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Dr. T.M Kariappa
Professor and Head,
Dept of Pathology, KVG Medical College & Hospital, Sullia, D.K, Karnataka, India.

Dr. Sathish TE
Postgraduate, Dept of Pathology
KVG Medical College & Hospital
Sullia, D.K, Karnataka, India.

Dr. Angshuman Saha
Postgraduate, Dept of Pathology
KVG Medical College & Hospital
Sullia, D.K, Karnataka, India.

Correspondence:
TM Kariappa
Professor and Head KVG Medical College & Hospital,
Sullia, D.K, Karnataka, India.

Histopathological study of endometrium in dysfunctional uterine bleeding

T.M Kariappa, Sathish T.E, Angshuman Saha

Abstract
Introduction:
Dysfunctional uterine bleeding is defined as excessively heavy, prolonged, or frequent bleeding of uterine origin that is not due to pregnancy or any recognizable pelvic or systemic cause. It is a common problem in the women in the age of 30-50 years. The incidence increases as age advances till menopause. It is also seen in perimenarchal and perimenopausal age group.
Objectives
1) To study endometrial cytomorphology in cases of DUB
2) To study correlation of different clinical presentation and clinical finding with histopathology.
3) To correlate age and parity with histopathological finding.
4) To study incidence of various hyperplasia in women with DUB.
Material and methods
The study was done during January 2014 to December 2015.During this period a total of 205 cases were studied. In this study endometrium specimen (specimens) were obtained by Dilatation & Curettage and hysterectomy. Sections were stained by H&E stain and histopathological examination was done.
Result &Conclusion
Maximum numbers of DUB patients were in the age group 31-40 years. Most common presenting complaint was menorrhagia. Most of patients with DUB shows proliferative phase with hyperplastic pattern. Simple hyperplasia was more common than complex and atypical hyperplasia. As age advances, the incidence of hyperplasia also increased. Parity has no influence on endometrial pattern in DUB.

Keywords: Dysfunctional uterine bleeding (DUB), dilatation and curettage, endometrium.

1. Introduction
Dysfunctional uterine bleeding (DUB) is defined as excessively heavy, prolonged, or frequent bleeding of uterine origin that is not due to pregnancy or any recognizable pelvic or systemic cause. It is a common problem in the women in the age 30-50 years. The incidence increases as age advances till menopause. It is also seen at perimenopausal age group (groups). The pathophysiology of DUB is not fully understood and it is complex. The mechanisms for the abnormal bleeding and the site from which it arises are largely unknown. Menstruation is a very complex process involving oestrogen and progesterone and their receptors, endometrial vasculature, endometrial vasoactive substances, processes of tissue break down and remodelling and endometrial repair regeneration. It accounts for above one third of all gynaecological consultations carried out for abnormal uterine bleeding. Menstruation disturbance is one of the commonest gynaecological (gynecological) problems for which curettage or hysterectomy specimen is received by pathologist. Present study aimed to know full spectrum of DUB and its pathological aspects at this institute.

Aims and objectives
To study endometrial cytomorphology in cases of DUB.
To study correlation of different clinical presentation and different clinical finding with histopathology.
To correlate age and parity with histopathological finding.
To study incidence of various hyperplasia in women with DUB.

2. Material and Methods
Study Period – Jan 2014 – Dec 2015
Sample size- 205 cases
Inclusion Criteria- All clinically diagnosed DUB case

Exclusion Criteria- Structural lesions diagnosed radiologically. 05 cases (2 leiomyoma, 2 adenomyosis and 1 endometrial carcinoma) were excluded from present series and further study was carried out on 200 cases proven histopathologically also as DUB.

Table 1: Incidence of DUB in various age group in our study

Age(Years)	No f Cases	Percentage (%)
< 20	1	0.5
21-30	32	16
31-40	96	48
41-50	62	31
51-60	09	4.5
Total	200	100

Table 2: Incidence of menstrual disorder in DUB

Menstrual Disorder	No of Cases	Percentage (%)
Menorrhagia	153	76.5
Polymenorrhea	16	8
Metrorrhagia	27	13.5
Oligomenorrhea	04	2
Total	200	1oo

Table 3: Endometrial pattern in DUB

Endometrial Pattern	No of Cases	Percentage (%)
Proliferative	80	40
Secretory	62	31
Hyperplasia	44	22
Atropy	14	7
Total	200	100

