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Original Research Article

Clinicopathological study of hysterectomised specimens

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ABSTRACT

Background: Hysterectomy is the commonest major surgical procedure performed in gynecology. It can be done by abdominal or vaginal route and with the help of laparoscopy. Hysterectomy is an effective treatment option for many conditions like fibroid, abnormal uterine bleeding, endometriosis, adenomyosis, uterine prolapse, pelvic inflammatory disease and cancer of reproductive organ when other treatment options are contraindicated or have failed, or if the woman no longer wishes to retain her menstrual and reproductive. The aim and objective of the study was to correlate indications of hysterectomy with histopathological findings in hysterectomised patients.

Methods: A retrospective study was carried on 113 hysterectomised cases over a period of one year from June 2015 to May 2016. The data regarding the patient's age, parity, clinical diagnosis, type of hysterectomy and histopathological diagnosis were reviewed by the records and analyzed.

Results: A total of 113 cases of hysterectomies were studied. Hysterectomies were distributed over a wide age ranging from 20 years to 75 years. Most common age group was 41-50 years. Among hysterectomies majority were done through vaginal route 86 (76.1%) and 26 (23%) cases were done through abdominal route. Most common clinical diagnosis was fibroid uterus in 44(38.9%) cases. Most of the hysterectomies were done for benign conditions. In final histopathological report most common diagnosis was fibroid uterus in 45(39.8%) hysterectomy specimens. It was correlated well with clinical diagnosis. Next most common histopathological diagnosis was Adenomyosis.

Conclusions: Histopathological analysis correlated well with preoperative clinical diagnosis in majority of cases. The commonest indication and histopathological finding in our study was fibroid uterus. Next most common histopathological finding was Adenomyosis. Most commonly hysterectomies were done through vaginal route in our study.

Keywords: Hysterectomy, Laparoscopy, Vaginal

INTRODUCTION

Hysterectomy is the commonest major surgical procedure performed in gynaecology. It can be done by abdominal or vaginal route and with the help of laparoscopy. The latest value study concluded that major haemorrhage, hematoma, ureteric injury, bladder injury, and anaesthetic complications were more in laparoscopic assisted hysterectomy (LAVH) group when compared to abdominal and vaginal hysterectomies.

In addition LAVH was accomplished in twice the time required for vaginal hysterectomy.¹ Hysterectomy is an effective treatment option for many conditions like fibroid, abnormal uterine bleeding, endometriosis, adenomyosis, uterine prolapse, pelvic inflammatory disease and cancer of reproductive organ when other treatment options are contraindicated or have failed, or if the woman no longer wishes to retain her menstrual and reproductive function. About 70-80% of hysterectomies are performed by the abdominal approach.² Fibroids are

the most common indication (39%) cited for performance of hysterectomy.³

The aim and objective of the study was to correlate indications of hysterectomy with histopathological findings in hysterectomised patients.

METHODS

The study was approved by the Institutional Ethics and Research Committee of medical college and hospital Bangalore. A retrospective study carried on 113 hysterectomised cases over period of one year from June 2015 to May 2016. The data regarding the patient's age, parity, clinical diagnosis, type of hysterectomy and histopathological diagnosis were reviewed by the records and analysed.

Table 1: Frequency distribution of age and parity.

Parity	Age in years					Total n(%)
	20-30	31-40	41-50	51 -60	≥ 61 and above	
1	2	5	7	0	0	14(12.4)
2	1	25	26	6	0	58(51.3)
3	0	8	12	5	2	27(23.9)
≥4	0	0	5	4	5	14(12.4)
Total n (%)	3(2.6)	38(33.6)	50(44.3)	15(13.3)	7(6.2)	113
Mean parity 2.4±1.60	Mean age of the patient 43±2.60 years					

Table 2: Type of hysterectomy.

Type of hysterectomy	Total N=113 N (%)
NDVH	69(61.1)
NDVH with unilateral Salpingoophorectomy	2(1.8)
VH with PFR	15(13.3)
TAH	9(8.0)
TAH with BSO	13(11.5)
TAH with unilateral Salpingoophorectomy	4(3.5)
NDVH converted to TAH	1(0.9)
Total no (%)	113(100)

A total of 113 cases of hysterectomies were studied. Hysterectomies were distributed over a wide age ranging from 20 years to 75 years. Most common age group was 41-50 years; next most common age group was 31-40 years. Most of the cases were parous women. Majority were with para 2 (Table 1).

Among hysterectomies majority were done through vaginal route 86 (76.1%) and 26 (23%) cases were done through abdominal route. In one case vaginal hysterectomy was converted to abdominal route. It was a case of 16 weeks fibroid uterus. Among total of 86 vaginal hysterectomies 15 cases were done for prolapse uterus and remaining 71

Statistical analysis

The data collected was tabulated in SPSS. Descriptive statistics like frequencies and percentages were enumerated for all categorical variables such as age, parity etc., Mean ±SD (Standard deviation) was calculated. Correlation of clinical diagnosis and histopathological diagnosis was done. P value ≤ 0.05 was considered as statistically significant. All statistical analyses were performed using the SPSS statistical package, version 17.0 (SPSS).

RESULTS

cases NDVH (nondescent vaginal hysterectomy) was done for DUB, fibroid uterus etc.

Table 3: Clinical diagnosis.

