



See and Treat Hysteroscopy in Evaluation and Management of Abnormal Uterine Bleeding: Our Experience at a Rural Teaching Hospital of Chhatisgarh

Authors

Naik Meena MD, MRCOG¹, Thaore Swati², Ratnani Rekha³

¹Asst Professor, Dept of Obgyn, CCM Medical College, Kachandur, Durg, Chhatisgarh

²Senior Resident, Dept of Obgyn, CCM Medical College, Kachandur, Durg, Chhatisgarh

³Professor and HOD, Dept of Obgyn, CCM Medical College, Kachandur, Durg, Chhatisgarh

Abstract

Abnormal uterine bleeding is a common clinical presentation in gynaecology OPD .it amounts to 35% of gynae OPD visits and 25% of gynaecological surgeries and this incidence rises to 65% in peri and postmenopausal age(1)

Traditionally sonography and D&C have been standard methods for diagnostic evaluation of AUB and hysterectomy the sole method of treatment. this study outlines the place of hysteroscopy and its role in evaluation and management of AUB .

The use of D&C for evaluation of the uterine cavity in cases of AUB is an inaccurate method for diagnosing most common pathologic conditions associated with menorrhagia like endometrial polyps, Submucous myomas, and focal endometrial abnormalities including adenocarcinoma Hysteroscopy enables see and treat option as the intracavitary pathology can be seen and biopsied and also removed if localized lesion.

Hysterectomy as a treatment option for all cases of AUB is no longer accepted either by patients or by service providers and more and more methods of conservative surgical options or nonsurgical options are being explored .for which accurate diagnosis is a must and also malignancy has to be ruled out with considerable surety. hysterectomy is a major surgical procedure with its associated morbidity and cost associated with it and if uterus is not at fault is an overtreatment for those pathologies which can be treated with much simpler and minimally invasive treatment options like hysteroscopic procedures.

Use of hysteroscopy and directed biopsy ensures the recognition as well as removal of these intracavitary lesions. in most cases of endometrial polyps and submucous myomatous polyps there is considerable reduction in bleeding after hysteroscopic removal of these lesions and if no associated endometrial pathology found then hysterectomy can be avoided in these women .thus hysteroscopic management helps in both diagnosis as well as management of a considerable no. Of women with AUB .and helps in reducing unnecessary hysterectomies.

Aim

To study the role of “see and treat hysteroscopy” for diagnostic evaluation and management of intrauterine lesions causing abnormal uterine bleeding

Introduction

Abnormal uterine bleeding is a common clinical presentation in gynaecology OPD .it amounts to 35% of gynae OPD visits and 25% of gynaecolo-

gical surgeries and this incidence rises to 65% in peri and postmenopausal age⁽¹⁾

Traditionally sonography and D&C have been standard methods for diagnostic evaluation of AUB and hysterectomy the sole method of treatment. this study outlines the place of hysteroscopy and its role in evaluation and management of AUB.

Most common presenting symptoms in women with AUB are menorrhagia in premenopausal women and postmenopausal bleeding. The use of D&C for evaluation of the uterine cavity in cases of AUB is an inaccurate method for diagnosing most common pathologic conditions associated with menorrhagia like endometrial polyps, Submucous myomas, and focal endometrial abnormalities including adenocarcinoma Hysteroscopy enables see and treat option as the intracavitary pathology can be seen and biopsied and also removed if localized lesion.

Hysterectomy as a treatment option for all cases of AUB is no longer accepted either by patients or by service providers and more and more methods of conservative surgical options or nonsurgical options are being explored .for which accurate diagnosis is a must and also malignancy has to be ruled out with considerable surety .hysterectomy is a major surgical procedure with its associated morbidity and cost associated with it and if uterus is not at fault is an overtreatment for those pathologies which can be treated with much simpler and minimally invasive treatment options like hysteroscopic procedures .

