

Histopathological Evaluation and Clinical Presentation in Postmenopausal Bleeding: An Observational Study

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Abstract

Aim: Current research was performed to know the clinical importance of post-menopausal bleeding in terms of its risk factors, the occurrence of malignancy and histopathological assessment for the cause of the postmenopausal bleed.

Materials and Methods: The total of 200 post-menopausal bleeding or the period of one year were incorporated in the research. All the incorporated cases presented clinically with spotting per vaginum, scanty flow, moderate to profuse bleeding were included.

Results: Histopathological assessment was linked with post-menopausal bleeding, most of the subjects were found with simple hyperplasia without atypia with 68 women, followed by atrophic endometritis observed in 64 women, and minimum subjects have observed complex hyperplasia with atypia.

Conclusion: A diversity of histopathological results is observed in PMB. Even though benign pathologies were more ordinary but the collective proportion of endometrial and cervical malignancies and pre-malignant conditions is significantly superior in this research. The clinicians should instruct the subjects about the alarming symptom of PMB and highlight the need for seeking urgent medical guidance and premature origination of treatment.

Keywords: Bleeding, Clinical significance, Histopathological, Malignancy, Post-menopausal

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Introduction

World Health Organization (WHO) describes menopause as termination of menstruation eternally for a era of more than one year, which is resulted from defeat of ovarian action. Postmenopausal bleeding (PMB) is describes as bleeding from the genital tract, more than 12 months following the last menstrual period in a woman not on hormone replacement (HRT) [1]. It is a demonstration of varied diseases, accounting for 5 - 10% of the gynaecology clinic visits. Postmenopausal bleeding take place over a wide age range and can result from a numeral pathologies arising in any of the female genital tract organs, mainly uterus and cervix [2].

PMB is one of the most frequently referred circumstances to gynaecological services, owing to the likelihood of an fundamental endometrial cancer. A woman who does not obtain HRT who bleeds following menopause has a 10% possibility of developing genital cancer and an extra 10% chance of budding stern pathology. Accordingly, several postmenopausal bleeding should be checked, no matter how small or uncommon [3, 4].

Severe circumstances like endometrial cancer must be ruled out initially. Women with risk factors liken nulligravida, women with various sexual partners, obese,

diabetic, taking exogenous estrogens, women who accomplish menopause late must be broadly investigated. As the initial line of investigation Transvaginal ultrasonography (TVS) is the optional to measure the endometrial pathology, when the endometrial thickness is establish to be more than 4 mm, it acquiesces 98% sensitivity to notice endometrial cancer and pap smear for cervical pathology. In suspected cases Dilatation and curettage or hysteroscopic guided biopsy are establish to be the best modality to analyse the aetiology for the bleed [5-7].

As of need of screening programs, poverty, lack of health amenities and high illiteracy rate in our nation, this symptom is typically mistreated along with other medical effort and the women present at a very delayed phase [8]. Furthermore, acceptance of urban lifestyle has guide to an enhance in obesity, hypertension and diabetes mellitus in our residents which are recognized risk factors for endometrial cancer. As a result, this intimidating medical circumstance dictates the assessment of the current burden of these diseases [9-11].

The benign situation will be secluded with correct PMB evaluation. premature recognition and management of malignant lesions and treatment of benign disorders with reassurance can agree to a post-menopausal woman to live a healthy life [12]. Therefore current research was performed to study the clinical implication of post-menopausal bleeding in terms of its risk factors, the occurrence of malignancy and histopathological assessment for the cause of the postmenopausal bleed.

Materials and Method

The present research was performed in the department of the obstetrics and gynaecology in the medical college and hospital. The total of 200 post-menopausal bleeding or the period of one year were incorporated in the research. All the incorporated cases presented clinically

with spotting per vaginum, insufficient flow, moderate to abundant bleeding were incorporated. Ethical approval was taken from the institutional ethical committee and written informed consent was taken from all the participants.

Inclusion criteria: All women aged above 45 years with post-menopausal bleeding and had previous menstrual period as a minimum 1 year back were incorporated.

Exclusion criteria: Women with surgical induced, early, radiation induced, chemotherapy-induced menopause and women on hormone replacement therapy were expelled from the research.

Women with post-menopausal bleeding attending the OPD or admitted for assessment in present research. Assesssd by history, clinical inspection, and investigations like transvaginal sonography, endometrial biopsy, and cervical biopsy for all subjects, the specimens collected send to the pathology department for assessment and reporting.

Statistical analysis

The recorded data was compiled and entered in a spreadsheet computer program (Microsoft Excel 2007) and then exported to data editor page of SPSS version 15 (SPSS Inc., Chicago, Illinois, USA). For all tests, confidence level and level of significance were set at 95% and 5% respectively.

Results

There were 200 women that were registered in the present research. The age range of the incorporated subjects was 50 to 70 years with the mean age was found to be 61.23 years. Maximum numbers of the incorporated subjects were in the age group of 50 to 60 years with inclusion of 66 women; followed by 50 to 55 years with inclusion of 58 women.

It was observed that majority of the subjects were seen in the group with having BMI less than 30, there were 120 women in the group. In the group with BMI 31 – 35 there were 56 women

included and in there were 24 women in the group with BMI 36 – 40. There were no subjects with viable tissue or blood clot observed in the present study.

The risk factors linked with endometrial cancer were studied in all subjects. Hypertension was observed in greatest subjects seen in 34 women, followed by obesity in 22 subjects, and slightest subjects were observed in null gravid with 8 women.

In the current research, histopathological assessment was related with post-menopausal bleeding, majority of the subjects were establish with simple hyperplasia without atypia with 68 women, followed by atrophic endometritis observed in 64 women, and least subjects have observed complex hyperplasia with atypia.

Table 1: Endometrial histopathology in relation to post-menopausal bleeding

Histopathological examination	No. of cases
Simple hyperplasia with atypia	28
Complex hyperplasia with atypia	8
Simple hyperplasia without atypia	68
Complex hyperplasia without atypia	16
Atrophic vaginitis	64
Adenocarcinoma	16
Total	200

Discussion

Postmenopausal bleeding is a frightening sign that has a elevated possible of relationship with the cervical or uterine malignancy. It is one of the commonest symptoms the subject presents with, and thus should be worked up on precedence bases to notice irregularities if some present. Maximum number of the incorporated subjects were in the age group of 50 to 60 years and the least was noted among the age greater than 70, findings of the research are in agreement with the research performed by Wong SF *et al.* [13].

In the current research, highest subjects were with BMI 21 to 30, followed by BMI of 31 to 35 and minimum malignancy observed in subjects with BMI 36 to 40. These results in our research are in agreement with previous researches.

In the current research histopathological assessment in relation to post-menopausal bleeding, the majority of the subjects were reported with simple hyperplasia without atypia, followed by atrophic endometrium

and least subjects were observed complex hyperplasia with atypia.

Alternatively, the studies by Escoffery *et al* [14] showed a 22% occurrence of hyperplasia, which is faintly lesser than the current research. The superior occurrence of endometrial hyperplasia demonstrates that the postmenopausal endometrium in cases of bleeding display an estrogenic outcome of changing degrees.

Conclusion

A diversity of histopathological results are obseerved in PMB. Even though benign pathologies were more frequent except the combined part of endometrial and cervical malignancies and pre-malignant circumstances is significantly elevated in present research. The clinicians should instruct the subjects about the alarming sign of PMB and highlight the need for looking for urgent medical counsel and early instigation of management.

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