

Histopathological Findings of Abdominal Hysterectomies in Patients Presenting with Heavy Menstrual Bleeding (HMB)

1. Yasmin Jaffar 2. Naila Ehsan 3. Nosheen

1. Asstt. Prof. Gynae 2. Prof. of Gynae 3. LMO, Unit-III, Sandeman Provincial Teaching Hospital Quetta

ABSTRACT

Objective: To determine the frequency of different histopathological findings in hysterectomy specimens in patients with heavy menstrual bleeding.

Study Design: Cross-sectional study

Setting: This study was carried out in Gynae Unit III (Sandeman Provincial Teaching Hospital Quetta) from January 2009– December 2009.

Materials and Methods: Two hundred abdominal Hysterectomy cases done for the treatment of heavy menstrual bleeding (HMB) were included in this study. An exclusion criteria was vaginal hysterectomies, abdominal hysterectomies done for complaints other than menorrhagia and malignancies. After hysterectomy specimen of uterus sent for histopathology.

Results: The age ranged from 30-55 years with maximum number (62.5%) of cases in 41-50 years of age group. The main presenting complaint of patients was heavy cyclical menstrual flow. Total abdominal Hysterectomies with bilateral salpingoophorectomy done in 120 patients, in 80 patients both ovaries conserved. There was no intra-operative complication. Mild post operative complications occurred in 15% of cases. There was no death. On histopathology leiomyoma was most common pathology found in 55% cases. No malignancy was detected on histopathology of the uterus.

Conclusion: The study confirmed that benign diseases were more common in hysterectomy specimen performed for HMB. Uterine fibroids and adenomyosis are the most common benign conditions found in hysterectomy specimens on histopathological examination.

Key Words: Hysterectomy, Heavy Menstrual Bleeding, Histopathology.

INTRODUCTION

Heavy menstrual bleeding now replaces the older term “menorrhagia” as it is simple and can easily be translated into other languages.¹ It is defined as blood loss of greater than 80ml per cycle however diagnosis and treatment are usually based on patients’ self assessment.² The percentage of HMB is common because now a days women’s are having fewer children and consequently more menstrual cycles, It can have significantly adverse impact on pre menstrual women’s quality of life and one of the common causes of iron deficiency anemia in female of reproductive age.³ It is usually associated with benign pathology, only rarely associated with malignancy.⁴

The prevalence rates of HMB ranges from 10-30% among reproductive age group⁵. The pathologic cause in women (<40 years) is most often fibroid uterus where endometrial polyp are more frequent among women over 40⁶. Endocrine conditions such as polycystic ovaries and thyroid disorder are more likely to be associated with irregular menses with or without heavy bleeding⁷. Hysterectomy is the definitive treatment for benign lesions such as leiomyomas, adenomyosis, PID, dysfunctional uterine bleeding and it is the second most frequent major operation performed by gynecologist after cesarean section.⁸ Fibroid is the

most frequent indication of hysterectomy. Newer conservative surgical techniques like endometrial resection or ablation are practiced in other countries but they are not widely available in our country Pakistan.

The purpose of this study was to determine the frequency of different histopathological findings in hysterectomy specimens in patients with heavy menstrual bleeding.

MATERIALS AND METHODS

This study was carried out at gynae unit III (Sandeman Provincial Teaching Hospital Quetta) from January 2009 – December 2009. During this one year period two hundred hysterectomies performed for the treatment of HMB. Inclusion criteria were patient with menorrhagia who had completed their family and those with heavy menstrual bleeding and failed medical and hormonal therapy. The exclusion criteria were vaginal hysterectomies and abdominal hysterectomies done for complaint other than HMB and malignancies.

All patients were first evaluated in gynae out patient department in view of history, clinical examination added by ultrasound and baseline investigation. For operative procedure patient admitted in gynae unit III, during pre-operative preparations majority of the patients were found to be anaemic. After correction of anemia and other medical problems in collaboration

with medical team, surgery was performed and specimen sent for histopathology. Patients were discharge between 5th – 7th post operative day after receiving histopathological report.

RESULTS

A total of two hundred abdominal hysterectomies were included in this study. The age of women ranged from 30-55 years with mean age of 42.5 years. They had borne on average 4-5 children. Mostly patient presented with heavy cyclical bleeding. The commonest indication for hysterectomy in patient with HMB was uterine fibroid which was seen in 55% of cases. Main indications were shown in table.¹ Out of 200, 120 patients had total abdominal hysterectomy with bilateral salpingoophorectomy. In view of patients age, 80 had total abdominal hysterectomy with conservation of both ovaries. There was no intra operative complication, mild post operative complication occurred in 15% patients. On histopathology of uterine specimen no malignancy detected.

Leiomyomas is a most common pathology found in 55% patients, followed by adenomyosis in 15%, endometritis in 12.5%, endometrial hyperplasia 10%, endometrial polyp 7.5%, while in 20%, patients no anatomical or histopathological abnormality detected (Fig 2).

