Original Article

Indian Journal of Pathology: Research and Practice
Volume 5 Number 2, May - August 2016
DOI: http://dx.doi.org/10.21088/ijprp.2278.148X.5216.16

Clinicopathological Study of Uterine Lesions: A Prospective Study

Anagha P. Amale*, Smita Pathade**

*Assistant Professor, **Associate Professor, Department of Pathology, Dr UlhasPatil Medical College & Hospital Jalgaon Maharashtra.

Abstract

Background: Hystrectomy specimen is the most commonly recived specimen in pathology department.This study was carried out to identify most common pathologies in hysterectomy specimens & to correlate these findings with clinical presentation. *Methods:*Total 150 cases were studied in department of pathology, Dr. Ulhas Patil Medical College over a period of 2 year,January 2013 to December 2015. Surgical specimens were fixed in formalin & tissues were adequately processed. Sections were stained routinely with haematoxylin & eosin stain. *Result:* Most common clinical presentation was pain in abdomen (70 cases)followed by menorrhagia (43 cases) & something coming out of vagina (27cases) and white discharge (27cases) whereas least common was polymenorrhagia (16 cases) followed by post menopausal bleeding (8 cases), dysmenorrhoea (6cases) & irregular bleeding (2cases). Commonest age group at presentation was fourth decade(41-50years) 67 cases(44.67%). Next group was third decade (31-40years) 54 cases(36%). Only 2cases(1.33%)were seenin seventh decade. Pathologic examination was confirmed the clinical diagnosis in majority of patients. *Conclusion:* Hysterectomy still remains widely used treatment modality in developing countries. Every specimen of hysterectomy should be subjected for routine histopatholgy for final diagnosis & management of disease of uterus.

Keyword: Adenomyosis; Dysfunctional Uterine Bleeding (DUB); Endometrial Hyperplasia; Hysterectomy; Leiomyoma.

Introduction

Abnormal uterine bleeding is common but complicated clinical presentation [1]. Women worldwide suffer from gynaecological disorders that requires hysterectomy as treatment option [2,3]. It is definitive cure for many of its indications which include Dysfunctional uterine bleeding, fibroid, uterovaginalprolapse, endometriosis, adenomyosis, pelvic inflammatory disease, pelvic pain, genital cancers & obstetric complications [4]. Prevalance of uterine & adnexal pathologies varies from nation to nation & from region to region within the nation [5]. Clinical diagnosis of abnormal uterine bleeding gives idea of morphology of uterus.Histopatholgy of hysterectomy specimen is mandatory for ensuring & confirming diagnosis which has great impact on the management of patient [6].

Corresponding Author: Anagha P. Amale, Assistant Professor, Department of Pathology, Dr. Ulhas Patil Medical College & Hospital Jalgaon Kh. Jalgaon. Maharashtra-425309.
E-mail: anagha_amale@yahoo.co.in

Materials & Methods

This is prospective study carried out in department of pathology, Dr. Ulhas Patil Medical College Jalgaon Kh, Jalgaon, Maharashtra. Total 150 cases were studied over period of 2 years from January 2013 to December 2015. Clinical details & relevent investigation of the patient undergone hysterectomy was obtained by histopathology requisition form & clinical case records. Specimen were recived in 10% formalin. We did detail gross examination, sections were taken from representative areas, processed & paraffin blocks were made, blocks were sectioned &

routinely stained with haematoxylin & eosin. A detailed microscopic examination of stained slides was carried out & final histopathologic diagnosis was given. Data was analysed by using percentage.

Results

Total 150 specimens of hysterectomy were studied. Most common clinical presentation was pain in abdomen (70 cases) followed by menorrhagia (43 cases) & something coming out of vagina (27cases) and white discharge (27cases) whereas least common was polymenorrhagia (16 cases) followed by post menopausal bleeding (8 cases), dysmenorrhoea (6cases) & irregular bleeding(2cases) (Table 1).

Commonest age group at presentation was fourth decade(41-50years) 67 cases(44.67%). Next group was third decade(31-40years) 54 cases(36%).Only 2cases(1.33%)were seenin seventh decade (Table 2).