Table 4: Incidence of types of hyperplasia associated with DUB

Types of Hyperplasia	No of Cases	Percentage (%)
Simple	30	68.18
Complex	12	27.27
Atypical	2	4.55
Total	44	100

Table 5: Age incidence comparison with other series

Age(Yrs)	Our Study(%) 200 Cases	Muhammad Et Al. 260 Cases	Sutherland Et Al. 848 Cases
< 20	-----	-----	3.9
21-30	16	12.7	22.5
31-40	48	39.2	34.5
41-50	32	48.1	37.7
51-60	04	------	1.6

Table 6: Endometrial pattern comparison with other series

Endometrial Pattern	Our Series	R.K. Narula Et. Al Study	Sanaullah Et Al Study
Proliferative phase	40%	37.7%	31%
Secretory phase	31%	35.95%	43%
Hyperplasia	22%	20.90%	11%
Atrophy	07%	12%	----
Total	100	100	100

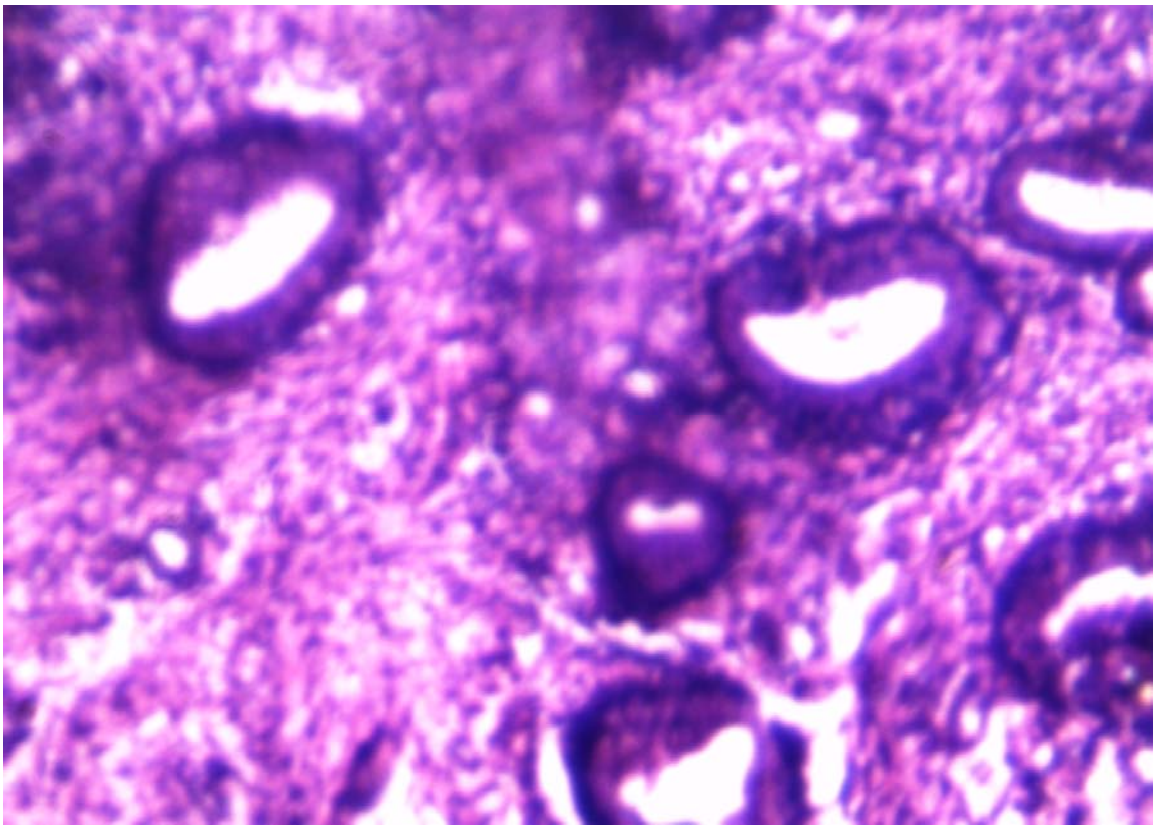

Fig 1: Proliferative Phase: Shows tubular shaped endometrial glands lined by tall, columnar epithelium with basally placed nucleus. The glands are embedded in a dense compact stroma.