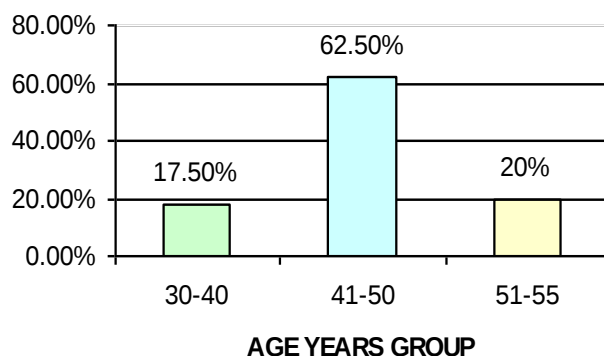


Figure No.1: Age of the patients

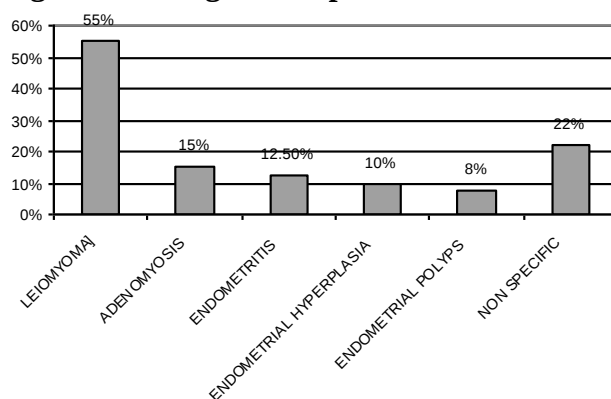


Figure No.2: Histopathological Diagnosis

Table No.I: Indication for Hysterectomy (n=200)

Indication	No	Percentage
Leiomyoma	60	30%
Endometritis	30	15%
Endometrial Hyperplasia	25	12.5%
Endometrial polyps	20	10%
DUB	45	22.5%

DISCUSSION

The mean age of patient in this study was 42.5 years and the majority of the disease was seen with parity 4.5. In study in Nepal the mean age of the women who underwent hysterectomy for HMB was 46.3 years. A majority of women were paras.⁹

On the other hand Lee N C found mean parity of 3.1.¹⁰ This difference may be due to low contraceptive prevalence rate in Balochistan. The low contraceptive prevalence rate in our country and specially in Balochistan is because of illiteracy and social and cultural taboos as compared to western countries. The commonest presenting symptom was HMB. It is well known that perimenopausal age group and high parity are associated with HMB. This was observed by Shergil SR that heavy bleeding was the commonest complaint which was seen in the 66% of the cases.¹¹ On receiving the histopathological reports, leiomyoma was found to be the most common diagnosis in our study followed by adenomyosis. Sobende AA also found that fibroids were the most common pathology which was seen in 25% of the hysterectomies specimen for HMB followed by adenomyosis.¹² A study done by Madiha Sajjad also reported 51% of women belonged to 41-50 years of age group, leiomyoma and adenomyosis were found to be the most common causes of HMB, leiomyoma being the commonest finding with a frequency of 39%. Another study by Sarfaraz showed similar results

CONCLUSION

In our study the most pathology identified among the hysterectomy specimens was leiomyoma. Histopathology is mandatory for ensuring a correct diagnosis and thus the management varies with malignant diseases.

REFERENCE

1. Fraser IS, Critchley HO, Munro MG. A process designed to lead to international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding. *Fertil Steril* 2007;87:466-76
2. Warner PE, Critchley HO, Lumsden MA. Menorrhagia II: is the 80 ml blood loss criteria useful in management of complaint of menorrhagia? *Am J Obstet Gynaecol* 2004. 190: 1224-9.

3. Cohen gabor Y. Anemia and menstrual blood loss, obstetrics and gynecological survey. 1980;35: 597-618.
4. Phill GS, Sethi B, Annepurna V. Dysfunctional uterine bleeding. J Obstet and Gynecol Ind 2002; 5287-9.
5. Ronda C, Elisabeth Le Nestour, Edio Z, Jennifer P, Pharm D, Amy W, et al. Heavy menstrual bleeding treatment patterns and associated health care utilization and costs. JCOM 2012;19(9):50-7.
6. Wilde MD, Schacht E. Treatment of menorrhagia with novel "frameless" intrauterine levonorgestrel releasing drug delivery system: a pilot study European journal of contraception & reproductive health care 2001;6:93-101.
7. Speroff L, Fritz MA, editors. Clinical gynecologic endocrinology and infertility 8th ed. Philadelphia: Lippincott Williams & Wilkins; 2011.
8. Elizabeth A. Stewart, Linnet S, Walter N, Rocca. Reassessing hysterectomy. Minnesota Medicine 2012.
9. Jha R, Pant AD, Jha A, Adhikari RC, Syami G. The histopathological analysis of hysterectomy specimens. J Nepal Med Assoc 2006;45(163): 283-90.
10. Lee NC, Dicker RC, Rubin G, Oray HW. Confirmation of the preoperative diagnosis for hysterectomy. Am J Obstet Gynecol. 1984;150(3): 283-7.
11. Shergill SK, Shergill HK, Gupta M, Kaurs. Clinicopathological study of hysterectomies. J Indian Med Assoc 2002;100 (4): 238- 46.
12. Sajjad M, Iltaf S, Qayyum S. Pathological findings in hysterectomy specimens of patients presenting with menorrhagia in different age groups. Ann Pak Inst Med Sci 2011;7(3):160-2
13. Sarfaraz R, Ahmed MM, Tariq M, Ahmed S. Benign lesions in abdominal hysterectomies in women presenting with menorrhagia. Biomedica BIO G Dock 2004;27.

Address for Corresponding Author:**Dr. Yasmin Jaffar,**

Asstt. Prof. Gynae Unit-III,

Sandeman Provincial Teaching Hospital Quetta

Cell No. 03337801541

e-mail: dr.yasminjaffar@yahoo.com