



CLINICO-PATHOLOGICAL CO-RELATION OF HYSTERECTOMIES DONE FOR BENIGN GYNAECOLOGICAL CONDITIONS

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Abstract:

The incidence of hysterectomy varies from place to place depending upon the clinical and clinician factors. Incidences of prolapse uterus is more in backward areas where there is high parity. Majority of vaginal hysterectomies are done for uterine prolapse, in patients who are much older than those undergoing abdominal hysterectomies. Most abdominal hysterectomies are performed for uterine leiomyomas. The data for the study was collected from women who are posted for Hysterectomy. History was taken from the patients. Clinical diagnosis was made. Necessary investigations were done followed by Hysterectomy. Specimen was sent for HPE. Then all the findings are correlated and evaluated. On histology leiomyoma was found in 60 cases (23.6%), adenomyosis 23 cases (9.1%), combined leiomyoma and adenomyosis was found in 8 cases (3.14%), endometrial hyperplasia was found in 26 cases (10.23%), atrophic endometrium was found in 19 cases, chronic cervicitis was found in 186 (66.5%) cases.

Keywords: Hysterectomies, Benign Gynaecological Conditions, Clinico-Pathological Co-Relation

Introduction:

According to World Health Organization reproductive age group is defined as 15-49 years. The various endometrial lesions including chronic endometritis, endometrial polyps, hyperplasia and malignancies which present with abnormal uterine bleeding. Adenomyosis is the most common tumor like condition involving the myometrium. It is described as presence of widely-distributed endometrial glands or stromal tissue in the myometrial layer of uterus.¹

In the absence of adnexal pathology, the decision to perform prophylactic removal of the ovaries and fallopian tubes should be addressed individually and will depend on patient preference, menopausal status, and the risk of subsequent ovarian cancer or other adnexal pathology that might require surgical intervention.²

When conservative treatment is not possible and the best treatment option was hysterectomy, but with proper selection of patients the morbidity and mortality of hysterectomy can be kept low.³

A variety of conditions in gynecological practice require removal of a uterus that may show no gross or microscopic pathology when examined by the pathologist.

Removal of a normal uterus may be indicated and permitted in the treatment of ovarian, fallopian tube and vaginal cancer, pelvic inflammatory disease, endometriosis, DUB, pelvic organ prolapse, pelvic pain and pelvic tuberculosis.⁴

The incidence of hysterectomy varies from place to place depending upon the clinical and clinician factors. Incidences of prolapse uterus is more in backward areas where there is high parity. Majority of vaginal hysterectomies are done for uterine prolapse, in patients who are much older than those undergoing abdominal hysterectomies. Most abdominal hysterectomies are performed for uterine leiomyomas.⁵

In this study we want to review the pattern of uterine pathologies in order to identify the most common uterine pathologies in our region and correlate them with their clinical indications.⁶

The aim of this study is to evaluate the justification of hysterectomy and to analyze correlation of preoperative diagnosis with final histopathology report of all hysterectomies done in this hospital.

Methodology:

The data for the study was collected from women who are posted for Hysterectomy. History was taken from the patients. Clinical diagnosis was made. necessary investigations was done followed by Hysterectomy. specimen was sent for HPE. Then all the findings are correlated and evaluated.

• **STUDY DESIGN:** Present study was a prospective study of all cases undergoing hysterectomy

• **STUDY PERIOD :** One year (12 months) study period.

• **SAMPLING METHOD :** All cases posted for Hysterectomies for benign conditions.

ELIGIBILITY CRITERIA

• Inclusion Criteria :

- All cases posted for Hysterectomy for benign conditions

• Exclusion Criteria :

- Patients with a diagnosis or history of cancer.

The data for the study was collected from women who were posted for Hysterectomy. History was taken from the patients. Clinical diagnosis was made. Necessary investigations were done followed by Hysterectomy. Specimen was sent for HPE. Then all the findings are correlated and evaluated.