Use of hysteroscopy and directed biopsy ensures the recognition as well as removal of these intracavitary lesions .in most cases of endometrial polyps and submucous myomatous polyps there is considerable reduction in bleeding after hysteroscopic removal of these lesions and if no associated endometrial pathology found then hysterectomy can be avoided in these women .thus hysteroscopic management helps in both diagnosis as well as management of a considerable no. Of women with AUB. and helps in reducing unnecessary hysterectomies.

Materials and Methods

This is a cross sectional study carried out in department of obstetrics and gynaecology at CCM medical college and hospital, kachandur, durg, chhattisgarh. between 1st January 2015 and 31st December 2016 over a 2 yr period .200 women with abnormal uterine bleeding and intracavitary pathology were included in the study .

All the women with complaints of abnormal uterine bleeding were systematically evaluated with thorough history, examination and cervical cancer screening procedure with pap, VIA and VILI. Sonography was done for all patients and routine investigations in form of CBC, blood group and RH, sickling test. RBS, urine routine microscopy, was done for all patients

All Patients were than subjected to office hysteroscopy and guided biopsy or polypectomy or any other procedure as and when required. It was done in minor OT under local anaesthesia and IV sedation with saline infusion and 4mm betochi's office hysteroscope after obtaining informed consent see and treat protocol followed wherever required and wherever appropriate.

Samples of intrauterine lesion and endometrium sent separately in different containers for histopathological study. biopsy reports reviewed for all patients .and results analysed .

Some cases were excluded from study

1. Pregnant women /abortion /missed abortion/ectopic pregnancy
2. Cervical cancer cases
3. Women with PID /STD/vaginitis
4. Women who came with overt malignancy

Observation and Results

200 patients were included in study with abnormal hysteroscopic findings who had undergone see and treat hysteroscopic procedure.

The age distribution, presenting symptoms and sonographic findings of these 200 patients have been charted here with their hysteroscopic findings and also the procedure done and final histopathological results.

Table 1 –Age distribution of patients

Age group	Total no	%
20-29 yrs	07	3.5%
30-39yrs	34	17%
40-49yrs	122	61%
50-59 yrs	32	16%
>60yrs	05	2.5%
Total	200	

The age of patients ranged from 25 to 65 yrs .mean age of patients was 45 yrs. 34 (17 %) patients were in 30-40 yr age group and 122 (61%) in 40-50 yrs while 32(16%) patients were in 50-60 yrs age group, 7(3.5%) patients were below 30 yrs and 5 (2.5%) patients were above 60yrs. Thus majority of patients ie 154 (77%) were in peri menopausal and immediate postmenopausal age group (40-60 yrs)

Table 2: distribution of patients according to presenting symptoms

Presenting symptom	Total no of patients	%
menorrhagia	72	36%
menometrorrhagia	62	31%
polymenorrhoea	31	15.5%
metrorrhagia	06	3%
Postmenopausal bleeding	25	12.5%
oligomenorrhoea	04	2%
Total	200	

Menorrhagia was the most common presenting symptom in 72 (36%) patients followed by menometrorrhagia in 62(31%) patients. 31 (15.5%) patients had polymenorrhagia as their chief complaint and 25(12.5%) had postmenopausal bleeding. 6 (3%) and 4(2%) had metrorrhagia and oligomenorrhoea as chief complaint respectively .

Table 3: Ultrasonography findings

Sonography Finding	Total No	%
Thickened endometrium	82	41%
Fibroid uterus	42	21%
Endometrial polyp	30	15%
Ovarian cyst /adenexal mass	10	5%
Thickened ET with cystic areas	6	3%
Bulky uterus	12	6%
Normal	38	19%

Usg was normal in 38(19%) patients 81% were diagnosed to have uterine pathology on usg Out of that 20 patients had multiple pathology . 82 (41%) patients had thickened endometrium reported on usg, 42(21%) had fibroids, 10(5%) patients had ovarian cyst or adenexal mass.

30 (15%) patients had endometrial polyp on usg, 12(6%) had bulky uterus, and 6(3%) had thick endometrial lining with cystic spaces in endometrium.

