



## The Study of Various Endometrial Pattern in Patients with Dysfunctional Uterine Bleeding

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### Abstract

**Aim:** To determine the various bleeding and endometrial patterns in patients with Dysfunctional Uterine Bleeding

**Objective:** To correlate these three methods of estimation of fetal weight with the actual birth weight of the baby after delivery.

**Materials And Methods:** This was a retrospective study that was conducted at Mandya Institute of Medical Sciences, Mandya from July 2013 to December 2013 on 100 patients attending gynaecology out-patient department with clinical diagnosis of Dysfunctional Uterine Bleeding. A detailed history of the patient was taken and examination done, Ultrasound (abdominal-pelvic) and other required investigations were carried out to exclude any organic pathology, pregnancy, bleeding disorder or thyroid dysfunction. The age, parity, pattern of bleeding, associated symptoms, contraceptive method, any medical history such as diabetes or hypertension were recorded. Dilatation and curettage (D & C) was done on the patients who fulfilled the inclusion criteria after the procedure was explained and consent taken. The histopathology reports were obtained from the pathology department. Data was entered in excel sheets and analysed using proportions and percentages.

**Results:** Out of the 100 patients, in age group of 40-45 years, 42 cases (42%) were seen., in the age group of 45-50 years, 38 cases (38%) were seen, where as in the age group of 50-55 years, 12 cases (12%) were seen and minimum incidence was in the age group of 35-40 (8%). Most common clinical presentation was menorrhagia (66%) followed by metrorrhagia (20%). Histopathologically the most common endometrial pattern was proliferative type at 55%. 70 (70%) had symptoms since 6 months, 22 (22%) had symptoms between 6 –12 months and only 8 (8%) of them presented in their very first abnormal cycle

**Conclusion:** Dysfunctional uterine bleeding affect 9%-30% of women in all age group and accounts for 12% of the gynaecological consultation. Although different bleeding patterns are associated with DUB, most common symptom is heavy bleeding rendering the women anaemic. As the risk of genital tract malignancy increases in perimenopausal age group, all cases of DUB especially in women of perimenopausal age need further evaluation.

**Key Words:** Dilatation and Curettage, Dysfunctional Uterine Bleeding, Endometrial patterns, Menorrhagia, Metrorrhagia, Oligomenorrhoea, Polymenorrhagia

## INTRODUCTION

Women suffer from many gynaecological diseases. Dysfunctional uterine bleeding (DUB) is one of the commonest conditions for which patients seek advice in the gynaecological outpatient department. The term dysfunctional uterine bleeding is used to describe abnormal uterine bleeding for which no specific cause has been found. It is the diagnosis of exclusion made when there is no recognizable medical cause.

Dysfunctional uterine bleeding is not a single pathology but a group of disorders associated with abnormal uterine bleeding without any pelvic pathology attributed to functional derangement of hypothalamo-pituitary-ovarian uterine axis. In 1967 Beacham and Beacham<sup>1</sup> - defined this condition as irregular excessive, scant or prolonged bleeding of endometrial origin occurring without neoplasia, infection, pregnancy, blood dyscrasia, trauma or hormone administration as a cause. DUB often occurs when the endometrium, or lining of the uterus, is stimulated to grow by the hormone estrogen. When exposure to estrogen is extended, or not balanced by the presence of progesterone, the endometrium continues to grow until it outgrows its blood supply. Then it sloughs off, causing irregular bleeding, Davidson, Tish<sup>2</sup>.

As most cases are associated with anovulatory menstrual cycles, adolescent and perimenopausal women are particularly vulnerable. About 20% of affected individuals are in the adolescent age group and 40-50% of affected individuals are aged between 40-50 years, Chabra S, et al<sup>3</sup>.

## MATERIAL AND METHODS

### Source of Data

Mandya Institute of Medical Sciences, Mandya

### Study period

July 2013 to December 2013

### Type of study

Record based retrospective study .This is a retrospective study at Mandya Institute of Medical Sciences, Mandya from July 2013 to December 2013 of 100 patients attending gynaecology Out-patient department with clinical diagnosis of Dysfunctional uterine bleeding.

All patients fulfilled the following criteria

### Inclusion Criteria

Patients with NORMAL coagulation profile, thyroid function test, renal function tests, liver function tests, Pap smear.

### Exclusion Criteria

- a) Bleeding dyscrasia.
- b) Recent IUCD Insertion.
- c) Thyroid, liver or renal dysfunction
- d) Endometrial Carcinoma.

Detailed history of the patient, examination, ultrasound (abdominal-pelvic) and other required investigations were carried to exclude the organic pathology, pregnancy, bleeding disorder and thyroid dysfunction. The age, parity, pattern of bleeding, associated symptoms, contraceptive method, any medical history such as diabetes or hypertension were recorded.

The patients who fulfilled the inclusion criteria underwent dilatation and curettage (D & C) after the procedure being explained and consent taken. The histopathology reports were obtained from the pathology department.