Table 1: Age wise distribution of hysterectomy cases

Age	No of case	Percentage
31-40	54	36.00%
41-50	67	44.67%
51-60	11	7.33%
61-70	16	10.67%
71-80	2	1.33%

Table 2: Presenting complaints of patients

Presenting complains	No of cases	Percentage
Pain in abdomen	70	46.67%
Menorrhagia	43	28.67%
Something coming out of vagina	27	18%
White discharge	27	18%
Polymennorhagia	16	10.67%
Post menopausal bleeding	8	5.33%
Dysmenorrhoea	6	4%
Irregular bleeding	2	1.33%

Table 3: Indications for hystrectomy

Cause	No of Cases	Percentage
DUB	54	36%
Fibroids	34	22.66%
Prolapse	27	18%
Adenomyosis	27	18%
Ovarian cyst	04	2.67%
Ovarian carcinoma	04	2.67%
Cervical dysplasia	00	00%
Ca Endometrium	00	00%

Table 5: Spectrum of histopathological diagnosis

Organ involved	Histopathologic diagnosis	No of cases	Percentage
Endometrium	Proliferative phase	89	59.33%
	Secretory Phase	26	17.33%
	Harmonal Imbalance	18	12%
	Endometrial Hyperplasia	16	10.66%
	Endometrial Polyp	06	4%
	Endometritis	02	1.33%
Myometrium	Leiomyoma	34	22.66%
	Adenomyosis	23	15%
	Combined L+A	04	2.66%
Fallopian Tube	Hydrosalpinx	06	4%
	Salpingitis	01	0.66%
Cervix	Chronic non specific cervicitis	108	72%
	Changes consistent with Prolapse	27	18%
	Cervical polyp	02	1.33%
	Cervical malignancy	00	00
Ovary	Simple Ovarian cyst	04	2.66%
	Inflammatory	01	0.66%
	Benign ovarian tumours	04	2.66%
	Malignant ovarian tumour	04	2.66%

Most common preoperative diagnosis was DUB 54cases(36%)followed by leiomyoma uterus 34cases(22.66%),next was prolapse of uterus 27 cases(18%) & adenomyosis 27 cases (18%). Ovarian cyst was indication for hysterectomy in 4 patients (2.67%) & ovarian carcinoma 4 patients (2.67%)(Table 3).

Commonest histopathological diagnosis made was that of chronic cervicitis 108 cases(72%)which was an incidental finding in most of the cases followed by leiomyoma uterus 34 cases (22.66%), changes consistent with prolapse 27 cases (18%) &adenomyosis 23 cases (15%) (Table 4).

Discussion

Hysterectomy is one of the most commonly performed operation in women throught world. There are alternatives to hysterectomy are availablelike endometrial ablative technique, progestational intrauterine system which have decreased rate of hysterectomies in recent years. However these approaches are often compromised & hysterectomy is done for fibroids, actinomycosis, pelvic inflammatory diseases, pelvic organ prolapse. That's why hysterectomy is treatment of choice for long term satisfaction &relif from symptoms. The peak age for hysterectomy in this study was fourth decade (41-50 years) which was similar to other studies [3,7,8,9,,10]. In this study commonest clinical presentation was pain in abdomen(70 cases) followed by menorrhagia (43cases) white discharge(27cases) & something coming out of vagina(27cases). The Commonest surgical approach in present study is abdominal hysterectomy 110cases(73.33%) followed by vaginal hysterectomy 40cases(26.67%) which is similar to other studies [5-11]. In abdominal hysterectomy majority of cases were TAH without removal of ovary & Fallopian tube 95 cases(86.36%) whereas in 15 cases(13.64%) TAH with unilateral Salpingo-Oophorectomy was done.Our study showed that commonest histopathologic diagnosis was chronic cervicitis 108cases(72%)which is comparable to other studies [12,13,14]. It was incidental finding in most of the cases followed by leiomyoma uterus 34cases (22.66%),changes consistent with prolapse 27 cases(18%) & adenomyosis 23 cases(15%). In endometrium, proliferative phase was found in 89cases (59.33%), secretory phase in 36cases(17.33%), hormonal imbalance 18cases(12%), endometrial hyperplasia 16cases (10.66%), endometrial polyp 6cases(4%) & endometritis 2cases (1.33%). We found 4cases(2.66%) of combined leiomyoma & adenomyosis. In fallopian tube hydsalpinx was diagnosed in 6 cases(4%) & salpingitis in 1case (0.66%). Other histopathologic findings in cervix apart from chronic non specific cervicitis 108 case(72%), were changes consistent with prolapse 27 case(18%), cervical polyp 2cases(1.33%) & no case of cervical malignancy was encountered. Common finding in ovarian lesion was simple ovarian cyst 4cases(2.66%) benign ovarian tumour 4cases (2.66%)ie one case of each serous cyst adenoma, mucinous cystadenoma, fibroma of ovary &benign cystic teratomaof ovary. Malignant ovarian tumour 4 cases(2.66%) one case of each papillary mucinous cystadenocarcinoma,serous cystadenocarcinoma, granulosa cell tumour & adenocarcinoma of ovary with metastasis in omentum were diagnosed.

