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Profile of Perimenopausal Women with Abnormal Uterine Bleeding Undergoing Hysteroscopic Guided Biopsy under IV Sedation

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Abstract
In perimenopausal women as most of the menstrual cycles are anovulatory. After menopause, progesterone production ceases but peripheral conversion of adrenal and ovarian androgen to estrogen continues with cessation of ovarian function. Estradiol level may be as high as 100 pg/ml. Endometrium is exposed to progesterone deprived, unopposed high level of estrogen. After selecting the patients who fulfill the eligibility criteria by clinical history, obstetrical and gynecological history taken and detail clinical examination and Per speculum examination was performed to note any abnormal discharge, erosion, cervical hypertrophy or cervical polyp and vaginal examination done to know uterine, cervical and adnexal pathology. Laboratory investigations including CBC, coagulation profile, random blood sugar, liver and kidney function and pregnancy test done. Commonly observed symptoms were as follows: dysmenorrhea 58.8%, 18.5%, giddiness 15.4%, breathlessness 10.8%, backache 7.7%, prolapse 7.7%, weakness 6.2% and white discharge 4.6%. Per speculum examination revealed that cervical erosions in 25 patients i.e. 29.4%, cervical hypertrophy in 22 women i.e. 25.9%, chronic cervicitis in 15patients i.e. 17.6% and polyps in 7 women i.e. 8.2%.

INTRODUCTION

Menstrual abnormalities are the common manifestation for medical visits among women of heavy menstrual bleeding of reproductive and perimenopausal age. Health care system is affected due to this, which may lead to having an impact on quality of life that landed up in off time from work[2].The estimated worldwide prevalence of subjective, self defined abnormal uterine bleeding (AUB) varies greatly, from 4%-52%[3]. In India, AUB is reported to occur in 9%-14% of women between menarche and menopause. India has a prevalence of AUB which is 17.9% approximately[4].

Regular cyclic menstruation indicates normal functioning hypothalamo-pituitary ovarian axis and its target organs. Abnormal uterine bleeding is a common problem of adolescent girl and perimenopausal and postmenopausal women. In perimenopausal age most of the menstrual cycles are anovulatory, irregular and prolonged. Pregnancy is not so common in perimenopausal women but can occur as infrequent ovulation is likely to continue in perimenopausal transitional period. So, the possibility of pregnancy related complications (threatened, incomplete or ectopic) should always be considered and excluded. An international expert consensus from the FIGO Menstrual Disorders working group has proposed a standardized classification system for AUB to facilitate greater appreciation of the complexities of this clinical entity[5]. In perimenopausal women as most of the menstrual cycles are anovulatory. After menopause, progesterone production ceases but peripheral conversion of adrenal and ovarian androgen to estrogen continues with cessation of ovarian function. Estradiol level may be as high as 100 pg/ml. Endometrium is exposed to progesterone deprived, unopposed high level of estrogen. This may cause endometrial hyperplasia and carcinoma. Most of the endometrial hyperplasia remain benign but when it is associated with cellular atypia, there is 8-29% chance of endometrial carcinoma. Endometrial CA can also develop without the endometrial hyperplasia, usually in the background of atrophic endometrium. In the past, when few diagnostic options were available, this condition was routinely managed with uterine curettage. However, the addition of Transvaginalsono graphy (TVS) and hysteroscopy has greatly improved the diagnostic accuracy. TVS provides more accurate information than per abdominal USG of pelvic organs. TVS can be the most cost-effective initial test in women with abnormal uterine bleeding especially in perimenopausal age group[6].

MATERIALS AND METHODS

Study setting: Department of OBG.

Study Population: Perimenopausal women presented with AUB.

Study Design: Prospective Observational study.
Sample size: 85.

Sampling Technique: Simple Random sampling method.

Inclusion Criteria:

- Age 40-55 yrs attending to OPD with c/o AUB.
- Uterus size less than 12 wks.
- Cases of AUB.