Clinical diagnosis	Frequency (%)
Fibroid uterus	44(38.9)
Dysfunctional uterine bleeding	37(32.7)
Prolapse uterus	15(33.0)
Adenomyosis	9(8.0)
Post-menopausal bleeding	2(1.8)
Chronic PID	1(0.9)
CIN	2(1.8)
Carcinoma cervix	1(0.9)
Carcinoma endometrium	2(1.8)
Ovarian cyst	1(0.9)
Pyometra	2(1.8)

Most of the hysterectomies were done for benign conditions. 3 cases of malignancy and 3 cases CIN was diagnosed preoperatively. Most common clinical diagnosis was fibroid uterus in 44 (38.9%) cases. Next most common was DUB in 37 (32.7) cases (Table 3).

In final histopathological report most common diagnosis was fibroid uterus in 45(39.8%) hysterectomy specimens.

It was correlated well with clinical diagnosis. Next most common histopathological diagnosis was Adenomyosis. Among 37 cases of DUB 16 cases were diagnosed on HPR as Adenomyosis. Proliferative endometrium was diagnosed in 2 cases of postmenopausal bleeding cases. Two cases of CIN were diagnosed as chronic cervicitis in final report. There was one case carcinoma cervix and 2 cases of endometrial adenocarcinoma (Table 4).

Table 4: Histopathology report.

HPR diagnosis	Frequency (%)
Fibroid uterus	45(39.8)
Adenomyosis	25(22.1)
Endometrial hyperplasia	
Proliferative endometrium	23(20.3)
Secretory endometrium	
Atrophic endometrium	12(10.6)
Endometrial adenocarcinoma	2(1.8)
Chronic endometritis	2(1.8)
Chronic cervicitis	2(1.8)
Endometrial polyp	1(0.9)
Carcinoma cervix	1(0.9)

DISCUSSION

A retrospective study carried on 113 hysterectomised cases over period of one year from June 2015 to May 2016. The data regarding the patient's age, parity, clinical diagnosis, type of hysterectomy and histopathological diagnosis were reviewed by the records and analysed.

Hysterectomies were distributed over a wide age ranging from 20 years to 75 years. Most common age group was 41-50 years. Similar age group was seen in hysterectomy cases, study by Shergill SK et al.⁴ Most of the cases were parous women. Majority were with para 2.

Among hysterectomies majority were done through vaginal route 86(76.1%), and 26(23%) cases were done through abdominal route. In one case vaginal hysterectomy was converted to abdominal route. It was a case of 16 weeks fibroid uterus, a case of degenerated multiple fibroids. Vaginal route of hysterectomy is the safe route of hysterectomy. Advantages of doing nondescent vaginal hysterectomy over abdominal hysterectomy are due to no scar, no adhesions, no hernia, no wound gap, associated urogynec procedures can also be performed, less operative time, less blood loss, less anaesthetics complications, largely extraperitoneal dissection to prevent injury to bowel, bladder and ureter, minimal bowel handling - no paralytic ileus, shorter hospital stay, fast recovery, low cost, less thromboembolic phenomena, less mortality and morbidity, natural, simple route for drainage. Urinary tract injury is also less common in non-descent vaginal hysterectomy than other routes.^{5,6}

Most of the hysterectomies were done for benign conditions. Most common indication being fibroid uterus 44 (38.9%), similar to study by Shergill SK et al.⁴ Next most common indication was DUB 37 (32.7%). 3 cases of malignancy and 3 cases of CIN were diagnosed preoperatively.

In final histopathological report most common diagnosis was fibroid uterus in 45(39.8%) hysterectomy specimens. It was correlated well with clinical diagnosis. Next most common histopathological diagnosis was Adenomyosis. Among 37 cases of DUB 16 cases were diagnosed on HPR as Adenomyosis. Proliferative endometrium was diagnosed in 2 cases of postmenopausal bleeding cases. Two cases of CIN were diagnosed as chronic cervicitis in final report. There was one case carcinoma cervix in situ and 2 cases of endometrial adenocarcinoma. In final histopathological report most common diagnosis was fibroid uterus in 45 (39.8) hysterectomy specimens. It was correlated well with clinical diagnosis. Next most common histopathological diagnosis was Adenomyosis.

CONCLUSION

Histopathological analysis correlated well with preoperative clinical diagnosis in majority of cases. The commonest indication and histopathological finding in our study was fibroid uterus. Next most common histopathological finding was Adenomyosis. Most commonly hysterectomies were done through vaginal route 86 (76.1%) in our study.

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Ethical approval: Not required

REFERENCES

1. Choosing the route for hysterectomy for benign disease. ACOG committee opinion. The American college of obstetricians and Gynecologists. 2009:444.
2. Begum J, Talukder SI, Hossain MA. A two years audit of complications of total abdominal hysterectomy at Dinajpur Medical College Hospital Dinajpur. *Med Col J.* 2008;1(1):14-7.
3. Whiteman MK, Hillis SD, Jamieson D. Inpatient hysterectomy surveillance in the United States, 2000-2004. *Am J Obstet Gynecol.* 2008:31-37.
4. Shergill SK, Shergill HK, Gupta M, Kaur S. Clinicopathological study of hysterectomies. *J Indian Med Assoc.* 2002;100(4):238-9, 246.
5. Schwarz R. choice of surgical route in hysterectomy: *Gynkol Rundsch.* 1990;30(4):248-52.
6. Del Frat G, Soligo M. Vaginal and abdominal hysterectomy: comparison and perspectives: *Minerva Gynaecology.* 1996;48(5):181-91.

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