

Uterine Size, Endometrium and Fertility in Women with Dysfunctional Uterine Bleeding

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Summary : Till such time that hysteroscopy, transvaginal ultrasound and endometrial ablation are not available to all patients with abnormal uterine bleeding, hysterectomy is the commonest medication for dysfunctional uterine bleeding in patients who are not responding to hormonal treatment. The present study included 100 cases of dysfunctional uterine bleeding with histopathologically proved absence of other diseases. 64% patients had 3-4 children. These women did not have any period of infertility, primary or secondary. Most of the patients had normal size uterus, endometrium was proliferative in 60% cases, ovulatory in 29% and benign cystic hyperplasia in 10% cases.

Introduction

Uterine bleeding in the absence of any clinical pelvic finding or histopathology continues to be one of the most frequently perplexing gynaecological complaint and continues to be one of the commonest indication for hysterectomy.

It is estimated that more than 20 million Indian women could be suffering from abnormal uterine bleeding. (Purandare S, and Lalitha, 1993).

Dysfunctional uterine bleeding is often attributed to hormonal imbalance in hypothalamo-pituitary ovarian axis. The various forms of bleeding can be menorrhagia, polymenorrhoea, polymenorrhagia and metrorrhagia. In older women in perimenopausal or postmenopausal group, hysterectomy could be considered in all cases of persistent and recurrent bleeding. About 25-30% women who are diagnosed as dysfunctional uterine bleeding (Chhabra, et al 1992) go for hysterectomy.

The present article deals with uterine size and endometrial behaviour and its relationship to fertility and menstrual pattern in women suffering from dysfunctional uterine bleeding.

Material and Methods

The present study was conducted in the departments of Obstetrics and Gynaecology and Pathology, M.L.B. Medical College Hospital, Jhansi.

This work is a retrospective analysis of patients who were in their perimenopausal and postmenopausal age groups i.e. after 35 years of age and were admitted in the Department of Obstetrics and Gynaecology to undergo hysterectomy for the clinical diagnosis of dysfunctional uterine bleeding. Cases which were reported with clinical diagnosis of dysfunctional uterine bleeding but evidence of fibroid or adenomyosis etc. was found after surgery/histopathology, were not included in the present study. This study deals with 100 confirmed patients of dysfunctional uterine bleeding.

Observations

Present study was conducted in perimenopausal age group. Cases from 35-55 years of age were taken.

Maximum (62%) patients were in the age group of 35-40 years and the minimum (4%) were above 50 years of age (Table 1.)

Table 1 also shows that most of the patients had more than or equal to 3 or 4 children and were in the age group of 35-40 years; 62 patients were in the age group of 35-40 years, out of which 74.1% had 3-4 children, 16.1% had 1 or 2 children and 9.7% had 5 or more children.

Table 1.

Distribution of cases according to parity and age

Age group (years)	Parity						Total
	<2		3-4		>5		
	No.	%	No.	%	No.	%	
35 - 40	10	16.2	46	74.1	6	9.7	62
41 - 45	3	13.6	14	63.6	5	22.6	22
46 - 50	1	8.3	4	33.3	7	58.3	12
> - 50	-	-	-	-	4	100.0	4

Twenty two patients were in the age group of 41-45 years. Out of which 63.6% had 3-4 children, 22.6% had 5 or more and 13.6% had 1 or 2 children. Twelve patients were in the age group of 46-50 years, 58.3% patients had 5 or more children, 33.3% had 3-4 children and only 8.3% had 1 or 2 children. Minimum number of patients were above 50 years of age i.e. 4% and all had 5 or more children.

Table 2 :

Distribution of cases according to parity.

Parity	No. of cases	Percentage
< 2	14	14.00
3 - 4	64	64.00
> 5	22	22.00

Table 2 shows that most of the women had normal fertility with 3 or more children. 64% of patients were in group with 3 or 4 children, 14% patients were in group with 1 or 2 children and 22% patients had 5 or more children. None had prolonged marriage child birth interval or long periods of infertility between two childbirths.

Table 3

Size of uterus in relation to parity.

Size of uterus	Parity			Total
	<2	3-4	>5	
Normal size	9	44	10	63
6 Weeks	4	18	10	32
8 Weeks	-	2	1	3
10 Weeks	1	-	1	2
Total	14	64	22	100

Table 3 shows that 14 patients had 1 or 2 children, out of which maximum of patients i.e. 9 had normal size uterus, 4 had 6 weeks size uterus and only 1 had 10 weeks size uterus. Maximum number of patients were in parity group of 3-4. Out of 64 patients, 44 had normal size uterus, 18 had 6 weeks size uterus and only 2 had 8 weeks size uterus. None had uterus more than 8 weeks size. Twenty two patients had 5 or more children. Out of 22, 10 had normal size uterus, 10 cases had 6 weeks size uterus and one had 8 weeks size and one had 10 weeks size uterus.