Conclusion

Present study provides good insight into the histopathologic patters of lesions in specimen of hysterectomy in our institute. This study confirms that in hysterectomy specimen benign pathology is most common than their malignant counterpart. In this study most of the preoperative clinical diagnosis were confirmed on histopathologic examination & high confirmation rates were observed in leiomyoma uterus, prolapse of uterus, adenomyosis & ovarian lesions. Histopathological examination of surgical specimen carries ethical,legal,diagnostic & therapeutic significance [15]. A yearly audit should be conducted in every institute for indications, histopathologic lesion & patterns of disease in cases of hysterectomies.

References

1. Albers J, Hull S, Wesley R .abnormal Uterine bleeding; Am Fam Physician. 2004 Apr 15; 69: 1915-1926.
2. Mayonda I. Total or subtotal abdominal hysterectomy for gynaecological diseases. Rev Gynacol Prac. 2003; 3: 26-31.
3. Samaila Modupeola OA, AdesiyanAG, et al. Clinoco-pathological assessment of Hystrectomies in Zaria .Eur J Gen Med. 2009; 6(3): 150-3.
4. Nausheen F, Iqbal J, Bhatti FA, Khan AT, Sheikh S. Hystrectomy .The patients persrective. Anna Gynacol. 2004; 10: 339-41.
5. Rather GR,Gupta Y, Bharadwaj S. Patterns of lesions in HystrectomySpecimens: A Prospective Study. J.K Sciences. 2013; 15(2): 63-68.
6. Gupta G, Kotasthane D. Hystrectomy: A clinicopathological Correlation of 500 Cases. The Internet Journal of Gynaecology and Obstrectics.

2010; 14(1). DOI: 10. 5580/141b.

7. Qamar-ur-Nisaet al. Hystrectomies, An audit at a tertiary care hospital. Professional Med J. 2008; 15(4): 486-91.
8. Adelusola KA, OgunniyiSO.Hystrectomies in Nigerians:Histopathological Analysis of Cases Seen in Ile Ife.Niger Postgrad Med J. 2001; 8(1): 37-40.
9. Sarfraz T, Tariq H. Histopathological findings in menorrhagia - study of 100 hystrectomy specimen. Pak J Pathol. 2005; 16(3): 83-85.
10. Perveen S, Tayyab S. AClinicopathological review of elective abdominal hysterectomy. J Surg Pak. 2008; 13(1): 26-29.
11. Begum J, TalukderSI,Hossain MA. A two year audit of complications of total abdominal hysterectomy at Dinajpur Medical College Hospital Dinjajpur. Med Col J. 2008; 1(1): 14-7.
12. Talukder SI, Haque MA, Haq MH,Alam MO, Roushan A, Noor Z, Nahar K. Histopathological analysis of hysterectomy specimen.Mymensingh Med J. 2007; 16(1): 81-84.
13. Jaleel R,Khan A, Soomro N. Clinicopathological study of abdominal hysterectomies Pak J Med Sci. 2009; 25: 630-4.
14. Leung PL, et al An audit on hysterectomy for benign diseases in public hospitals in Hong Kong Med J. 2007; 13: 187-93.
15. Gupta G, Kothasthane D, Hystrectomy: A Clinicopathological Correlation of 500 Cases. The Internet Journal of Gyenacology& Obstetrics. 2010; 14(1). DOI:10.5580/141b.