Results:

Table 1: HISTOPATHOLOGICAL DIAGNOSIS

HISTOPATHOLOGICAL DIAGNOSIS	NUMBER	PERCENTAGE
LEIOMYOMA	60	23.6
ADENOMYOSIS	23	9.1
COMBINED LEIOMYOMA AND ADENOMYOSIS	8	3.1
ENDOMETRIAL HYPERPLASIA	26	10.2
ATROPHIC ENDOMETRIUM	19	7.5
CHRONIC CERVICITIS	186	66.5

On histology leiomyoma was found in 60 cases , adenomyosis 23 cases combined leiomyoma and adenomyosis was found in 8 cases , endometrial hyperplasia was found in 26 cases atrophic endometrium was found in 19 cases chronic cervicitis was found in 186 cases .

Table 2: CO-RELATION BETWEEN PRE-OP DIAGNOSIS AND HISTOPATHOLOGICAL DIAGNOSIS IN LEIOMYOMA and ADENOMYOSIS

Preoperative diagnosis	Number of cases	Histopathological diagnosis		Percentage co-related
Fibroid uterus	54	Leiomyoma	48	88.9%
		Adenomyosis	02	
		Leiomyoma+ Adenomyosis	03	
		Endometrial Adenocarcinoma	01	
Adenomyosis	03	Adenomyosis	03	100%
		Chronic cervicitis	01	

Clinicopathological co-relation was 88.9% when pre-operative diagnosis was Fibroid uterus and 100% when pre-operative diagnosis was Adenomyosis. 2 cases were diagnosed as adenomyosis and 3 cases were diagnosed as leiomyoma+ adenomyosis and 1 case was diagnosed as endometrial adenocarcinoma by histopathological examination when pre-operative diagnosis was Fibroid uterus. 3 cases which were diagnosed as adenomyosis pre-operatively were confirmed by histopathological examination.

Table 3: CO-RELATION BETWEEN PRE-OP DIAGNOSIS AND HISTOPATHOLOGICAL DIAGNOSIS IN PID CASES

Prooperative diagnosis	Number of cases	Histopathological diagnosis		Percentage Co-related
Pelvic inflammatory disease	58	Chronic cervicitis	46	79.3%
		Adenomyosis	10	
		Leiomyoma	03	
		Leiomyoma+ Adenomyosis	01	
		Cystic ovaries	06	
		Endometrial Hyperplasia	04	
		Pathological changes in Fallopian tube	09	
		Unremarkable	12	

Clinico-pathological co-relation was 79.3% when pre-operative diagnosis was Pelvic inflammatory disease. 10 cases were diagnosed as adenomyosis, 3 cases were diagnosed as leiomyoma and 1 case was diagnosed as leiomyoma+adenomyosis by histopathological examination.

Table 4: CO-RELATION BETWEEN PRE-OP DIAGNOSIS AND HISTOPATHOLOGICAL DIAGNOSIS IN AUB CASES

Preoperative diagnosis	Number of cases	HPE diagnosis		Percentage of co-relation
AUB	64	Endometrial hyperplasia	24	85.9%
		Leiomyoma	15	
		Adenomyosis	07	
		Adenomyosis+Leiomyoma	04	
		Chronic cervicitis	34	
		Unremarkable	07	

Clinico-pathological co-relation was 85.9% when per-operative diagnosis was Abnormal uterine bleeding. 24 cases were diagnosed as endometrial hyperplasia, 15 cases were diagnosed as leiomyoma and 07 cases were diagnosed adenomyosis, 04 cases were diagnosed as adenomyosis +leiomyoma, 34 cases were diagnosed as chronic cervicitis in histopathological examination.

Table 5: Histopathological findings in Prolapse uterus cases

Preoperative diagnosis	Number of cases	Histopathological findings	
Prolapse uterus	60	Chronic cervicitis	41
		Leiomyoma	05
		Adenomyosis	04
		Endometrial hyperplasia	02

There were 05 cases were diagnosed as leiomyoma, 04 cases were diagnosed as adenomyosis, 41 cases diagnosed as chronic cervicitis and 02 cases were diagnosed as endometrial hyperplasia histopathologically when uterine prolapse specimen sent for histopathological examination.

