



VARIOUS ENDOMETRIL PATTERNS AND ABNORMALITIES IN WOMEN WITH POSTMENOPAUSAL BLEEDING

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Abstract: This study has been undertaken to investigate the prevalence of various histopathological changes, patterns and lesions of endometrium in women with postmenopausal bleeding. Postmenopausal bleeding represents around 5 % of all gynecological visits. The study was performed on all samples received and processed in the department. Various benign, malignant and non-organic causes conditions were studied.

Index Terms – Postmenopausal bleeding, endometrium, atrophy.

I. INTRODUCTION

WHO defines menopause as permanent cessation of menstruation resulting from loss of ovarian functions¹. Postmenopausal bleeding is bleeding that occurs from the genital tract after one year of amenorrhea, in a woman who is not receiving hormone replacement therapy or HRT². May be heavy bleeding / just spotting in terms of quantity and duration like normal menstruation³.

46 years is the average age of menopause in Asian Women. With Increased life expectancy, the evaluation of postmenopausal bleeding is important Postmenopausal bleeding represents around 5 % of all gynecological visits

A woman not taking HRT who bleeds after the menopause has a 10% risk of having genital cancer and a further 10% risk of significant pathology. 10-20% of endometrial hyperplasia advances to carcinoma when left untreated. So early evaluation is a must.

II. AIMS AND OBJECTIVES

To study the prevalence of various histopathological changes, patterns and lesions of endometrium in women with postmenopausal bleeding. To find out the relative distribution of various abnormalities of endometrium in this part of the state and to see the distribution of various endometrial patterns occurring in postmenopausal bleeding.

III. MATERIALS AND METHODS

- Study design: Hospital based cross sectional study.
- Study duration: 8 months retrospective and prospective study from January to October 2023.
- Study group: All the cases of postmenopausal bleeding with established menopause for 1 year.
- Sample size of group: 50 cases.
- Source of data: Hysterectomy specimens and dilatation and curettage material of the patients admitted and managed in Dhiraj hospital.
- Specimen processing: The specimens were received in 10% formalin. Gross examination was carried out thoroughly and appropriate section were taken from various representative sites. Tissue was processed in a tissue processor passing through various grades of alcohol, xylene and wax. Tissue blocks were prepared from which thin sections were cut and stained with H & E stain.

IV. INCLUSION AND EXCLUSION CRITERIA'S:

All the cases of postmenopausal bleeding with established menopause for 1 year were included. Autolyzed specimens, patients with surgical menopause or cervical pathologies were excluded.

V. RESULTS AND DISCUSSION:

Distribution of patients according to the age of presentation:

Table 1: Age distribution

Age group	41-45	46-50	51-55	56-60	61-65	>65	Total
Number of cases	1	23	15	7	1	3	50
Percentage	2	46	30	14	2	6	100

Table 4.1 displayed the distribution of patients according to the age of presentation.

The mean age of women with postmenopausal bleeding was found to be 53.38 years.

Table 2: Type of specimen

Type of specimen	Dilatation and curettage material	Dilatation and curettage material with polypectomy	Hysterectomy	Total
Number	10	2	38	50
Percentage	20	4	76	100

Table 3 displayed the distribution of the histopathology.

Endometrial histopathology in relation to postmenopausal bleeding

Histopathological findings	Proliferative phase	Secretory phase	Atrophy	Endometrial hyperplasia without Atypia	Endometrial intraepithelial Neoplasia	Poly p	Other s	Tota l
Number of pts	16	1	20	1	1	6	5	50
Percentage	32	2	40	2	2	12	10	100

Table 4 displayed the distribution of endometrial atrophy in patients in various age groups

Endometrial atrophy: Table 5 shows the distribution of endometrial atrophy in various age groups

Age group	41-45	46-50	51-55	56-60	61-65	>65	Total
Number of cases	1	10	03	04	01	03	22
Percentage	4.5	45.5	13.6	18.18	4.54	13.6	100

Table 6 displays the morphologic subtypes of polyps

Age group	Hyperplastic	Atrophic	Functional	Total
Number of cases	1	2	3	6
Percentage	17	33	50	100

Endometrial polyp

. **Figure 1** shows hyperplastic polyp.



Fig.1 shows hyperplastic polyp

Endometrial hyperplasia

Table 7 displays the endometrial hyperplasia cases.

Type	Endometrial hyperplasia without atypia	Endometrial intraepithelial neoplasia	Total
Number of cases	1	2	3
Percentage	33.33	66.67	100

Endometrial malignant tumors

Table 8 displayed the frequency of endometrial malignant tumors.

Tumor	Endometrioid ca	Endometrial stromal sarcoma	Malignant Mixed Mullerian Tumor	Total
Number of cases	3	1	1	5
Percentage	60	20	20	100

Endometrial carcinoma

In this study different histologic subtypes of endometrial carcinoma are found. Out of three patients, one had endometrioid carcinoma, conventional type, one had villo-glandular type of endometrioid carcinoma and papillary variant of endometrioid carcinoma. Figure 2 shows endometrial carcinoma.



Figure 2 shows Endometrial carcinoma

Endometrial stromal sarcoma

It was found in 1 out of 50 cases in the age group of 46-50 years occurring in early postmenopausal age. There was no cellular pleomorphism and necrosis. The tumor was limited to uterus involving half of the myometrium.

Carcinosarcoma or Malignant Mixed Mullerian Tumor

It was found in one out of 50 cases comprising 2% of endometrial tumors and was found in the age group of 46-50 years in early postmenopausal age. Carcinomatous components are of glandular type and mesenchymal component consist of few spindle cell and cartilaginous- biphasic appearance. **Figure 3** shows Gross malignant mixed mullerian tumor



Figure 3 shows Gross Malignant Mixed Mullerian tumor mass in endometrial cavity.

VI. CONCLUSION

Postmenopausal bleeding presented at a mean age of 53.38 years and was most common within 5 years of attaining menopause.

Among the endometrial causes of postmenopausal bleeding, 16% were due to benign conditions, 10% were due to malignancy and in 74 % of cases were because of non-organic causes comprising of proliferative, secretory and atrophic endometrium.

Atrophic endometrium was most common among non-organic causes, endometrial polyp was most common among the benign causes followed by endometrial endometrioid carcinoma was a major finding among malignant causes.

Therefore, the evaluation of postmenopausal bleeding is important to see the pattern of endometrial abnormality especially to rule out endometrial carcinoma.

VII. ACKNOWLEDGMENT

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