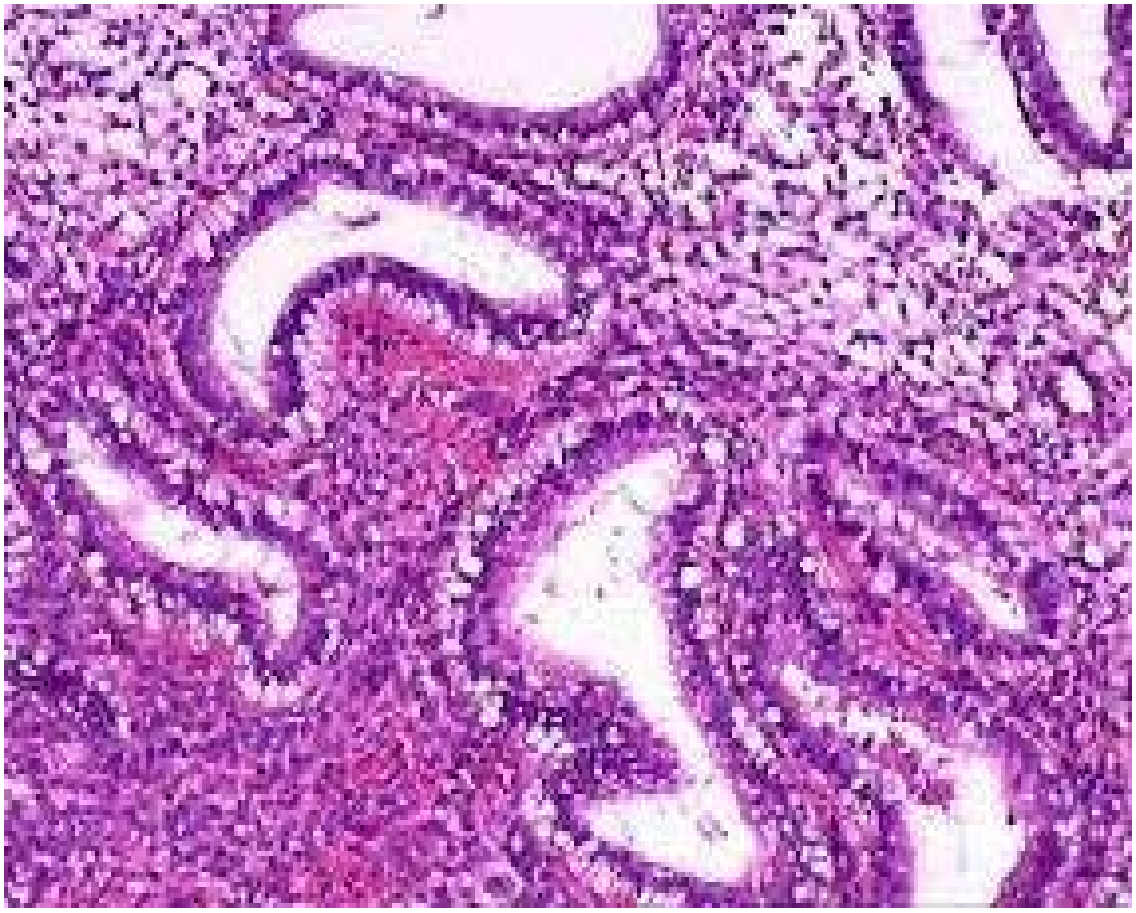

Fig 2: Secretory Phase: Shows endometrial glands and stroma. The glands are tortuous and show subnuclear vacuolations. The stroma is edematous.

