

ORIGINAL RESEARCH

To study the clinical and histopathological findings on hysterectomy

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ABSTRACT

Background: Hysterectomy are mostly common performed in the gynecological procedure for clinical problem in its treatments includes fibroids, prolapse, adenomyosis, endometriosis. Hysterectomy is performed worldwide in women at 30- 55 years of age. Aim and objectives to indicate the diagnosis to performed hysterectomy in patients and complications associated undergoing hysterectomy.

Methods: Total 255 patients undergone hysterectomy in the hospital was studied and analysed its clinical indications of surgery and complication of it, surgical specimens were sent for histopathology and report.

Results: The study shows that hysterectomy was performed in the major diagnosis of uterine prolapse (33.50%), leiomyoma (45.50%), adenomyosis (12.50%) while the report specimens also showed it. The diagnosis before the hysterectomy was confirmed by histopathology. There was no major complications were observed in the patients undergoing hysterectomy as this procedure is widely used for gynecological problems.

Conclusions: The study shows the data of patients' trends of the hysterectomy and diagnosis that leads to perform hysterectomy was analyzed by histopathological finding in the patients. Complications were negligible in the hysterectomy and safe procedure.

Keywords: hysterectomy, Uterus, histopathological, complication

INTRODUCTION

A hysterectomy is the surgical removal of the uterus and is the most common gynecological procedure worldwide. In developed countries, hysterectomy is the most frequent major surgery after caesarean section, with more than 600,000 hysterectomies performed each year. In other countries, 20% of women have had a hysterectomy before the age of 60, and worldwide she has had over 100,000 hysterectomies.^[1]

Abnormal uterine bleeding (AUB) is defined as abnormal uterine bleeding (AUB) when menstrual flow deviates from the normal amount, duration, regularity, or frequency. One-third of outpatient gynecology consultations are due to menstrual problems in reproductive

age, rising to two-thirds in perimenopausal and postmenopausal women.^[2] The cycle is usually 24 to 38 days and the average blood loss is 20 to 80 milliliters. Descriptive terms traditionally used to characterize abnormal menstrual bleeding patterns include menstruation, menstruation, polymenorrhea, and oligomenorrhea.

Menorrhagia was defined as intermittent bleeding that was periodic, volume (> 80 mL), or duration (> 7 days), or both. However, this definition is used for research purposes and in practice excessive anemia should be based on the patient's perception. Uterine bleeding (intermenstrual bleeding) is defined as irregular acidic bleeding from the uterus. Polymenorrhea was defined as bleeding more frequently than every 21 days, while oligomenorrhea was defined as bleeding less frequently than every 35 days. Irregular menstruation is defined as light bleeding for less than 2 days during menstruation.^[3]

Dysfunctional uterine bleeding (DUB) was defined as abnormal uterine bleeding without a clinically detectable organic, systemic, or iatrogenic cause (excluding pelvic pathology, such as tumor, inflammation, or pregnancy). It is used as a diagnosis, not a symptom. DUB is often used as a hospital diagnosis.

Women ages 30 to 55 are more likely to have a hysterectomy, accounting for approximately 74% of all hysterectomies compared to other age groups. The uterus is constantly stimulated by hormones, the endometrial lining is shed monthly, and the embryo temporarily implants. It is prone to a variety of disorders, the most common of which are the result of endocrine imbalances.^[4,5]

Hysterectomy is often indicated when medical or less invasive methods have failed. When the appendages are removed from both sides, it is called a hysterectomy and bilateral appendectomy. A radical hysterectomy is a more extensive procedure for cancer of the uterus or cervix. A hysterectomy is a surgery that provides permanent relief of symptoms and patient satisfaction. It provides definitive treatment for uterus and appendages such as fibroids, adenomyosis, endometriosis, pelvic inflammatory disease, pelvic organ prolapse, and many other disorders.^[6]

AIM AND OBJECTIVES

To determine the histopathological finding in histological sample of uterus. To compare the finding in histopathological and clinical indication. To know the incidences, distribution and histopathological specimens in the population studied.