Exclusion Criteria:

- Uterus more than 12 wks.
- Vaginal and cervical causes of bleeding.
- Coagulopathy.
- Patients with history of hormonal drug s and anticoagulants and other drugs causing abnormal bleeding.
- Acute active bleeding.
- Women on HRT.
- Acute pelvic infection.

Methods of Data Collection: After selecting the patients who fulfill the eligibility criteria by clinical history, obstetrical and gynecological history taken and detail clinical examination and Per speculum examination was performed to note any abnormal discharge, erosion, cervical hypertrophy or cervical polyp and vaginal examination done to know uterine, cervical and adnexal pathology. Laboratory investigations including CBC, coagulation profile, random blood sugar, liver and kidney function and pregnancy test done. Informed consent was taken for all the patients, subjected to the study. All the eligible patients were subjected to transvaginalsonography, Hysteroscopy, Hysteroscopic guided biopsy under IV Sedation by Anesthetist and biopsy specimen were placed in formalin 10% and sent for histopathological correlation. Final diagnosis was the diagnosis applied after the histopathological result was received. Histopathological reports of endometrial pattern as well as that of the hysterectomy specimens were correlated with ultra-sonographic and hysteroscopy findings and the sensitivity and specificity of each test were calculated.

RESULTS AND DISCUSSIONS

We included total 85 perimenopausal women presented with AUB. Majority of the women were from 41-45 years age group i.e., 44(51.8%). This is

Table 1: Distribution according to age group

Age group in years	Frequency	Percent
40	14	16.5
41-45	44	51.8
46-50	16	18.8
50-55	11	12.9
Total	85	100.0

Table 2: Distribution according to parity

Parity	Frequency	Percent
Primipara	6	7.0
Multipara	65	76.5
Grand multipara	14	16.5
Total	85	100.0

Table 3: Distribution according to place of residence

Place of residence	Frequency	Percent
Rural	53	62.4
Urban	32	37.6
Total	85	100.0

Table 4: Distribution according to SES

SES	Frequency	Percent
Lower middle	55	64.7
Middle	30	35.3
Total	85	100.0

Table 5: Distribution according to menstrual pattern

Menstrual Abnormality	Frequency	Percent
Menorrhagia	51	60.0
Metro menorrhagia	3	3.5
Polymenorrhagia	31	36.5
Total	85	100.0

Table 6: Distribution according to Duration of menstrual flow

Duration of menstrual flow	Frequency	Percent
<7	32	37.6
>7	53	62.4
Total	85	100.0

Table 7: Distribution according to associated symptoms

Associated symptom	Frequency	Percent
Back ache	5	7.7
Breathlessness	7	10.8
Dysmenorrhea	50	58.8
Giddiness	10	15.4
Pain abdomen	12	18.5
Prolapse	5	7.7
Weakness	4	6.2
White discharge	3	4.6

Table 8: Distribution according to medical history

Medical history	Frequency	Percent
Thyroid Disorders	18	21.1
Diabetes	4	4.7
Hypertension	3	3.5
Nil	60	70.5
Total	85	100.0

Table 9: Findings on per speculum examination for cervix status

Cervix status	Frequency	Percent
Cervical erosions	25	29.4
Hypertrophy	22	25.9
Chronic cervicitis	15	17.6
Polyps	7	8.2
Total	85	100

followed by 16 women i.e., 18.8% from 46-50 years age group, 14(16.5%) from less than 40 years and least were from 50-55 years age group i.e. 12.9%.

76.5% of the women were multipara, 16.5% were grand multipara and 7.0% were primipara.

62.4% women were from rural area and 37.6% from urban area.

64.7% of the women were from lower middle class and 35.3% from middle-class.

Menstrual pattern of the women revealed that majority had menorrhagia i.e.60% followed by 36.5% had polymenorrhagia and 3.5% had metro menorrhagia.

Duration of menstrual blood flow was less than 7 days in 37.6% and more than 7 days in 62.4% cases.

Commonly observed symptoms were as follows: dysmenorrhea58.8%, painabdomen 18.5%, giddiness

15.4%, breathlessness10.8%, backache7.7%, prolapse 7.7%, weakness 6.2% and white discharge 4.6%.