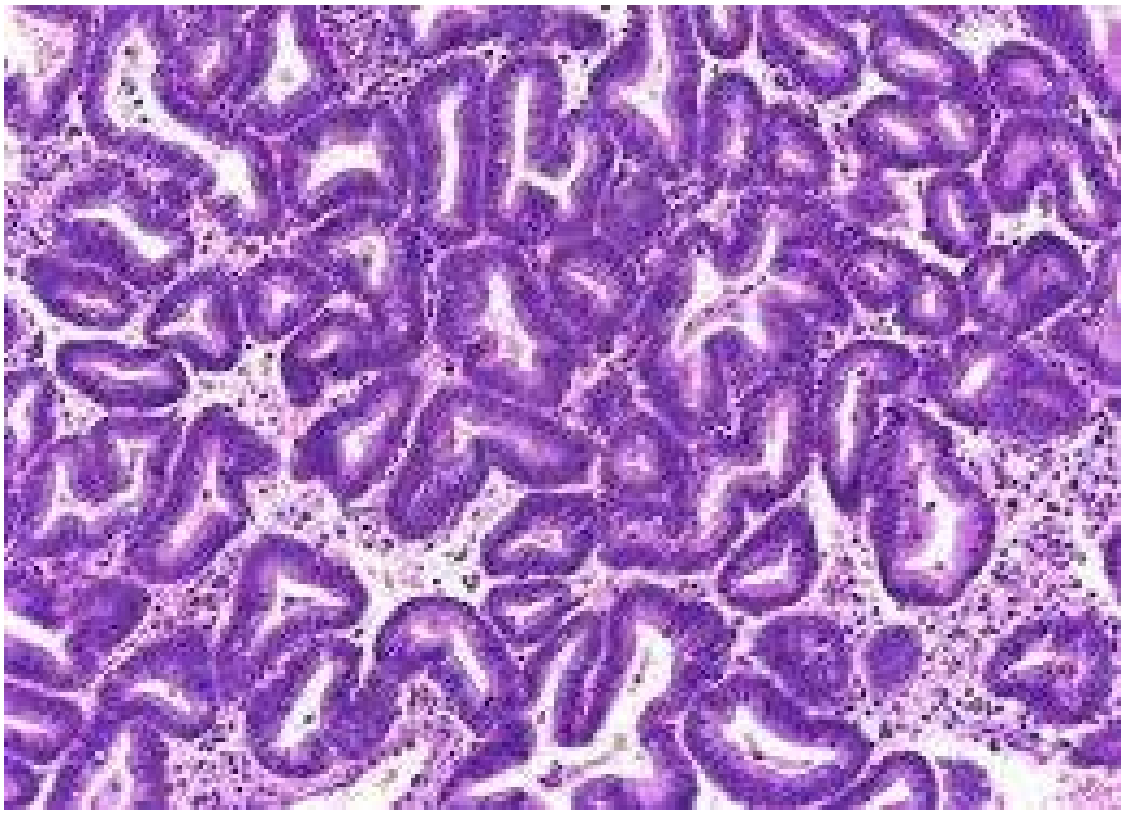

Fig 3: Complex Hyperplasia: showing back to back arrangement of endometrial glands.

3. Conclusion

Maximum numbers of DUB patients were in the age group 31-40 years. Most common presenting complaint was menorrhagia. Most of the patients with DUB shows proliferative with hyperplastic pattern. Simple hyperplasia was more common than complex and atypical hyperplasia. As age advances incidence of hyperplasia increased. Parity has no influence on endometrial pattern in DUB.

4. References

1. Elizabeth Farell. Dysfunctional uterine bleeding, Australian Family Physical, 2004; 33(11):906-08.
2. George Vilos A. Guylain Lefebvre Gillin R.Graves, Halifax, N.S. Guidelines for the management of abnormal uterine bleeding SIOGC Clinical practice guidline; 2001, 106.
3. Mu- hammad Muzaffer, Khalida Adeeb Khanam, Akhter Shahima Yasmin. Mahmood –ur –Rehman, Wasim Iqbal: Menstrual irregularities with excessive blood loss: a clinic- pathological Correlation. JPMA., 2005, 55-486.
4. Divya Makhija, Alka Mary Mathai, Ramdos Naik, Suneet kumar, Sharda Rai, Mukhta P *et al.* Morphometric evulation of endo- metrial blood vessels. Indian Journal of pathology and Microbiology. 2008; 51(31):436-350.
5. Mark Livingstone, lan S Fraser. Mechanisum of abnormal uterine Bleeding. Human Reproduction Update, 2002; 8(1):60-67.
6. Ian Fraser S, Hilary Critchely OD, Malcom Munero G. Abnormal uterine bleeding: getting our terminology straight. Curr Opin Obs. Gynecolo. 2007; 19:591-595.
7. Juan Rosai. Ackerman's surgical pathology, 9th edition chap, 19, 1569-1583.