MATERIALS AND METHODS

This hospital-based prospective observational study was conducted in the Department of Obstetrics and Gynecology, a tertiary care hospital, including a total of 255 cases undergoing hysterectomy (any route) for gynecological diseases, data recorded. which included demographic characteristics and clinical characteristics. Surgical specimens were sent for histopathology and reports were analyzed and compared with indications for surgery. Indications for the procedure were documented. Hysterectomy for emergency situations such as obstetric hemorrhage, uterine rupture, etc. was excluded. Data were entered and statistically analyzed.

RESULTS

The total numbers of patients were 115 in the age 41-50 year of age group while the frequency of 84 in the 31-40 years of age group.

Table 1: Age distribution of Hysterectomy in 255 patients

Age group(years)	Total	
	No.	%
<20	0	0

21-30	1	0.50
31-40	84	26.63
41-50	115	42.71
51-60	30	18.09
≥61	25	12.06
Total	255	100.00

Abdominal hysterectomies done were 160 (60.5%) and the number of vaginal hysterectomies done were 95(39.5%).

In the current study, the main indication of the hysterectomy was found to be adenomyosis (35) prolapse (85) and in leiomyoma(135) as shown in Table 2.

Table 2: Main diagnosis in the hysterectomy patients

Main Diagnosis in Hysterectomy patients	No.	%
Uterineprolapse	85	33.50
Uterineleiomyoma	135	45.50
Adenomyosis	35	12.50
Pelvicinflammatorydisease	7	3.50
AUBN	6	3.00
Endometrialpolyp	4	2.00

In the histopathological reports of myometrium indicates more cases in leiomyoma and less cases in adenomyosis.

Histopathological reports shows the in the 65 patients were having the ovarian cysts and normal was observed in the 180 cases . In the condition of fibroid, all were reported as HPR.

The histopathological examinations show that most of the finding is the squamous hyperplasia 87%, normal 7%, cervicitis at 5%, and remaining at cervical polyps in 1%.

Table 3: Histopathological examination in patients

Histopathological analysis of Cervix	Number of patients
Squamoushyperplasia	222 (87%)
Normal	18(7%)
Cervicitis	13 (5%)
Cervicalpolyp	2(1%)

The stay in hospital after postoperative was observed average 7-9 days in almost all patients in both type of surgeries.

Table 4: Hospital stay after hysterectomy

Duration of hospital stay	Abdominal	Vaginal	Grand total
Mean	7.8	8.2	8
Min. stay (days)	6	6	6
Max. stay (days)	20	15	20

The complication was only observed in some patients as 45 patients observed certain gastrointestinal problems and management was done with antacid and iv fluid diet. Two patients were observed abdominal distension while one has urinary retention. Overall blood transfusion done in almost 5% of cases intraoperatively or postoperatively in hysterectomy.

Table 5: Complication after hysterectomy in patients

Complications	Abdominal	Vaginal	Total
Blood and blood products transfusion			
Intraoperative	4	3	7
Postoperative	7	2	9
Blood transfusion reaction	0	0	0
Abdominal distension	2	0	2

Paralytic ileus	0	0	0
Unexplained fever	4	0	4
Woundsepsis/ dehiscence	8	0	8
Gastrointestinal complication (nausea, vomiting and diarrhea)	27	18	45
Urinary retention	0	1	1

DISCUSSION

In the current study the 255 patients, the abdominal hysterectomy was done in 160 patients while vaginal hysterectomies were done in 95 patients. This was found in the study by Sabande et al, who found 52% for abdominal hysterectomy and 18.6% for vaginal hysterectomy, and Ajmera Sachin et al, who found 54.4% for abdominal hysterectomy and 38.9 for hysterectomy. % found. . and others. Unilateral or bilateral salpingo-oophorectomy was performed in 73 cases (79.3%) and vaginal hysterectomy in 19 cases (20.7%).^[7]

Abdominal hysterectomy is the preferred route of hysterectomy with practice and training at our institution, except in cases of genital enlargement where vaginal hysterectomy is preferred. This is a benign condition. Commonly known as NDVH (non-descending vaginal hysterectomy).

