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Research Article

**STUDY OF ASSOCIATION OF HISTOPATHOLOGICAL AND
ETIOLOGICAL RESULTS IN FEMALES PLANNED FOR
HYSTERECTOMY FOR ABNORMAL UTERINE BLEEDING
IN AGREEMENT WITH CLASSIFICATION OF PALMCOEIN****Dr. Tehreem Anjum, Dr. Hafsa Aftab, Dr. Amna Faryal**
House Officer, Jinnah Hospital Lahore**Article Received:** February 2020**Accepted:** March 2020**Published:** April 2020**Abstract:**

Aim: To determine the number of different reasons of AUB in women experiencing hysterectomy according to the PALM COEIN arrangement system projected by FIGO.

Method: Statistics were composed from case records of women who suffered hysterectomy during AUB: all females who suffered premeditated abdominal hysterectomy were included in the study. Histopathological results were similarly examined to determine the number of different reasons of AUB in women suffering hysterectomy. In total, 585 gynecological hysterectomies were doing during the 2015–17 study retro. Of these, 474 (81.3%) underwent complete intestinal hysterectomy with or without mutual salpingooforectomy, and 111 (18.7%) vaginal hysterectomy was performed. In 73% of AUB cases, 427 hysterectomies were performed. The most common histopathological diagnosis was AUB-L, followed by AUB-O at 43.7%.

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INTRODUCTION:

In our study, we can classify samples by PALMCOEIN and examine the comparative sizes of each cause. Such studies will benefit provide data for epidemiological and comparative studies in different people¹. More research is needed to discover the causes of leiomyosarcoma in the region. Anomalous uterine blood loss (AUB) is well-defined as any change in the incidence of menstruation, flow period or blood loss². AUB is a common problem woman of all ages face and accounts for around 20-30% of outpatient visits. this section is of childbearing age, 69% of them are postmenopausal. A working group of the International Federation of Gynecology and Obstetrics in Menstrual Disease has developed a PALM-COEIN classification structure for the causes of AUB in pregnant women of childbearing age³. The classification system is divided into nine basic categories, arranged according to the PALM-COEIN [pahm-koin] abbreviation: polyp, adenomyosis, leiomyoma, malignant tumor and hypertrophy, coagulopathy, ovulation disorders, endometrium, iatrogenic and unclassified⁴. There are many promising minimally invasive surgical alternatives to hysterectomy, such as thermal balloon therapy, uterine artery embolization and endometrial ablation, but limited accessibility and a cost factor limit its widespread use⁵. Therefore, hysterectomy is a widely accepted and used treatment option⁶. Our study aims to examine the incidence of various etiological factors responsible for AUB in patients undergoing hysterectomy according to the PALMCOEIN classification proposed by HIDEKTIK.

OBJECTIVES:

Find the number of different causes of AUB in women after hysterectomy according to the PALM COEIN classification system proposed by FIGO.

METHOD:

TEST RULES: OBG College, King Edward Medical School.

POPULATION: women who suffered hysterectomy for AUB during the study retro.

WORKING TIME: MAY 2012 - MAY 2014, 2 years

METHOD: Statistics was gathered from case records of women who suffered hysterectomy for AUB during the study. All females who suffered elective intestinal hysterectomy were included in the study. Form data were observed, as well as demographic and clinical structures. Only a serious analysis was considered and recognized for the process. Histopathological results were also analyzed according to the PALM COEIN arrangement system proposed by FIGO to determine the magnitude of various causes of AUB in women after hysterectomy.

STATISTICAL ANALYSIS:

Statistics were examined in SPSS 15.0 for the Windows evaluation version (SPSS Inc. 1989-2006).

RESULTS:

The study performed 585 gynecological hysterectomies in the years 2012-2014. 474 (81.3%) of them underwent total abdominal hysterectomy and 111 (18.7) vaginal hysterectomy with bilateral tubal resection. In 73% of AUB cases, 427 hysterectomies were performed. Most patients were in the 41-50 age group (Table 1), and 65.9% had two parities.

Table 1: Age wise distribution undergoing hysterectomy for AUB (n=253)

Age (years)	No.	%age
36 – 40	35	13.8
41 – 45	62	24.5
46 – 50	114	45
>50	42	16.6

Table 2: Parity of patients undergoing hysterectomy for AUB (n=253)

Parity	No.	%age
P1	52	20.6
P2	166	65.9
≥ p3	34	13.4

The most common complaints were heavy menstrual bleeding followed by IMB. Pre-operative diagnosis of fibroma was made in 90 cases (35%). Ovulation disorders in 26 cases (26%). Adenomyosis was suspected in 28 patients (11%) (Table 3).

Indication	No.	%age
Fibroids	90	35.5
Ovulatory dysfunction	86	33.9
Chronic PID	11	4.3
Adenomyosis	28	11.1
Endometriosis	27	10.6
Cervical dysplasia	9	3.5
Carcinoma endometrium	2	0.7

The most common histopathological diagnosis was uterine fibroids in 43.7% of cases (Table 4). Chronic cervicitis (62%) was an accidental finding in most cases.