Thus intracavitary lesions on USG account for 118 cases ie almost 60%.

Table 4: hysteroscopy findings

Hysteroscopy Finding	Total	%
Thickened hyperplastic endometrium	72	36%
Thickened polypoidal endometrium	32	16%
polyps	82	41%
Submucous fibroid	6	3%
adhesions	5	2.5%
Atrophic endometrial lining	3	1.5%
	200	

Most common finding on hysteroscopy was polyp in 114 (57%) patients. 82(41%) patients had normal endometrial lining with polyps while 32(16%) had thickened endometrium with polyp. Another 72 (36 %) had thickened hyperplastic endometrium on hysteroscopy

6 patients had submucous fibroid and 5 had intrauterine adhesions while 3 patients had atrophic lining.

Most of these patients with polyps had polypectomy done in same sitting along with endometrial biopsy, both samples were sent for histopathological examination in separate containers. patients with adhesions had hysteroscopic adhesiolysis done in same sitting.

Those with submucous fibroid less than 3 cm and totally in the cavity had removal of submucous fibroid while those with larger fibroids and partly intramural partly submucous type was not removed in same sitting. Those with thickened hyperplastic endometrium had hysteroscopic guided biopsy done

Biopsy of endometrium and intrauterine lesion was done in all cases .histopathology was evaluated for all patients

Table 5: biopsy reports

Biopsy report	Total	
proliferative endometrium	15	7.5%
Secretary endometrium	08	4%
Simple cystic hyperplasia without atypia	52	26%
Simple cystic hyperplasia with atypia	11	5.5%
Complex hyperplasia without atypia	02	1%
Complex hyperplasia with atypia	04	2%
Benign endometrial polyp	50	25%
Benign endocervical polyp	30	15%
Leiomyomatous polyp	16	8%
Submucous leiomyoma	06	3%
Placental polyp	01	0.5%
Squamous cell ca in cervical polyp	01	0.5%
CIN in cervical polyp	02	1%
Adenocarcinoma	04	2%
Scanty endometrium	12	6%

105 patients with polyps were removed hysteroscopically. out of that 50 had benign endometrial polyps,30 had endocervical polyps,16 had leiomyomatous polyp, 6 patients had small submucus myomas removed hysteroscopically and 1 case of placental polyp and 2 cases of cervical polyp which had CIN were removed.

12 cases had scanty endometrium on biopsy .out of that 7 patients had postmenopausal bleeding all of these patients had benign endometrial polyp with scanty endometrium .polyp removed with hysteroscopy hence they did not need any other treatment as they were relieved of symptoms after procedure and biopsy showed atrophic endometrium which is reassuring .

5 patients were in reproductive age group with oligomenorrhoea and intrauterine adhesions on hysteroscopy they had adhesiolysis done.

15 patients had thickened endometrium on hysteroscopy but biopsy showed proliferative endometrium only and 5 patients had secretary endometrium with no other abnormality Remaining 3 patients with secretary endometrium had fibroids.

Thus 20 patients had no other pathology detected on hysteroscopy and hysteroscopic guided biopsy was normal .which was reassuring .

Discussion

Abnormal uterine bleeding is a common clinical presentation in gynaecology OPD. it amounts to 35% of gynae OPD visits and 25% of gynaecological surgeries and this incidence rises to 65% in peri and postmenopausal age⁽¹⁾ This condition has enormous consequences with regard to social life, morbidity and clinical workload⁽²⁻⁴⁾.

Hysteroscopy as an outpatient procedure is an important method for diagnosis of AUB^(5,6). Although the major role of out-patient hysteroscopy in the management of AUB, is diagnostic, there is scope for simple operative procedures such as polypectomy, and targeted endometrial biopsy⁽⁶⁾.

This technique has replaced the procedure of dilatation and curettage which is a blind technique with a high diagnostic failure rate^(7,8)

Tissue biopsy performed under direct visualization with hysteroscopy can provide better diagnostic possibilities compared with random sampling where small lesion can be missed⁽⁸⁾.

