FREQUENCY OF OUTCOMES OF DIAGNOSTIC DILATATION & CURETTAGE IN WOMEN WITH ABNORMAL UTERINE BLEEDING

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ABSTRACT

Objective: To emphasize the diagnostic role of dilatation & curettage as a tool for endometrial assessment in women with abnormal uterine bleeding.

Material and Methods: Randomized cross sectional study which was conducted at Hayatabad Medical Complex, Peshawar, KPK from December 2011 to December 2012. Total 100 women aged between 20-50 years with menstrual irregularities were included in our study. Women with palpable pelvic mass, known pregnancy complication and medical disorders were excluded. Diagnostic dilatation & curettage done under general anesthesia. Endometrial curetting were sent for histopathology and data was recorded on predesigned performa.

Results: In 40% of cases intrauterine lesions were diagnosed. The endometrial lesion found on histopathology were adenocarcinoma of endometrium in 04(4%), adenomatous hyperplasia in 2(2%) cystic hyperplasia in18 (18%.) simple hyperplasia in 04(4%) , endometritis in 10(10%),endometrial polyp in 2(2%). 25% of intrauterine pathology were reported in women aged 41-50 years.

Conclusion: Dilatation & curettage is still an effective method of endometrial assessment in women with abnormal uterine bleeding.

Key Words: Dilatation, curettage, Abnormal, uterine bleeding, Endometrial.

INTRODUCTION

One third of women in reproductive age consult their gynecologist for some form of menstrual irregularities. Changing social trends, reduction in family size have exposed today's woman to experience more menstrual cycles than her ancestors.[1,2]

Abnormal uterine bleeding (AUB) is defined as any menstrual bleeding from the uterus that is either abnormal in volume (excessive duration or heavy), regularity, timing (delayed or frequent) or is non-menstrual (intermenstrual, post coital, postmenopausal bleeding). It accounts for approximately 15% of office visits and 25% of gynecological surgeries[3]. Federation of International Gynaecologists and Obstetrisians (FIGO) has approved new classification system for abnormal uterine bleeding and have called it PALM-COEIN[4]: Structural causes for AUB: polyp; adenomyosis; leiomyoma; malignancy and hyperplasia Non structural causes for lopathy; ovulatorydysfunction; endometrial; iatrogenic; and not yet classified.

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Structured history, thorough examination and relevant investigations are key to institute cause-specific treatment of abnormal uterine bleeding[5]. Endometrial carcinoma should be considered in differential diagnosis of abnormal uterine bleeding because upto 10% of women with endometrial carcinoma are diagnosed before age of 45years.[6] Endometrial sampling for histopathological assessment can be obtained through various procedures.[7,8] Endometrial curettage was first described in 1843, was the gold standard world wide initially[9]. In 1970 vacuum suction device(pipelle & Vabra®) were introduced that allowed endometrial sampling in outpatient without anesthesia[10].

Diagnostic hysteroscopy combined with examination of endometrial biopsy is considered current gold standard for diagnosis of intrauterine pathology[11,12]. But in developing country like ours this expensive, skilled operator based procedure is still out of reach of for many woman. Diagnostic D&C still remains investigation of choice in women with abnormal uterine bleeding[13]. The rationale of our study was to emphasize the reliability of D&C as a diagnostic procedure and to study the histopathological findings in abnormal uterine bleeding.

MATERIAL AND METHODS

After taking approval from hospital ethical committee randomized study was carried out in

department of obstetrics and gynecology, A unit of Hayatabad Medical Complex, Peshawar, KPK, from December, 2011 to December 2012.

In this study period 8000 patients attended outpatient department of gyne A unit of which 1700 presented with abnormal uterine bleeding. After taking detailed history and performing examination,100 patients were selected on the basis of inclusion and exclusion criteria and underwent D&C under general anesthesia. Endometrial curetting were sent for histopathology.

The inclusion criteria was, all women with abnormal uterine bleeding between ages of 20-50 years, these patients have never used intrauterine contraceptive device or contraceptive pills, all women with failed medical management of abnormal uterine bleeding. The exclusion criteria was all patients with palpable pelvic masses, all patients with coagulation and medical disorders like chronic liver, renal disease, all patients with regular heavy menstrual bleeding who have not used medical management, those with known pregnancy complication. After taking fully informed consent all selected patients were admitted in gyne A ward prior to D&C. Complete physical and systemic examination and the following preliminary investigations were carried out preoperatively, haemoglobin percentage for assessment of anemia, random blood sugar, urine complete examination, X-ray chest and Electrocardiogram (ECG) in hypertensive patients and those above 40 years of age.

