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Research Article

USE OF HYSTEROSCOPE IN ENDOMETRIAL CANCER**Dr. Farwa Batool, Dr. Wardah Sultan, Dr. Areeba Zulfiqar**
Jinnah Hospital Lahore**Abstract:**

Objective: Our research was aimed at the determination of the endometrial hyperplasia hysteroscopic appearance in women with the definite endometrial hyperplasia diagnosis.

Methodology: Research was held at Jinnah Hospital Lahore in the time span of February, 2015 to June, 2017 on a sample of 50 women who experienced hysteroscopy with endometrium (eye direct biopsy). In 93.5 percent cases hysteroscopy was associated with the abnormal bleeding of uterine. For the histological evaluation the samples were sent to the concerned department. We diagnosed pathologic in five cases out of the total sample with the endometrial hyperplasia diagnosis. We also reviewed the hysteroscopic features of these 5 cases in our research study.

Results: We observed in a case of simple cystic hyperplasia a view of the cystic bizarre which was also obvious. In the second, third and fourth case abnormal view was observed as minimal hysteroscopic. Fifth case was of endometrial hyperplasia observed with atypia, the white endometrial elevations were obvious in the lining of the endometrial.

Conclusions: Space occupying lesions can be produced by the endometrial hyperplasia with an easy hysteroscopy diagnosis, in the early stage it is not very obvious specially in an early level of the disease. All the five cases we observed a reduction in the white area or an absence of the vascularity in all these five cases.

Key Words: Endometrial hyperplasia, Hysteroscopy and White lesion.

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INTRODUCTION:

Most repeated issues are the precursors of the endometrial hyperplasia such as endometrial carcinoma and female genital malignancy. An unopposed estrogen of the anovulatory cycles and exogenous utilization in the post-menopausal of the women is likely to increase the endometrial carcinoma and endometrial hyperplasia. Endometrial hyperplasia progression to an even increased aggressive pathology related to the incidence of time [1]. In the removal of exogenous estrogen resource there is a regression in the simple hyperplasia. However, progression of atypical hyperplasia to adenocarcinoma till the time the occurrence of any medical interventions is there. Hyperplasia's (below 2%) without the progress of atypia to carcinoma and progression mean duration to carcinoma is completed in the timeframe of ten years. The progress of atypical hyperplasia to carcinoma was seen in 23% cases and four years mean duration was also observed. The endometrial hyperplasia post-menopausal cases presented an invariable bleeding of the vagina [2]. Though carcinoma is to be taken for this group of age so endometrial atrophy is the presentation of the post-menopausal bleeding cause. We observed in the total post-menstrual cases of bleeding (226) that, carcinoma was observed in 7%, atrophy was observed in 56%, and hyperplasia was diagnosed in 15%. Carcinoma and hyperplasia may present an excessive bleeding of the vagina; whereas, atrophy patients are observed with spotting [3]. Our analysis is limited and it only covers the post-menopausal women having an incidence of bleeding which is abnormal as a positive result of the test after the hysteroscopy is a good predictor of the hyperplasia disease and endometrial cancer in comparison to the TVS. Contrary to that a result which is negative after the TVS (Trans Vaginal Ultrasound) in the post-menopausal cases (four or five mm cut-off for the clear definition of an abnormality) is very true which excludes the incidence of endometrial disease and it is also very useful over hysteroscopy in this particular context [4]. With the application of the accuracy estimation through all three reviews of the TVS, it also assumed that cancer probability is five percent and four to five mm cut-offs of the endometrial thickness. Cancer positive probability after a negative incidence and TVS probability is in the range of 0.4% – 0.8%. Correspondent cancer probability was observed as (80%) after the incidence of positive hysteroscopy. The measurement of the thickness of the endometrial taken through USG are very less helpful in the pre-menopausal cases as specified levels of cut-off or morphological characteristics cannot define specifically the absence or presence of cancer or

endometrial hyperplasia [5]. There is a high rated accuracy has been observed in the OPD endometrial biopsy for endometrial hyperplasia and cancer diagnosis; which can be employed in the serious suspected cases of endometrial disease in both post and pre-menopausal cases. For a longer time, D&C in the presence of general anesthesia was the only effective and considered gold standard that determined the reasons of an abnormal bleeding of the bleeding. Pipelle and Vabra are less-invasive outpatients' interventions having same and adverse accuracy of the diagnostic because of the incidence of the blind sampling of endometrial. In the early 1990s, TVS was an improved and accepted assessment accuracy for the morphology of the endometrial; whereas, in the recent decade hysteroscopy has become as the diagnostic tool for the said purpose [6]. Among few hospitals it is also considered as the gold standard for uterine cavity assessment, specifically if carried out in an eye guided biopsy or in an office. There is no reliability of the hysteroscopy in the absence of endometrial biopsy for the differentiation of malignant and pre-malignant uterine cavity disease; though, in case the clearly atrophic cavity there is a possibility of the omission of the sampling of endometrial. We may also find endometrial cancer in the symptomatic and asymptomatic cases having an essential and atrophic or focally hyperplastic endometrium, which may not be visible and detectable through ultrasound. Our research was aimed at the determination of the endometrial hyperplasia hysteroscopic appearance in women with the definite endometrial hyperplasia diagnosis.

