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Histopathological analysis of hysterectomy at a tertiary care hospital

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Abstract

Background: The present study was conducted to assess histopathology of hysterectomy specimens.

Materials & Methods: The present study was conducted on 72 hysterectomy specimens. The histopathological findings of uterus and cervix were then noted

Results: Age group 21-30 years had 8, 31-40 years had 10, 41-50 years had 45, 51-60 years had 5 and 61-70 years had 4. The difference was significant ($P < 0.05$). Common clinical indications were ovarian cyst in 2, menorrhagia in 25, fibroid uterus in 20, chronic cervicitis in 4, carcinoma cervix in 6, carcinoma endometrium in 2, dermoid cyst in 7 and uterine polyp in 6. The difference was significant ($P < 0.05$). Histopathology was leiomyoma in 5, adenomyosis in 12, chronic cervicitis in 16, SCC in 10, adenocarcinoma in 5, endocervical polyp in 4 and normal histology in 20. The difference was significant ($P < 0.05$).

Conclusion: Authors found that histopathology was leiomyoma, adenomyosis, chronic cervicitis, SCC, adenocarcinoma, endocervical polyp and normal histology.

Keywords: Adenomyosis, endocervical polyp, hysterectomy

Introduction

The female genital tract includes the uterine corpus and cervix, the uterine corpus consists of endometrium and myometrium. Uterus, a vital reproductive organ is subjected to many benign and malignant pathologies^[1]. The uterine corpus under hormonal influence is, denuded monthly of its endometrial mucosa. The lesions of the uterine corpus and cervix account for most patient visits to gynecologists. Many treatment are available nowadays including medical and conservative surgical procedures but hysterectomy remains the most preferred method to manage gynaecological disorders^[2].

Most common complaints presented are per vaginal bleeding, vaginal discharge, pain abdomen, irregular menstruation, postmenopausal bleeding, mass per abdomen, something coming out of vagina etc. Many treatment options are available including medical and conservative surgical treatments but hysterectomy remains one of the most preferred method to manage gynecological disorders. It should be performed when the risk of preserving the uterus is greater than it's removal or when the disabling symptoms for which there is no successful medical treatment^[3].

It is not risk free adhesions formation. Majority (90%) of hysterectomies are performed for benign diseases. Alternate like endometrial ablation, intrauterine hormonal devices like Mirena must be considered to avoid hysterectomies for benign diseases. Histo-pathological examination of hysterectomy specimens carries both diagnostic and therapeutic significance. It is associated with risk of iatrogenic premature menopause, surgical and anesthetic complications like fistula involving ureter, bladder and gut and also chronic abdominal pain^[4]. The present study was conducted to assess histopathology of hysterectomy specimens.

Materials & Methods

The present study comprised of 72 hysterectomy specimens.

The hysterectomy specimens received were immediately transferred into 10% fresh formalin. After 24 hours fixation, the specimen was examined grossly and necessary sections were obtained from uterus that includes endometrium, myometrium, ectocervix and endocervix. Additional bits were taken depending on the pathology present. The histopathological findings of uterus and cervix were then noted.

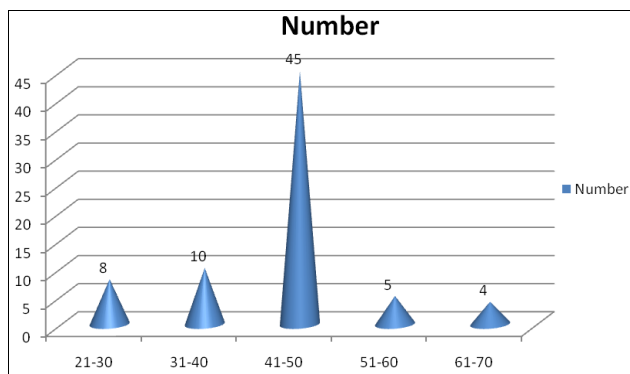
Results thus obtained were subjected to statistical analysis. P value less than 0.05 was considered significant.

Results

Graph 1: Age distribution of all hysterectomies

Age group (Years)	Number	P value
21-30	8	0.04
31-40	10	
41-50	45	
51-60	5	
61-70	4	

Table I, graph I shows that age group 21-30 years had 8, 31-40 years had 10, 41-50 years had 45, 51-60 years had 5 and 61-70 years had 4. The difference was significant (P< 0.05).

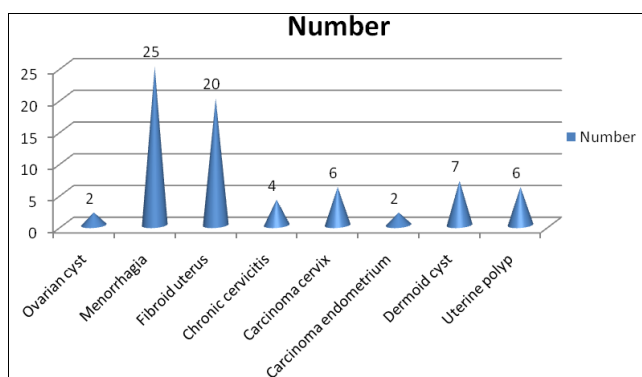


Graph 1: Age distribution of all hysterectomies

Table 2: Clinical Indications of Hysterectomy

Indication	Number	P value
Ovarian cyst	2	0.01
Menorrhagia	25	
Fibroid uterus	20	
Chronic cervicitis	4	
Carcinoma cervix	6	
Carcinoma endometrium	2	
Dermoid cyst	7	
Uterine polyp	6	

Table II, graph II shows that common clinical indications were ovarian cyst in 2, menorrhagia in 25, fibroid uterus in 20, chronic cervicitis in 4, carcinoma cervix in 6, carcinoma endometrium in 2, dermoid cyst in 7 and uterine polyp in 6. The difference was significant (P< 0.05).