### Analysis

Data was entered in excel sheets and analysed using proportions and percentages.

### RESULTS

**Table 1 :** Distribution Of 100 Dub Cases Among Various Age-Groups

AGE GROUP	NO OF PATIENTS	PERCENTAGE
35-40	08	8 %
40-45	42	42%
45-50	38	38%
50-55	12	12%
TOTAL	100	100%

The above table (Table 1) shows distribution of DUB cases among various age groups. In age group of 40-45 years, 42 cases (42%) were seen. In the age group 45-50 years, 38 cases (38%) were seen. Where as in the age group of 50-55 years, 12 cases (12%) were seen and minimum incidence was in the age group of 35-40 (8%). Hence maximum incidence of DUB was in the perimenopausal age group that is from 40 to 50 years.

**Table 2:** Bleeding Pattern In 100 Women With Dub

BLEEDING PATTERN	NO OF PATIENTS	PERCENT AGE
MENORRHAGIA	66	66 %
METRRORRHAGIA	20	20 %
MENOMETRRORRHEA	05	5%
POLYMENORRHAGIA	04	4%
OLIGOMENORRHEA	05	5%
TOTAL	100	100

The above table (Table 2) shows the different patterns of bleeding in DUB. 66 patients (66%) came with the complaints of menorrhagia, 20 patients (20%) with the complaints of metrorrhagia, 4 patients (04%) with the

complaints of polymenorrhagia and 5 patients (5%) came with complaints of oligomenorrhoea and menometrorrhagia.

Most common clinical presentation was menorrhagia (66%) followed by metrorrhagia (20%).

**Table 3:** Various Endometrial Patterns (Histo Pathology) In 100 Women With Dub

ENDOMETRIAL PATTERNS	NO OF PATIENTS	PERCENTAGE
Proliferative Endometrium	55	55%
Secretory Endometrium	06	6%
Simple Hyperplasia without atypia	33	33%
Complex Hyperplasia without atypia	03	3%
Simple Hyperplasia with atypia	02	2%
Complex Hyperplasia with atypia	01	1%
Total	100	100%

The above table (Table 3) shows the endometrial patterns on histopathological examination in 100 patients with DUB. 55 patients had proliferative endometrium (55%), 6 patients had secretory endometrium (6%), 33 patients had simple hyperplasia without atypia (33%) and 2 had atypia (2%), 3 showed complex hyperplasia without atypia (3%) and 1 with atypia (2%). Most common endometrial pattern was proliferative type.

**Table 4 :** Duration Of Symptoms In 100 Women With Dub

DURATION	NO OF PATIENTS	PERCENTAGE
1 MONTH	08	8%
1-6 MONTHS	70	70%
6-12 MONTHS	22	22%
TOTAL	100	100%

The above table (Table 4) shows that out of 100 patients, 70 (70%) had symptoms since 6 months, 22 (22%) had symptoms between 6 – 12 months and only 8 (8%) of them presented in their very first abnormal cycle.

## DISCUSSION

In this study, we found that though dysfunctional uterine bleeding is one of the common gynaecological condition affecting women of various age groups, maximum incidence was in the perimenopausal age group that is between 40 and 50 years (80%).

Perimenopause is a stage of a woman's reproductive life that begins several years before menopause, when the ovaries gradually begin to decline in their function and there is production of less estrogen. The length of this period varies, but it is usually considered to last approximately seven years. The perimenopausal age group is associated with physiological menstrual alteration, yet it has to be differentiated from pathological conditions. In the perimenopausal period, 70% of women have irregular menstrual cycles, 20% experience heavy menses and 10% of women reach menopause without such difficulty, Leon Speroff<sup>4</sup>.

This study also showed that the most common menstrual disturbance in women with DUB is menorrhagia (66%). In a study of 260 cases of DUB, menorrhagia (51.9%) was the commonest symptom, common age was 41- 50 years (48%), Muhammad, et al<sup>5</sup>.

This study showed that the most common endometrial pattern was proliferative endometrium (55%) followed by endometrial hyperplasia without atypia (36%). The study also showed three cases of endometrial hyperplasia with atypia, a precursor of endometrial carcinoma. In a study of 100 cases of DUB in premenopausal age group, proliferative endometrium (33%) was the commonest followed by secretory phase (26%), simple cystic hyperplasia (25%) and one case of carcinoma endometrium.

The fact that patients with menorrhagia above 40 years should be screened for any endometrial pathology was emphasized, Shazia, et al<sup>6</sup>.

## CONCLUSION

Dysfunctional uterine bleeding affect 9%-30% of women in all age group and accounts for 12% of the gynaecological consultation. Although different bleeding patterns are associated with DUB, most common symptom is heavy bleeding rendering the women anaemic. As the risk of genital tract malignancy increases in perimenopausal age group, all cases of DUB especially in women of perimenopausal age need further evaluation.

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