PATIENTS AND METHODS:

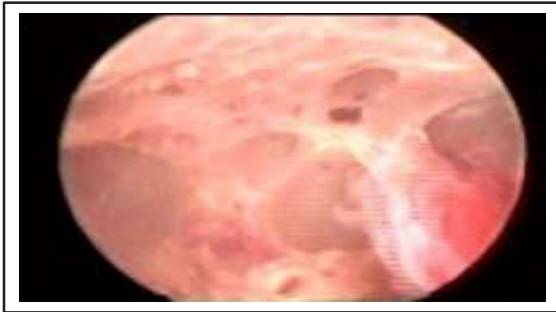
Research was held at Jinnah Hospital Lahore in the time span of February, 2015 to June, 2017 on a sample of 50 women who experienced hysteroscopy with endometrium (eye direct biopsy). In 93.5 percent cases hysteroscopy was associated with the abnormal bleeding of uterine. For the histological evaluation the samples were sent to the concerned department. We diagnosed pathologic in five cases out of the total sample with the endometrial hyperplasia diagnosis. We also reviewed the hysteroscopic features of these 5 cases in our research study.

RESULTS:

We observed in a case of simple cystic hyperplasia a view of the cystic bizarre which was also obvious. In the second, third and fourth case abnormal view was observed as minimal hysteroscopic. Fifth case was of endometrial hyperplasia observed with atypia, the

white endometrial elevations were obvious in the lining of the endometrial.

Endometrial cavity's panoramic view was not clear rather it was distorted. We viewed back to back cystic figure areas in the endometrium with white in color. Whereas, in the second and third case there were suspicious white lesions near the sight of cornea. In this case there was no distortion in the panoramic views. Hyperplasia was observed through the report of pathology and two cases were not observed with atypia. Case no four was observed with endometrium with an atrophic appearance, and no distorted view was observed. No suspicious region was observed but as it is known to us in the light of pathology report, in the fundal region near cornea a diffuse white area is observable. In the report of pathology, it was hyperplasia in the absence of atypia.



Case – I: Simple Cystic Hyperplasia.



Case – II: Simple Hyperplasia without Atypia



Case – III: Simple Hyperplasia without Atypia



Case – IV: Simple Hyperplasia without Atypia



Case – V: Endometrial Hyperplasia with Atypia

Fifth case was of endometrial hyperplasia with an incidence of atypia with observable white colored endometrial elevations, which were shiny white and friable.

DISCUSSION:

Intra cavity lesions can be the result of endometrial hyperplasia that can be observed through hysteroscopy in white color, without vessels, clear, shiny, friable and white. There may be distorted panoramic view in the endometrial cavity. There may be an incidence of non-obvious endometrial lesions instead of endometrial hyperplasia in hysteroscopy [7]. It is not doubted that through naked eye or direct eye vision an obvious diagnosis of the lesions through biopsy is not difficult which has observed in first and fifth case. In the matter of second and third case there were cases of lesions in the vicinity of cornea. First appearance in the cornea was observed in the shape of hyperplasia; whereas, an issue in the hysteroscopy is hyperplasia diagnosis through pathology as in the fourth case no obvious lesions were observed in the hysteroscopic views [8]. Biopsy is a better option instead of routine hysteroscopy. According to a research held in Netherlands, a hysteroscopic diagnostic was continued for a series of evaluation in the time span of six years, which

focused on the diagnostic values of the endometrial carcinoma and hyperplasia. It was concluded in their research that a valuable diagnostic tool may be opted is hysteroscopy for the structural intra-cavity pathological diagnostic in the outpatients. In the diagnosis of endometrial carcinoma or hyperplasia the values are limited and in the case of a guided biopsy, we cannot rule out the chances of malignancy [9].

It is also reported in Italian and Swedish research studies that no specified histological appearance of endometrial hyperplasia. In the event of hysteroscopic appearance there is low risk association of the endometrial hyperplasia [10], which involves a endometrium thickness increase, its increased vascularization, dys-homogeneous regeneration, ciliated images presence, increased bleeding, cystic dilatation, polypoid formation, concentration, necrotic zones and irregular glandular openings arrangement [11]. At the early stage the endometrial cancer presents an appearance of the papillary with an irregular polylobate outgrowth, partly necrotic and friable or may be hemorrhagic. This act of vascularization is anarchic and irregular in nature. We often see a line which divides normal endometrium and cancerous. Neoplastic lesions may be localized and focal at tubal cornua [12]. Overall, space occupying lesions can be produced through endometrial hyperplasia where hysteroscopy makes the diagnosis easy, it is not so much clear in the early stage of the illness [13]. For the determination of the hysteroscopic features of covert hyperplasia more research work is suggested; however, histopathological assessment form the final pathological diagnosis.

CONCLUSIONS:

Space occupying lesions can be produced by the endometrial hyperplasia with an easy hysteroscopy diagnosis, in the early stage it is not very obvious specially in an early level of the disease. All the five cases we observed a reduction in the white area or an absence of the vascularity in all these five cases.

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