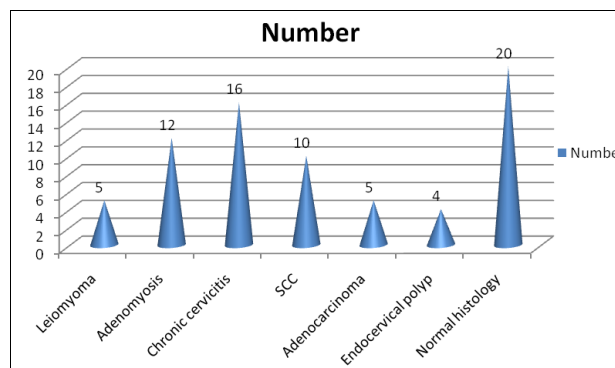


Graph 2: Clinical Indications of Hysterectomy

Table 3: Histopathological diagnosis

Indication	Number	P value
Leiomyoma	5	0.01
Adenomyosis	12	
Chronic cervicitis	16	
SCC	10	
Adenocarcinoma	5	
Endocervical polyp	4	
Normal histology	20	

Table III, graph III shows that histopathology was leiomyoma in 5, adenomyosis in 12, chronic cervicitis in 16, SCC in 10, adenocarcinoma in 5, endocervical polyp in 4 and normal histology in 20. The difference was significant (P< 0.05).



Graph 3: Histopathological diagnosis

Discussion

Hysterectomy is the most commonly performed surgery in gynaecological practice as it provides definitive cure and accurate diagnosis [5]. The clinical indications to perform this major surgery should always be justified as it has its own psychological, emotional, medical, hormonal and sexual effects on a females life. Hysterectomy is the most commonly performed major gynaecological surgery throughout the world. It is a successful operation in terms of symptom relief and patient satisfaction and provides definitive cure to many diseases involving uterus as well as adnexae [6]. The present study was conducted to assess histopathology of hysterectomy specimens.

In this study, age group 21-30 years had 8, 31-40 years had 10, 41-50 years had 45, 51-60 years had 5 and 61-70 years had 4. Jandial *et al.* [7] conducted a study to evaluate the wide range of pathological lesions, commonest pathology involved and correlation of the preoperative clinical diagnosis with the histopathological diagnosis in the hysterectomy specimens. The most common type of hysterectomy was total abdominal hysterectomy with bilateral salpingo-ophorectomy with 102 cases (63.7%). Peak incidence at 5th decade of life in 92 cases (57.5%) was noted. The most common clinical indication was fibroid uterus in 81 cases (50.6%). Proliferative phase of endometrium was the commonest finding in 87 cases (54.3%). In case of myometrium, 95 leiomyomas were noted. On histomorphological study of cervical lesions, chronic cervicitis was commonest finding in 75 (46.8%) cases.

We found that common clinical indications were ovarian cyst in 2, menorrhagia in 25, fibroid uterus in 20, chronic cervicitis in 4, carcinoma cervix in 6, carcinoma

endometrium in 2, dermoid cyst in 7 and uterine polyp in 6. Shakira *et al.* [8] conducted a study to study the histopathological features of varied uterine lesions, their profile and distribution of different lesions in relation of age. A total of 3576 histopathology samples were received in this period. There were 1173 gynaecology samples during this period out of which 22% (261 cases) were that of hysterectomy. Histopathology diagnosis showed Leiomyoma in 48.6% (127 cases), Adenomyosis was seen in 10.3% (27 cases), Endometrioid Adenocarcinoma was seen in 1.14% (3 cases).

We observed that histopathology was leiomyoma in 5, adenomyosis in 12, chronic cervicitis in 16, SCC in 10, adenocarcinoma in 5, endocervical polyp in 4 and normal histology in 20. A *et al.* [9] found that Menorrhagia, fibroid uterus and uterovaginal prolapse were the most common clinical indications for hysterectomy. The most common pathologies identified were atrophic endometrium in endometrium, leiomyoma in myometrium, chronic cervicitis in cervix, ovarian cysts in ovaries and salpingitis in fallopian tubes. The pathologic examination confirmed the clinical diagnosis in majority of the cases. Khunte [10] reported a higher incidence of atrophic endometrium i.e. 26.53% in their study. Endometrial hyperplasia constituted the second most common endometrial pathology.

Conclusion

Authors found that histopathology was leiomyoma, adenomyosis, chronic cervicitis, SCC, adenocarcinoma, endocervical polyp and normal histology.

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