

Clinicohistopathology Correlation in Women Who Underwent A Hysterectomy for A Benign Condition

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I. Introduction

One of the common surgical procedures in post and peri menopausal women is hysterectomy. 40% of women in the world by the age of 64 years will have undergone hysterectomy. 1 the only treatment option in several gynaecologic and obstetric disorders like acute uterine bleeding is Hysterectomy. 2-4 This may be performed by abdominal, laparoscopic or vaginal procedure. Mostly it is done to relieve symptoms and improve quality of life. However, the predictive advantages must be carefully weighed against the possible risks of surgery and other alternative treatments. 5

Fibroids Present in one out of every four women of reproductive age with symptoms like menstrual irregularity, abdominal pain and menorrhagia. Adenomyosis present mostly in reproductive age. they have widely varying rates of growth even in a single individual adenomyosis is a poorly understood condition which has been called 'elusive' or 'enigmatic' because of the difficulty in diagnosis, the lack of agreement on definition, and also because of the vague and ill-defined pattern of symptoms which may accompany it. 6 Abnormal uterine bleeding is a common clinical presentation. Normal menstruation is a bleeding from secretory endometrium with ovulatory cycles, not exceeding a length of five days. Any bleeding not fulfilling these criteria is referred to as abnormal uterine bleeding. 7 polyp presents with symptom like intermenstrual bleeding, irregular menstrual cycle, post coital bleeding, may be associated with malignancy.

Endometritis: it is an inflammatory condition of endometrium which may result in abnormal uterine bleeding. Generally the presence of plasma cell is required for diagnosis.

AIMS AND OBJECTIVES

To find out relations between preoperative clinical indication and final histopathology of hysterectomy specimens.

II. Materials And Methods

This is the one year retrospective study of patients who underwent hysterectomy for benign conditions from December 2015 to November 2016 in MDM hospital under Dr. S.N. Medical college, jodhpur. Information of patient taken from hospital records and analysed these records. parity, age, preoperative clinical diagnosis, HPE reports after D&C if available and final histopathology report of specimen recorded.

Inclusion criteria: All patients with abnormal uterine pathology during time period of 1 year (Dec 2015-Nov 2016) who underwent hysterectomy.

Exclusion criteria

All patient who refused for hysterectomy.

All patients with malignant condition pre-operatively.

Those with inconclusive reports.

OBSERVATIONS AND RESULTS:

TABLE NO.1 Route of hysterectomy

ROUTE OF HYSTERECTOMY	TOTAL NO. PATIENTS	PERCENTAGE
ABDOMINAL ROUTE	153	79.68%
VAGINAL ROUTE	39	20.31%

In our study of 192 patient most common route for hysterectomy is abdominal route.

TABLE NO.2 Type of hysterectomy

TYPE OF HYSTERECTOMY	TOTAL NO. OF CASES	PERCENTAGE
HYSTERCTOMY	77	40.10%
HYSTERCTOMY WITH BILATERAL SALPHINGO OOPHERECTOMY	115	59.89%

Most common hysterectomy done was hysterectomy with bilateral salpingo oophorectomy in our study.

TABLE NO.3 Age distribution of patients

S.NO.	AGE (IN YEARS)	PATIENTS	PERCENTAGE
1	20-30	00	00.00%
2	31-40	38	27.73%
3	41-50	66	48.17%
4	51-60	31	22.62%
5	61-70	02	1.45%
6	Above 70	00	00.00%

In our study most commonly hysterectomy done in age group 41-51 followed by in group 31-40

TABLE NO.4 Indications for surgery

S.NO.	INDICATION	PATIENTS	PERCENTAGE
1	Fibroid	48	25.00%
2	U-V Prolapse	38	19.79%
3	DUB	82	42.70%
4	Post Menopausal Bleeding	5	2.60%
5	Pain Abdomen	2	1.04%
6	Adenomyosis	17	08.85%

Most common indication for hysterectomy was DUB(42.70%) followed by Fibroid(25.00%)

TABLE NO.5Final histopathology after surgery

S.NO	HPR REPORT	TOTAL PATIENTS	PERCENTAGE
1	Fibroid	76	39.58%
2	Adenomyosis	57	29.68%
3	No specific pathology	23	11.97%
4	Endometrial hyperplasia	19	9.89%
5	Malignancy	17	8.85%

Fibroid is the most common histopathological finding and second most is adenomyosis in our study.

TABLE NO.6 CLINICO-PATHOLOGICAL CORRELATION

INDICATIONS PREOPERATIVE	POSTOPERATIVE DIAGNOSIS BY HPE
Fibroid(48)	Fibroid 47 Malignancy 1
DUB(82)	NSP 12 Endometrial hyperplasia 5 Adenomyosis 35 Fibroid 20 Malignancy 10
Pain abdomen(2)	Fibroid 2
Post menopausal bleeding(5)	Malignancy 1 Endometrial hyperplasia 3 NSP 1
Adenomyosis(17)	NSP 2 Malignancy 3 Adenomyosis12

In patients with preoperative clinical diagnosis dysfunctional uterine bleeding (DUB) (82 cases), the diagnosis was confirmed only in 12 cases with a positive correlation of 14.6%.

In patients who had a hysterectomy because of fibroids (48 cases), the final histopathology report confirmed the diagnosis in 47 cases with a positive correlation of 97.9%

III. Discussion

Histopathology is the gold standard for the diagnosis in hysterectomy specimen.out of the 192 cases of our study,most of the cases(48.17%) were of the age group 41-50.

The most common indication for hysterectomy in our study was DUB(42.70%).Mahmoud Khaniki et al. concluded that AUB was the chief compliant among women who underwent hysterectomy (62.2%), followed by abdominal mass (14.7%), abdominal/ pelvic pain (13.3%) and uterine prolapse (7.4%).8the most common finding in these patients was adenomyosis followed by fibroids in our study. In patients with preoperative clinical diagnosis dysfunctional uterine bleeding (DUB) (82 cases), the diagnosis was confirmed only in 12 cases with a positive correlation of 14.6%.A similar study conducted by S.S.Salen⁹ patients with preoperative clinical diagnosis of heavy menstrual blood loss possibly due to dysfunctional uterine bleeding (DUB) (54 cases), the diagnosis was confirmed only in 9 cases with a positive correlation of 16.7%.

The second most common indication for hysterectomy in our study was fibroids(25%) and it was the most common diagnosis by histopathology. This is similar reported in other studies. 10-11 In our study the correlation between preoperative clinical diagnosis of fibroid and histopathological report is 97.91% which is nearly similar to study by Layla S. Abdullah, 12 concluded that the most common lesion was leiomyoma (34%). The clinico-pathological correlation was 100% in all cases of leiomyoma.

There is no importance of discussion about the symptom pain abdomen because diagnosis is already confirmed in these patients. In patient with symptom of postmenopausal bleeding without endometrial carcinoma have endometrial hyperplasia in 60% patient which was an expected result.

After application of statics, only high positive correlation occurred when the preoperative diagnosis was fibroid and a poor correlation when the diagnosis was DUB.

In our study there is malignancy in 17 patient (8.85%), who are operated for benign condition. so conclude that always sent sample for histopathology whatever the preoperative diagnosis. so that malignancy not missed.

IV. Conclusion

There is a high correlation when the diagnosis was fibroid and poor correlation when diagnosis was DUB between preoperative diagnosis and histopathology report after operations. Always sent sample for histopathology report so that chance of Missed malignancy are decreased.

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