with smaller in situ lesions. It is often used when endometrial biopsy is inadequate, cervical os is stenotic or dysfunctional uterine bleeding treatment fails[11,12].

PATIENTS AND METHODS

A descriptive study conducted at department of obstetrics & gynecology Unit-I Allied hospital, Faisalabad from December 2002 to march 2005.A total of 161 patients were admitted and evaluated by history, examination and investigations such as complete blood count with platelets, ultrasonography, ECG & X-Ray chest where indicated. Patients with thyroid problem or systemic diseases, using IUCD or pills and having coagulopathy were excluded from the study. All patients with abnormal uterine bleeding ranging from under 20 to 50 years of age have been included. Dilatation and curettage was done as an elective procedure. Patients were admitted one day prior to procedure.

RESULTS

161 patients underwent diagnostic dilatation and curettage. Maximum patients (59.02 %) with abnormal uterine bleeding presented in age group 36-50 yrs followed by 36.64% & 4.34% in reproductive & adolescent group respectively (table I).

Commonest abnormal uterine bleeding is due to

dysfunctional uterine bleeding (100 patients=62.11%). Second commonest cause in 21.73% patients is organic cause followed by pregnancy complications in 16.15% (table-II).

Both types of abnormal uterine bleeding (organic lesions & dysfunctional) commonest in Perimenopausal age group ie.85.72%, 59%. Least occurrence is seen in adolescent group. Abnormal uterine bleeding due to pregnancy complications is commonest (57.69%) in reproductive age group (table-III).

Order of bleeding pattern is menorrhagia (49.06%) followed by menorrhagia (39.13%) and post menopausal bleeding (6.83%).

DISCUSSION

Abnormal uterine bleeding is a common gynecological problem accounting for up to 20% office visits to gynecologists[13]. The management of abnormal uterine bleeding can involve may decisions about diagnosis & treatment[14,15]. Conventional dilatation and curettage is commonly used in developing countries with limited resources as a standard and often the only mean of assessing abnormal uterine bleeding. Methods which require technological equipment and expertise are usually unavailable. Here the preferred option of assessing status of endometrium & intrauterine lesions remains to be diagnostic curettage.

Abnormal uterine bleeding predominantly affects women of Perimenopausal age group because of increased incidence of intrauterine lesions. In my study 59.02% of cases were Perimenopausal, 36.64% reproductive age group while these were 70% & 25% in the study given by

Table I Patients in different age group

Age	No of pts	%age
20 and less (adolescent)	7	4.34%
21-35 yrs (Reproductive)	59	36.64%
36-50 yrs (peri-menopausal)	95	59.02%
Total	161	100%

Table-II. Revealed morphology after histopathology

Lesion	No of pts	%age
Proliferative endometrium	35	21.74%
Secretory endometrium	20	12.42%
Pregnancy complications	26	16.15%
Adenomatous hyperplasia	24	14.91%
Cystic glandular hyperplasia	15	9.31%
Atypical hyperplasia	6	3.72%
Endometritis	10	6.21%
Atrophic endometrium	7	4.34%
Endometrial & cervical polyp	7	4.34%
Submucous fibroids	6	3.72%
Endometrial carcinoma	3	1.86%
Cervical carcinoma	2	1.24%
Total	161	100%

Table III Distribution in different age groups (n=161)

Age	Pregnancy complications		Organic lesions		Dysfunctional uterine bleeding	
	No of pts	%age	No of pts	%age	No of pts	%age
20 and less (adolescent)	5	19.23%	-	-	2	2%
21-35 yrs (Reproductive)	15	57.69%	5	14.28%	39	39%
36-50 yrs (peri-menopausal)	6	23.08%	30	85.72%	59	59%
Total	26		35		100	

Table IV Different bleeding patterns

Bleeding patterns	No. of pts	%age
Menorrhagia	79	49.06
Metrorrhagia	63	39.13%
Post menopausal bleeding	11	6.83%
Poly menorrhagia	5	3.12%
Intermenstrual bleeding	3	1.86%
Total	161	100%

Kaunitz[16]. In the study 4.34% cases belong to adolescent group. Abnormal uterine bleeding in adolescent is due to pregnancy complications or dysfunctional uterine bleeding. Although most adolescents with dysfunctional uterine bleeding will develop normal regular menstrual cycle but a significant number may require gynecologist follow up for persistent abnormal uterine bleeding[17].

Organic lesions were found in 21.73% which were 22.5% in study of Mughal N[18]. The commonest intra uterine pathology was chronic endometritis in 6.21% which in contrast to 0.8% in the study of Mackenzi[19].Followed by endometrial & cervical polyps 4.35% which were 1% in study carried out by Mackenzi[19]. In 3.72% Submucous fibroids & 1.86% of cases endometrial carcinoma were detected. While in a study conducted by Fraser[20]. Endometrial carcinoma was found in 1.7% of cases.

The commonest differential diagnosis is dysfunctional uterine bleeding which is 62.11% in my study. Out of these 59 % belong to Perimenopausal and 39 % to reproductive age group while it was 38 & 58 % respectively in the study done by Pilli GS et al[21]. Morphological breakup revealed 34.16% normal endometrium (proliferative & secretory) 21.74 % was found to be Proliferative while it was 15.93 % in the study of Fraser[20]. Secretory 12.42 % which was found to be 13 % & 23 % in Pilli GS et al[21] and Vaikiani & coworkers[22].

In present study 27.95 % was endometrial hyperplasia while it was lower 5.5 % in Vaikiani & coworkers[22]. The Adenomatous & cystic hyperplasia were 14.91 % & 9.31% which were 22.9% and 17.9% in Nosheen Waseem and Rukhsana et al[23]. The difference in results seem to be apparent that above mentioned study was carried out in clinically diagnosed cases of dysfunctional uterine bleeding.

Most women under 40 years of age with menstrual problem suffer either from pregnancy complications or dysfunctional uterine bleeding and less than 1% have adenocarcinoma[24]. In my study 16.15% have pregnancy complications. Out of these maximum cases 57.69% occurred in reproductive age group. When evaluating women with perimenopausal menstrual irregularities, pregnancy and cancer must be excluded. Most pregnancies in perimenopause are unplanned and associated with a high degree of miscarriage and therapeutic abortion[25]. In my study pregnancy complications in perimenopausal were found to be 23.08%

Commonest bleeding pattern in my study were found to be menorhagia 49.06%, metrorrhagia 39.13% followed by post menopausal bleeding 6.83% intermenstrual bleeding 1.86% and poly menorrhea 3.12%. The bleeding patterns were similar to the study by Mughal N[18]. Where they were 48%, 41%, 6%, 3%, and 1.3% respectively. Complications took place in one patient (0.62).It was uterine perforation diagnosed intraoperatively. Complications reported by Mackenzi[19] were 1.7%.

CONCLUSION

In spite of availability of hysteroscope and number of plastic devices for outdoor endometrial biopsy, conventional dilatation and curettage is a successful & safe procedure in abnormal uterine bleeding specially in our socioeconomic conditions.

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