Table 4: Spectrum of histopathological diagnoses (n=253)

Histopathological diagnosis	No.	%age
POLYP	5	1.9
Adenomyosis	23	9.1
Leiomyoma	112	44.2
Malignancies and hyperplasias	11	4.3
Coagulopathy	0	0
Ovulatory dysfunction	57	22.5
Iatrogenic	2	0.8
Endometrial	43	17

DISCUSSION:

In the developed world, endometrial ablation, balloon therapy, uterine artery embolization, or an intrauterine system releasing levonorgestrel, laparoscopic hysterectomy, or robotic surgery. However, the state is the opposite in developing countries, especially in rural areas. Due to the limited resources available, women often appear too late in the healthcare facility and seek constant treatment at the cheapest prices. Abnormal uterine bleeding is a common complaint in women after hysterectomy⁷. FIGO provided the PALMCOIEN classification for AUB in women; The main reason is to make it easier for researchers to study homogeneous patient populations experiencing AUB, and to facilitate comparison of studies between different researchers or research groups. Age and parity are usually taken into account before hysterectomy. The topmost time of life of the process in our learning is the fourth era (41–50), as seen in many other studies. The average parity in our study was two in the range 0-5. Nearly similar results were obtained in LeeNC studies with an average parity of 3.1 (3). In our study, 73% of women after hysterectomy suffered from AUB. Shergill SK stated that abnormal menstrual flow is a common occurrence in 66% of cases undergoing hysterectomy. (4) AUB-L was a frequent indication for hysterectomy in many studies and this was our

observation⁸. AUB O took second place in our indications, and adenomyosis came third. Adenomyosis was suspected in 23 patients (3.9%). Similar results Jaleel et al. (5) When the histopathological reports in this study were examined, the most common accidental finding was chronic cervicitis, and many hysterectomy samples showed more than one type of pathology. Commonly available pathologies include AUB L, A and AUB L, O. Other studies have achieved similar results. Our study showed that fibroma is the most common histopathological diagnosis. This is suitable for other tests. Sobande AA was also the most common pathology in 25.8% of samples after hysterectomy followed by adenomyosis (22.7%). Clarke A reported that the most common indication was DUB (58%) followed by fibroid (23.2%). (7) The second common histopathological diagnosis was AUB O and 17% was AUB E. This may be due to the inclusion of both chronic PID cases and patients with endometrial secretory secretion in this group. The next on the list was AUB A, representing 3.9% of patients. Histopathology of the endometrial specimens showed a proliferative, secretory or atrophic phase of the endometrium⁹. We found that the majority of preoperative diagnoses in our cases were confirmed by histopathological examination. Patients with dysfunctional uterine bleeding with pathologies such as adenomyosis or small uterine fibroids in

histopathological specimens were excluded. Similar results have been reported by others. AUB affects up to 30% of women during their reproductive years and has an important impact on physical, psychological and emotional status¹⁰. For many decades' hysterectomy has been considered the standard treatment of AUB. Although it induces a high rate of satisfaction, it's burdened with potential risks such as irreversible loss of fertility, negative psychological impact, post-surgical morbidity, mortality and urinary incontinence. Evidence suggests that hysterectomy could induce long-term effects on ovarian function due to intra-ovarian artery blood flow reduction. Otherwise, LNG-IUS has a lower impact on ovarian function, representing the most appropriate choice among patients asking for a contraceptive and fertility-sparing therapy¹¹. The guidelines of National Institute for Health and Clinical Excellence (NICE) declare that, in absence of contraindications, the insertion of LNG-IUS represents the first-choice therapy in management of AUB. Therefore, hysterectomy should be suggested in those patients in whom conservative therapies have been refused, are contraindicated or ineffective. Data evidence that no significant differences and statistical associations exist between the two treatments, while the comparison between basal and post-treatment evaluation is significant. Although LNG-IUS is not equivalent to hysterectomy in treating dysmenorrhea, our study has shown that 2/3 of patients referred resolution or reduction of their symptom, while only 6.66% of patients reported a worsening of menstrual pain. Despite the positive outcomes on dyspareunia, results from our analysis of sexual items proved the onset of vaginal dryness and reduced sexual desire both after surgery and medical therapy. Patients treated with LNG-IUS experienced a significant change in menstrual pattern: duration of menstrual cycle decreased from a mean of 7.5 to 2.5 days. One patient of group B with recurrent spotting, the most frequent reason associated with early interruption of treatment, removed IUS after 5 months. Amenorrhea occurred only among 10% of LNG IUS-users: nevertheless, the interruption of menstrual flow, sometimes producing discomfort on women, improves the condition of anemia¹². It has been observed that 7 women didn't resolve their anemic state: between them, 3 had been submitted to hysterectomy and 3 had been treated by LNG-IUS (1 woman removed the intrauterine system due to spotting and another woman had spontaneous expulsion). The persistence of anemia in the remaining 5 patients may suggest not diagnosed causes such as gastritis, celiac disease and peptic ulcer disease. In a single patient belonging to the Group B, after a spontaneous expulsion of the device, it has been necessary the surgery to resolve the anemic condition. Among

the group A the incidence of adverse effects was 63.3%, while in the group B was 80%. Nevertheless, the mean level of satisfaction after 6 months of therapy was high for both the groups, since the 81.6% of patients referred a score of 4 or 5. These data showed that adverse effects associated with the treatment, although very frequent, were well tolerated in patients^{13,14}. Given the above, it may be concluded that intrauterine system is as effective as hysterectomy in treating patients with iron-deficiency anemia due to AUB¹⁵. In brief, even though surgery was identified as the most effective choice in reducing dysmenorrhea and menstrual blood loss, both QoL and hemoglobin concentrations were likewise increased in the two groups.

CONCLUSION:

Despite the availability of various treatment options and conservative operations, hysterectomy remains a firm and widely used method of treating AUB in developing and developed countries. This study provides reference data to follow the trend of hysterectomy surgery and gives an idea of relevant histopathological findings in the study population. We can classify samples by PALMCOEIN and discover the comparative scopes of individual cause. Such trainings will benefit provide statistics for relative and epidemiological studies in different peoples. Further research needs to be done to uncover the grounds of the highest occurrence of leiomyosarcoma in the region.

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