

Histopathological outcome of 100 hysterectomies done in patients with menorrhagia

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Abstract

This article provides in brief Etiopathogenesis, various pathological diseases causing menorrhagia. The article provides in-depth review of subject with the authors experience in the filed. This article also describes different types of endometrium causing menorrhagia and it has described in detailed specific histopathological changes in each disease. This article also explains different etiopathogenesis in different age groups causing menorrhagia and their management. The author has described specific treatment in each age group in menorrhagia.

Keywords: menorrhagia

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INTRODUCTION

Menorrhagia among the young and old age females is one of the greatest concern as a medical/ surgical illness faced by the rural and urban areas of India. The patients presents either as symptomatic and asymptomatic cases in OPT, mostly of which resolves by medical line of management and rest few patients who does not respond well to medical line undergoes surgical removal of uterus ie hysterectomy. **MENORRHAGE** derived from Greek word **MEN-** "Menses", **RRHAGIA-** "burst forth". It is defined well and sample as "cyclical bleeding at normal intervals; the bleeding is either excessive in amount (80ml) or duration or both. Normal blood loss being 50-80 ml and not > 100 ml but in menorrhagia, the quantity and duration is increased. The bleeding is caused due to increased uterine vascularity as due to, Enlarged uterine endometrial surface. Any problem in hypothalamo-

pituitary- ovarian axis. This study is about the histopathological outcome of 100 patients admitted in district hospital Bidar. Whome underwent hysterectomies during the year 2012-2014. Based on histopathological studies. The patients were able to categories under different causes of excessive bleeding per vagina, according to respective age group.

AIM AND OBJECTIVES

- This study is done to identify the detail histopathological characters of females with menorrhagia.
- To identify the incidences and frequencies of various causes of menorrhagia in females.
- To compare it with global standards.
- To know the details investigations and management provided.

Study Center

- Bidar Institute of Medical Science Government Teaching Hospital Bidar, Karnataka, India.

Duration of Study

- Retrospective study of 100 cases from 2012-2014.

METHODOLOGY

Sample Size: Here the sample size of study is 100 females with menorrhagia.

Source of Participants: The source of participants of the study is patients admitted in Government Teaching Hospital Bidar, with complains of menorrhagia during the year 2012-2014.

Inclusion Criteria

- All females age group 30-60 year presenting with bleeding per vagina.
- All patients with increased duration and quantity of above age group.
- Patients with previous menstrual abnormalities.
- Patients with uterus size more than normal size with slightly tender abdomen.

Exclusion Criteria

- Age less than 30 and more than 60 years.
- Patients with existing bleeding disorders.
- Patients with copper t insertion or who underwent any invasive procedures.

Data collection and Methods

The data collection is based on retrospective basis of patients from year 2012-2014. The patients were admitted in Bidar district hospital and detail investigations were carried out and underwent medical line of treatment and regular follow up was done. Among the patients in the span of 2012-2014, 100 patients were considered as sample for the histopathological outcome and subsequent hysterectomies were done. The data include females of age duration 30-60 years presented to OPD / IPD as bleeding per vagina either in excessive amount of duration. The information consent of the patients are taken, giving them the total idea of study which they are gonna undergo and coluntary cosent was obtained in written form. After the collection of data the specimen readings were group under a tabular column describing the incidences of respective causes age wise.

Table 1

Age	Normal	Fibroid	Adenomyosis	Cystic glandular hyperplasia	Pelvic inflammatory disease	Atrophic Endometritis	Bening polyp
30-35	10	1	0	1	2	0	0
35-40	15	3	1	8	1	0	0
40-45	10	2	1	12	0	0	0
45-50	10	2	1	2	1	1	0
50-55	8	1	0	0	0	1	0
55-60	2	1	0	0	0	0	0

Table 2

Causes of menorrhagia	Percentage
Unknown causes with Normal Endometrium	55%
Fibroid Uterus	10%
Adenomyosis	3%
Cystic Glandular Hyperplasia	23%
Pelvic Inflammatory Disease	4%
Atrophic Endometritis	2%
Benign Polyp	1%

Table 3

Diagnosis	Histopathology
Fibroid Uterus	Consist of basically two components one is smooth muscles and other being fibrous tissues. The y often may show secundary changes too. Hyperplasia of Endometrium Enlarge glands intermixed with small glands. Swiss cheese pattern. Some infiltrations and Hemorrhages seen.
Cystic Glandular Hyperplasia	Cystic Changes. Glandular Tissue like Endometrium in Myometrium Flattening of Tubal villi and exfoliated lining Epithelium Granulation Tissue present. Thickness 3.1 + 1.2 mm.
Adenomyosis	Endometrium is represented by only Basal layer with its compactly deeply stained stroma.
Pelvic Inflammatory Disease	Mucosa and deeper Tissue are Congested, Fibrosed and Infiltrated with Leucocytes and plasma cells.
Atrophic Endometritis	

Bening Polyp

Other

Core stromal cells, Glands, Large thick walled vascular channels lined by Endometrium
Tip of polyp- squamous metaplasia
Pedicle of poly-fibrous tissue with thin blood vessels.
Normal endometrium

Investigations

- The routine blood and urine investigations were done
- USG Abdomen
- Dilatation and curettage.
- These were the basic investigations done in these patients and medical line of management was also provided as:
- Tranexamic Acid- to prevent bleeding.
- Mefepristone – anti progesterone 25-30 mg.
- Tablet Danazol :
- 400-800 mg for 4-6 months were also given,
- LNG-IUCD Which helped reducing the uterus size
- Hormonal contraceptives.
- Desmopressin
- And antibiotics

These were the medical line of treatment provided and the patients.

DISCUSSION

The data of histopathological study showed that most of the cases coming with bleeding per vagina of age group 30-60 showed following findings.

Table 4

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The two year study of the patients showed that females from low socio economic class showed bleeding, were the

incidences of obesity and hypertension are rare showing more deviation towards infection genetic and hormonal discord. In further investigations most of the patients showed menstrual cycle abnormalities, during their reproductive age group also making the main cause of bleeding towards hormonal pathology and 55 % of them normal endometrium is clearly an evidence of hormonal imbalance. The detail study of the histopathological features also showed normal endometrium which conformed our statistical analysis.

CONCLUSION

Hysterectomy: being the last stage treatment modality of mostly all Gynaecological problem are to be justified both logically and medically. All the hysterectomies done in our teaching hospital was under a regular Plan with revisit analysis. The management provided and medical line of treatment was under detail Surveillance and only patients willing to undergo hysterectomy and who was not cured by medical line was taken for surgical removal of uterus. Dilation and curettage investigation are confirmed along with the Hysterectomy findings. Hormonal imbalance due to the hypothalamo – pituitary axis being most Common cause of menorrhagia.

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