In our study 200 patients of AUB were included with a mean age of 45 yrs and a range of 25-65 yrs. In the study of Chaudhari KR et al.⁽⁹⁾ 98 cases with AUB were studied. most of the patients in their study were in the age group of 51-60 years with an average age of 44.2 years. This is consistent with findings in Trajkovic's in which mean age of patients with AUB was 41.5+7.8 years.⁽¹⁰⁾

The most common indication for hysteroscopy in our study was menorrhagia in 36% cases similar to that of Chaudhari K R et al⁽⁹⁾ where menorrhagia was present in 38.2% patients

The most common cause of AUB in our study was endometrial polyp in 41 % cases followed by endometrial hyperplasia in 36% cases contrary to that of chaudhari et al where endometrial hyperplasia was most common in 27.4% cases followed by polyps in 14.7% cases.⁽⁹⁾

Most of these patients with polyps had polypectomy done in same sitting along with endometrial biopsy

Those with submucous fibroid less than 3 cm and totally in the cavity had removal of submucous fibroid while those with larger fibroids and partly intramural partly submucous type was not removed in same sitting. Those with thickened hyperplastic endometrium had hysteroscopic guided biopsy done

Following the results of histopathology patients were than appropriately managed with either medical therapy, conservative surgery like endometrial ablation, myomectomy, polypectomy or definitive surgery ie hysterectomy.

Hence around 70 % patients had benign pathology which was managed by hysteroscopy and did not need any further treatment .while 30 % had endometrial hyperplasia, or malignancy hence they were managed by hysterectomy .

So majority of patients of AUB can be managed by see and treat hysteroscopy which is a much simpler procedure than hysterectomy. thus is very effective for both diagnosis as well as management of intrauterine pathology causing AUB.

Conclusion

Hysteroscopy allows proper diagnosis or exclusion of intracavitary pathology as well as treatment of them in same sitting with proper tissue biopsy from the abnormal area.

Hence it is ideal for diagnostic evaluation and management of intracavitary lesions causing abnormal uterine bleeding

References

1. Luigi Man, Paulo Vercellini. role of TVS and outpatient diagnostic hysteroscopy in evaluation of AUB. clinics of Obstetrics and gynaecology. 2014. Available at :<http://endometriosis.org/>.
2. Mencaglia L, Perino A, Hamou J. Hysteroscopy in perimenopausal and postmenopausal women with abnormal uterine bleeding. J Reprod Med 1987;32:577- 582.
3. Bradlow J, Coulter A, Brooks P. Patterns of referral. A study of referrals to out-patient clinics from general practitioners in the in the Oxford region. Oxford: Oxford Health Services Research Unit, 1992.
4. Brill A. What is the role of hysteroscopy in the management of abnormal uterine bleeding? Clinical Obstet Gynecol 1995;38:319-45
5. Fung T, Lam M, Wong S. A randomised placebo controlled trial of vaginal misoprostol for cervical priming before hysteroscopy in postmenopausal women. Int J Obstet Gynecol 2002;5:561-5.
6. Cameron S, Walker J, hambers S. Comparison of Transvaginal ultrasound, saline infusion sonography and hysteroscopy to investigate postmenopausal bleeding and unscheduled bleeding on HRT. Aust NZ J Obstet Gynecol 2001;3:291-4
7. Epstein E, Ramirez A, Skoog L, Valentin L. Dilatation and curettage fails to detect most lesions in the uterine cavity in women with postmenopausal bleeding. Acta Obstet Gynecol 2001; 12:1131-6
8. Grimes D. Diagnostic dilatation and curettage of reappraisal. Am J Obstet Gynecol 1982;47:300-6
9. Chaudhari KR et al. Int J Reprod Contracept Obstet Gynecol. 2014 Sep;3(3):666-670
10. Sonja Pop Trajkovic. Role of hysteroscopy in evaluation of patients with AUB. Clinic for gynecology and obstetrics, clinic centre Serbia. Sci J Faculty Med. 2011;28 (3):177-81.