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A RETROSPECTIVE ANALYSIS OF CAUSES, DIAGNOSIS AND MANAGEMENT OF AUB IN PERIMENOPAUSAL WOMEN

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Abstract

To observe the causes of AUB in perimenopausal women and also to co-relate the clinical ,ultrasonographic and histopathological findings and management of abnormal uterine bleeding in these women..

Keywords:
AUB IN PERIMENOPAUSAL WOMEN.

Introduction

WHO defines perimenopause as the period of 2-8 years preceeding menopause and one year after the final menses. The age group is mostly between 40- 50 years the average being around 47 years. Most women will have menstrual irregularities during this period. AUB is defined as any bleeding outside the normal specified limit . This includes both dysfunctional uterine bleeding and bleeding due to organic cause [5]. Most common abnormal uterine bleeding is menorrhagia and is found to be associated with fibroid , adenomyosis, DUB and endometrial polyps. DUB, fibroid uterus and adenomyosis are associated with hyperestrogenism which causes proliferation of endometrium , endometrial hyperplasia and finally carcinoma. In the past D&C was the main modality used for diagnosis of AUB which was more invasive , required anesthesia and had post op morbidities like infection, perforation etc. With the advent of USG only indicated cases need to further diagnosed by endometrial sampling thereby reducing the rate of complications . This has also reduced the rate of hysterectomy done for AUB .

Objectives

To observe the causes of AUB in perimenopausal women and also to co-relate the clinical ,ultrasonographic and histopathological findings and management of abnormal uterine bleeding in these women.

Material and methods

This was a retrospective study conducted at Dr SMCSI MCH , Karakonam where all perimenopausal women between the age group of 40-55 years with AUB who underwent D&C for the same in past one year ie from 1st jan 2014 to 31st December 2014 were included. A total of 66 patients underwent D&C for AUB in past one year. The criteria for doing D&C was any women beyond the age of 40 years with AUB and endometrial thickening of > 5mm on trans vaginal sonography . Post menopausal women were excluded from the study. The case record of each patient was obtained from the medical records department and a detailed observation of the type of bleeding , onset , presence of dysmenorrhea , size of the uterus on clinical examination , presence of co-morbidities etc were noted. These findings were co-related with ultrasound findings where size of the uterus , presence of fibroid , adenomyosis , endometrial polyp and also endometrial thickening were noted . Finally post D&C histopathological findings were recorded in each patient and also the type of the management which was given subsequently. All the relevant data was entered in a structured proforma and descriptive analysis was done using SPSS software.

Results

out of the 66 patients who underwent D&C for abnormal uterine bleeding about 44 % (29/66) patients belonged to age group between 45 – 50 years . The mean age for presentation was 47 years. About 65.2%(43/66) had parity as 2 while 25.8%(17/66) had 3 children. In the abnormal uterine bleeding menorrhagia was seen in 78.8%(52/66) cases, polymenorrhoea in 10.6% (7/66) cases, polymenorrhagia in 9.1 %(6/66) cases and metrorrhagia was seen in one patient only. 28.8%(19/66) patients had associated dysmenorrhoea. 45.5%(30/66) patients had associated co-morbidities out of which hypertension was seen in 40% (12/30) cases followed by anemia 16.7%(5/30). On clinical examination uterus was

found to be bulky in 71.2%(47/66) cases , was 8-14 weeks size in 18.2%(12/66) cases and in 10.6% (7/66) cases it was normal sized.

On USG examination uterus was found to be bulky in 54.5% (36/66) cases, was normal in size in 42.4%(28/66) cases. In USG fibroid uterus was seen in 43.9%(29/66) cases , adenomyosis was seen in 7.6%(5/66) cases, both fibroid and adenomyosis was seen in 3%(2/66) cases and endometrial polyp was seen in one case. In 43.9% (29/66) cases no other abnormality was seen. About 59.1%(39/66) patients had USG diagnosed endometrial thickening between 5-10mm, 22%(15/66) had between 10-20mm and 7.6%(5/66) had >20mm , endometrial hyperplasia was seen in12.1% (8/66) cases.

On D&C moderate amount of curettings were seen in 51.5%(34/66) cases, pleanty of fleashy curettings were seen in 28.8%(19/66) cases and scanty in18.2%(12/66) cases. On histopathology 54.5% (36/66)had disordered proliferative endometrium, 31.8% (21/66)had secretory endometrium , simple hyperplasia was seen in 4.5%(3/66) patients, no case of carcinoma was seen . About 12.1%(8/66) patients had endometrial polyp on HPE.

About 50%(33/66) of the patients were managed with progesterone , anti fibrinolytics was given to 16.7% (11/66)cases, 16.7%(11/66) patients were just followed up without any treatment and 16.7% (11/66)underwent hysterectomy.

Discussion

The mean age group of presentation was 47 years which was consistent with other similar studies. About 65.2% patients had parity 2 and 25.8% had parity 3 . In a study by Archana Bhosle and Michelle fonseca in 2010 [1] found that the incidence of AUB increased with increasing parity. In their study the incidence was high in parity 3 and grand multiparous women. In our study maximum number of women had parity 2 and majority of them underwent sterilization after the second or third child. There were no grand multiparas in this study.

Most common presenting symptom was menorrhagia (78.8%) followed by polymenorrhoea (10.6%) which was similar to a stusy by Ridhi kathuria and Beena Bhatnagar (2014)[3] where the commonest presenting symptom was menorrhagia 46% followed by polymenorrhoea 30%. Similarly in a study by Archana B et al (2010)[1] 53.3% patients presented with menorrhagia. Among the causes Fibroid uterus was seen in 43.9% cases followed by DUB in again 43.9% cases , adenomyosis was seen in 3% cases only. In a study by Fl Cornitescu et al 2011 [4]leiomyoma was responsible for 49.6% cases of AUB. Similarly in the study by Avantika Gupta et al 2013 [2] 53%of women with AUB had leiomyoma . Most common co-morbidity seen was hypertension. In a study by Renee Boynton – Jarett et al in 2004, they found that hypertension had an independent association with risk for development of Fibroid uterus through uterine smooth muscle injury[6].

Majority of the patients (59.1%) had USG diagnosed endometrial thickness between 5-10mm, 22% had between 10-20mm and 7.6% had >20mm. USG diagnosed endometrial hyperplasia was seen in 12.1% cases while only 4.5% cases had simple hyperplasia on D&C. Majority of the patients 54.5% had proliferative endometrium while 31.8% had secretory endometrium. In the same study by Archana Bhosle 2010[1] proliferative endometrium was seen in 66.1% cases , secretory in 16.1% cases while hyperplasia was seen in 7.8% cases. Only 16.7% of our patients underwent hysterectomy where as rest of the patients were given medical management in the form of progesterone preparations and anti fibrinolytics. Majority of the patients who underwent hysterectomy had either associated fibroid uterus or adenomyosis.

Conclusions

This present study shows that trans vaginal sonography is a cheap , easily available and reliable method for diagnosing pathology in cases of perimenopausal bleeding. The most common pathology seen in this study was Fibroid uterus and DUB which is consistent with other studies. In our study the rate of hysterectomy was not high and this was probably due to the fact that most patients had DUB and small fibroids and in the absence of other endometrial pathology only conservative management was required. Thus we see that USG followed by indicated D&C will not only increase the diagnosis of endometrial pathology including malignancies but will also decrease unnecessary surgical interventions like hysterectomy. Alternatively if hysteroscopic guided biopsy is done the chances of missing a malignancy becomes still rare.

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