Table 6: Additional pathologies detected by Histopathological examination

Disease	Preop Diagnosis	Histopathology Report	Additional cases detected by HPE
Leiomyoma	54	68	14
Adenomyosis	03	23	20
Endometrial hyperplasia	18	26	08

Discussion:

Hysterectomy means removal of uterus. Since early twentieth century it is considered definite treatment of various pelvic pathologies like leiomyoma, dysfunctional uterine bleeding (DUB), chronic pelvic pain, endometriosis, adenomyosis, prolapse, and malignancies.

In fact it is the second most frequently performed major surgical procedure in females all over the world next to cesarean section.

However, with emergence of effective medical and conservative treatment for benign conditions it is now posing a question mark regarding the justification of hysterectomy

This study highlights correlation between indications of hysterectomy and histopathological evaluation of hysterectomy specimens. We want to stress on fact that uterus should not be considered for child bearing purposes only, as after hysterectomised females suffer from various psychosexual dysfunctions. Hysterectomy should be performed when the risk of preserving the uterus is greater than the risk of it's removal or when there are disabling symptoms for which there is no successful medical treatment. When conservative treatment is not possible and the best treatment option was hysterectomy, but with proper selection of patients the morbidity and mortality of hysterectomy can be kept low. In this study we want to review the pattern of uterine pathologies in order to identify the most common uterine pathologies in our region and correlate them with their clinical indications.

Mangala Gowri et al ⁷ noted that most of the uteri showed 71% of unitary leiomyomas accounting for (184 cases) in the remaining 29% (75) the number varied from 2-10. In the present study 48%(124) of cases had intramural fibroid whereas subserosal (41 cases 16%) submucosal (8 cases 3%) and 33%(86) had leiomyomas in more than one location.

In the present study subserous variety of fibroid was noted in 04 cases 7.4 %, intramural cases 33 cases 61.1 %, submucous cases 06 cases 11.1%, cervical cases 03 cases 5.5%, multiple cases 08 cases 14.9 % .

In our study 54 patients with diagnosis of fibroid uterus underwent hysterectomy. Fibroid uterus most commonly occurring in women of 4th decade (44.4%) and parity of 3 and above. Though leiomyoma is disease of low parity, in our study we have noted it to be common in multiparous woman.

Patients develop symptoms most commonly after 15 years of last child birth (55.6%) which show that the interval between last delivery and development of symptoms in most of the cases is significantly long.

Swati Patel et al noted that prolapse was the indication in one-third cases 39.3%. of hysterectomies. As was observed, it was more common after 60 years of age.

Pooja Patil et al noted that the mean age of women suffering from prolapse was 52.2 years in our study whereas the mean age was found to be 38.32 years with most cases 72.34% women were postmenopausal.

Pooja Patil et al⁸ noted that multiparity is major risk factor for prolapse which is proved by 97.88% women in our study being multiparous. This is similar to the study as we noted 96.7 % multiparity as a major risk factor.

Pooja Patil et al⁸ study 72.34% women were postmenopausal, but in our study 23.35 % were postmenopausal.

Amongst hysterectomies done for DUB, 35.5 % patients had taken medical or surgical form of conservative treatment but because of long duration of treatment, recurrence and cost factor force them to go for a hysterectomy. Same reasons were observed in 64.3% of DUB patients who underwent hysterectomy as first-line management.⁹

Kothapalli Indira Surya Kumari et al¹⁰ Total abdominal hysterectomy (TAH) was the most common method and Leiomyoma (75%) of the uterus found to be major indication of hysterectomy followed by endometrial dysfunction, polyp, adenomyosis, malignancy. In our study also 18.9% had Leiomyoma

Conclusion:

• On histology leiomyoma was found in 60 cases(23.6%) , adenomyosis 23 cases(9.1%), combined leiomyoma and adenomyosis was found in 8 cases(3.14%) , endometrial hyperplasia was found in 26 cases(10.23%) atrophic endometrium was found in 19 cases chronic cervicitis was found in 186(66.5%) cases .

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