Prevalence of Thyroid disorders was 21.1%, hypertension was 3.5% and that of DM was 4.7%.

Per speculum examination revealed that cervical erosions in 25 patients i.e. 29.4%, cervical hypertrophy in 22 women i.e. 25.9%, chronic cervicitis in 15patientsi.e. 17.6% and polyps in 7 women i.e. 8.2%.

We included total 85 perimenopausal women presented with AUB. Majority of the women were from 41-45 years age group i.e., 44(51.8%). This is followed by 16 women i.e., 18.8% from 46-50 years age group, 14(16.5%) from less than 40 years and least were from above 50 years age group i.e. 12.9%. 62.4% women were from rural area and 37.6% from urban area. 76.5% of the women were multipara, 16.5% were grand multipara and 7.0% were primipara. 64.7% of the women were from lower middle class and 35.3% from middle class.

Edwin[7] reported that the age of patients varied from 20 to 60 years. Abnormal uterine bleeding was most common among women having age groups, 26-30 years and 41-45 years (32%). Para 1 (12%) was least affected and the commonest affected women were para 3 or more (36%). Sixty-five percentages of the women were belonging to middle socioeconomic class, 17% to high socioeconomic class and 18% of the cases were from poor socioeconomic class.

Jain[8] reported that out of 50 patients in this study ranged from 40-55 yr. mean age was yr. Majority of patient were in age group of 40-44 yrs. (48%) and minimum 14% in age group of 50-55 yr. The proportion of patient in present study among all age group categories 40-44 yrs., 45-49 yrs., 50-55 yrs. i.e. 48%, 38%, 14%.

Sujatha Audimulapu[9] reported that the mean age of the patients enrolled in the study was 44.5±5.36 years.

Barman[10] reported that the majority of patients (38.9%) belonged to the age group of 40-43 yrs.

Varadarajan[11] in their study they reported maximum number of cases (56.0%) belonged to the age group 40-43 yrs.

In our study, Menstrual pattern of the women revealed that majority had menorrhagiai.e. 60% followed by 36.5% had polymenorrhagia and 3.5% had metro menorrhagia.

Duration of menstrual blood flow was <7 days in 37.6% and more than 7 days in 62.4% cases.

Barman[10] reported menorrhagia i.e. 26(30.59%) followed by 8(9.41%) had polymenorrhagia and 14(16.17%) had metro menorrhagia.

According to Jaiswar Shyam Pyari[12] in 2006 study, most common symptoms in patients with abnormal uterine bleeding were menorrhagia (40%), metrorrhagia (18%), menometrorrhagia (14%) and Polymenorrhoea (14%).

Per speculum examination revealed that uterus was seen as bulky in 22 women i.e. 25.9%, cervical erosions in 25 patients i.e. 29.4%, and polyps in 7 women i.e. 8.2%. P/V bleeding was found in 7(8.2%) women and white discharge in 39(45.9%) women.

Per speculum examination revealed that uterus was anteverted in 54.2% and 45.8% were retroverted. Edwin[7] reported that on per speculum examination, cervix was normal in 52% of cases, presence of cervical erosion in 27% of cases and hypertrophied cervix in 21% of cases. On per vaginal examination, size of uterus was normal in 48% of cases, 6- week size of uterus in 52% of cases. Women with abnormal uterine bleeding having, size of uterus more than 6 weeks or associated pathology like uterine fibroid, cervical polyp and carcinoma of cervix were excluded from this study.

CONCLUSION

Commonly observed symptoms were as follows: dysmenorrhea 58.8%, pain abdomen 18.5%, giddiness 15.4%, breathlessness 10.8%, back ache 7.7%, prolapse 7.7%, weakness 6.2% and white discharge 4.6%.

Per speculum examination revealed that uterine hypertrophy in 22 women i.e. 25.9%, chronic cervicitis in 15 patients i.e. 17.6%, cervical erosions in 25 patientsi.e. 29.4%, and polyps in 7 women i.e. 8.2%.

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