Table 4 shows that maximum number of patients had proliferative endometrium (60%). Only 24% of patients had normal secretory endometrium 10% had benign cystic hyperplasia, 3% had atypical endometrium and only 1% had chronic endometritis. No patient had changes in endometrium because of hyperoestrogenemia or hormonal imbalance.

Fourteen patients had 1 or 2 children; out of these 42.8% had secretory endometrium, 35.7% had proliferative endometrium, 7.1% had benign cystic hyperplasia, 7.1% had atypical hyperplasia and 7.1% had chronic endometritis.

Sixty four patients were among parity group of 3-4 and out of 60.3% had proliferative phase, 26.3% had secretory phase, 9.3% had benign cystic hyperplasia, 1.5% had atypical endometrium and 1.5% had atrophic endometrium.

Table 4
Distribution of cases according to parity and types of endometrium.

Type of endometrium	Parity			Total
	<2	3 - 4	> 5	
Proliferative	5 (35.7)	39 (60.3)	16 (72.7)	60
Secretary phase	6 (42.8)	17 (26.5)	1 (4.5)	24
Swiss Cheese hyperplasia	1 (7.1)	6 (9.3)	3 (13.6)	10
Hormonal imbalance	-	-	-	-
Hyperoestrogenic phase	-	-	-	-
Atypical hyperplasia	1 (7.1)	1 (1.5)	1 (4.5)	3
Atrophic endometrium	- (1.5)	1 (4.5)	1	2
Chronic endometritis	1 (7.1)	-	-	1
Total	14	64	22	100

Twenty two patients had 5 or more children, out of which, 72.7% had proliferative endometrium, 13.6% had benign cystic hyperplasia and 4.5% each had secretary phase, atypical hyperplasia and atrophic endometrium.

Discussion

15-20% of all gynaecological admissions are thought to be for dysfunctional uterine bleeding (Dawn, 1984). About 25-30% women who are diagnosed as dysfunctional uterine bleeding go for hysterectomy (Chhabra et al 1992). In this study 100 patients were studied in perimenopausal and postmenopausal period. Maximum number of patients (62%) who were diagnosed as cases of dysfunctional uterine bleeding were in the age group of 35-40 years. While 22% patients were in the age group of 46-50 years and only 4% patients were more than 50 years of age.

Agarwal et al (1985) studied dysfunctional uterine bleeding from 30-70 years of age and maximum patients were in age group of 36-40 years. Chakravarty et al (1986) studied dysfunctional uterine bleeding from 40-60 years of age. Singh (1988) also studied dysfunctional uterine bleeding and found that in control group, 72.5% patients were in age group of 31-45 years. In a study conducted by Chhabra et al (1992), 62.84% cases were in age group of 41-50 years, 31-42% patients were in age group of 31-40 years.

Purandare and Lalitha (1993) found that all patients were above the age of 35 years and more than 65% patients fell in the age group of 40-50 years.

Parity was studied in all patients study. Most of the women presenting with menstrual disorders in perimenopausal or post menopausal age groups have normal fertility. In the present study 64% patients had 3 or 4

children, 14% had one to two children, 22% had 5 or more children. None of the patient had infertility. Same results have been reported by Chhabra et al (1992).

In the present study, most of the patients had normal size uterus and in 60% cases endometrium was proliferative. Same results were reported by Chhabra et al (1992).

In this study 24% cases had secretory endometrium. In contrast to this study, Chhabra et al (1992) reported 9.04% secretory endometrium in their study. None of the patient in the present study showed changes reflecting hormonal imbalance and hyperestrogenemia.

References

1. Agarwal U, Singhal R and Ratna. J Obst Gyn India, 35 : 739; 1985.
2. Chakravarty A, Goel N, Mittal S, Ganesh K, Shah P; J Obst. Gyn India, 36 : 133, 1996.
3. Chhabra S, Jaiswal M, Nangia U, Singh A and Nayer P; J Obst Gyn, India, 42 : 692, 1992.
4. Dawn CS. Text book of Gynaecology. and Contraception, 7th ed., 149, Dawn Books of Calcutta, 1984.
5. Purandare S and Lalitha J; J Obst Gyn India, 43:418, 1993.