All these patients were prepared for surgery according to standard preoperative procedure. They underwent D&C under general anesthesia, endometrial curetting were collected, labeled and sent in 10% formalin containing bottle for histopathology. Patients were kept in ward under observation for bleeding per vagina for one day and discharged next morning and asked to come with a biopsy report after 15 days. The patients were managed according to histopathology report. Data was recorded on predesigned Performa and were analyzed through SPSS (version 10). Frequency and percentages were used for categorical variables and mean± SD were used for continuous variables. Stratifications were made for effect modifiers.

RESULTS

A total 100 women were studied and categorized into different groups on basis of age, parity and histopathology report. Our study showed that Metorrhagia was commonest menstrual abnormality symptom seen in 47% of patients followed by menorrhagia (32%). Parity distribution is shown in Table 1. In 40% of patients intrauterine lesions were diagnosed. The peak distribution of intrauterine pathology (25%) was in the age group of 41-50 years comprising perimenopausal and postmenopausal women. The occurrence of malignancy was 4% and premalignant condition cystic hyperplasia (14%) and adenomatous hyperplasia (2%) in this age group. The histopathological distribution is shown in Table 2.

Table 1: Parity distribution

Parity	No. of patients with AUB and %age
Nullipara	12(12)
Multipara	38(38)
Grandmultipara	50(50)

Table 2: Histopathological distribution

Histopathology report	No. of patients and %age
Secretory Endometrium	18(18)
Proliferative Endometrium	40(40)
Chronic non specific endometritis	10(10)
Simple hyperplasia	4(4)
Cystic hyperplasia	18(18)
Adenomatous hyperplasia	2(2)
Adenocarcinoma Endometrium	4(4)
Atrophic Endometrium	2(2)
Endometrial polyp	2(2)

DISCUSSION

In our study abnormal uterine bleeding was seen in 88% of multiparous women and 44% were aged between 31-40 years which is comparable to study by Davidson et al.[14] Metorrhagia was the commonest menstrual irregularity (47%) in the study. It is in accordance with 58% in study by Ghazala Mehmud[15] but in contrast to study at lady reading hospital Peshawar that reported 60% patients presenting with menorrhagia[16]. It is because in our study we excluded all those patients who had regular heavy menstrual cycles in absence of structural pathology were advised medical treatment for their symptoms.

In present study proliferative endometrium was commonest histopathology seen in 40% patients. It is in accordance with the study by Sadia Khan et al reporting 46% of patients with proliferative endometrium[17]. Chronic non specific endometritis was reported in 10% of patients in contrast to previous study that showed 1.4%, which is due to the fact that contrary to our study it excluded women with whose history & examination was suggestive of vaginal discharge.

In our study adenocarcinoma endometrium was diagnosed in 4% and premalignant conditions cystic and adenomatous hyperplasia in 22% and 2% respectively. This is comparable to study in PIMS that showed endometrial hyperplasia in 23.5%. In contrast, study by Amera Takreem et al reported 66% cystic and 20% adenomatous hyperplasia.[18]

In our study, premalignant condition of endometrium were seen in 4 patients in age group of

31-40 years and 16 patients in 41-50 years age group. This observation throws light on local application of results of large retrospective study by Iram S that demonstrated categorically that age cutoff of 45 years has the highest sensitivity in detecting maximum proportion of all types of endometrial hyperplasia and carcinoma[19]. Until similar large trials are being done in Pakistan, our threshold for endometrial sampling should be low giving way for women presenting with metorrhagia or failed medical treatment to be sampled earlier then current western recommendations.[20]

The occurrence of adenocarcinoma in the study was 4%. This is in contrast to study in Faisalabad that showed incidence of 0.4%. in our study, three patients were above 45 years and 1 was above 50 years with postmenopausal bleeding all were obese and nulliparous.

Intra uterine lesion were reported in 40% of cases similar to a study by Fariba et al[21]. 25% of endometrial lesion were reported in age group 41-50 years. The diagnostic yield of D&C was low in patients under 30 years of age. In our study all patients underwent D&C successfully without any complication of the procedure. Therapeutic effect was seen in two patients where endometrial polyp was removed at same time. Patients were treated according to histopathology report with medical or surgical treatment.

CONCLUSION

Premenopausal women with abnormal uterine bleeding or failed medical management should have endometrial biopsy irrespective of age to rule out endometrial pathology.

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