In case of ovarian cysts, hysterectomy is done not only for menstrual irregularities but also for home repair and other reasons. The largest number of hysterectomies were performed in the 41-50 years age group (42.71%) (Table 1). This corresponds to the age range reported by Rather et al and Parvin et al. 9,10 The largest number of abdominal hysterectomy cases was in the 41 to 50-year age group (49.17%) (Table 1), which is higher than the age-related incidence reported by Miller et al. 40,49 and Mauzi et al. It's like speed. Johnson et al 40-50, Benson and Sneddon 40-50, Subande et al 46.8, Parvin et al 41-50 and ≥ 35 . 6,10-14 The incidence of abdominal hysterectomy in the 31 to 50 year age group (79.1%) was also higher than in the 30 to 50 year group shown by Lazarus et al.^[8-10]

This change may be due to the complications of late menarche and late menopause in Western ethnic groups. Compared to the highest number of vaginal hysterectomies in the 41 to 50-year age group (42.71%) (Table 1), Sobande et al. This is because the most common indications for abdominal hysterectomy, namely leiomyoma and adenomyosis, peak in the 31-50 age group. 6 Pelvic organ prolapse occurs in older women between 51 and 60 years of age (menopausal and postmenopausal), but in our region preterm birth, preterm birth, preterm birth, preterm birth Childbirth, childbirth, malnutrition, anemia, maternal prematurity and abdominal hysterectomy. In this study, the main indication for hysterectomy was 78 (39.0%) cervical prolapse (Table 2), which was similar to Ajmera et al.) was more common indication for hysterectomy leiomyoma (34.50%), (Table 2) Qamar al-Nisa et al 33%, Laila et al 34%, Shergal et al 34%, while Sajjad et al 39%, less Sarfraz et al. 69., Booker et al., 39.1%, but Entisar et al. More than, 21.5%, Ramachandran et al.^[11-13]

Other common indications are adenomyosis, chronic cervicitis, and PID. Myometrial histopathology reported 34.5% of uterine fibroids and 12.5% of adenomyosis cases (Table 3). This was lower than the 13.14% reported by Weir et al., and similar to the 11.1% reported by Wesley et al. 3% of uterine fibroids were associated with adenomyosis. This is similar to the 2.8% reported by D'Esopo et al. In our study, it was found that cervical squamous hyperplasia (88.5%) was the most frequent histopathological examination, followed by normal in 6.5% cases, cervicitis in 4.5% cases and cervical polyps in 0.5% cases. Done.. In our study, 9% of specimens showed cervicitis. It was less than 100% for Sarfraz et al and less than 7.7% for Miller et al. Based on histopathology reports, the most common ovarian findings in this study were 51 physiologic ovarian cysts, 148 were normal, and only 1 pathologic finding was normal reported in the prior study. 50%, ovarian cysts 16.6%, ovarian tumors 16.6%,

endometriosis 12.9%. 24 sent 241 transfers to HPE. One patient had both ovaries removed and one patient had both ovaries calculated based on HPE. Only a few studies comparing preoperative diagnosis with histopathological examination of specimens have been reviewed. We found that most of the preoperative diagnoses in our cases were confirmed by histopathological examination.^[14,15]

In a study by Vandana et al., the clinicopathological correlation between preoperative diagnosis and histopathological examination exceeded 90%, especially in benign cases. 33 Histopathology of cervical polyps confirmed 100% of the diagnoses, as reported by Gupta et al. The correlation between diagnosis and histopathological diagnosis was 52% higher in him than in the study by Decker et al. Our study confirmed adenomyosis in 92% of cases, compared to 48% in Lee's study. Normal histopathology was found in 93 cases (46.50%) in our study, which is higher than 31% in Miller et al. and 16.9% in Foster et al.. Although only 2 cases underwent surgery, the most common ovarian physiologic cyst was present in HPR. (51 cases).^[16]

In two cases, endometrial findings such as simple endometrial hyperplasia without atypia in one case and complex endometrial hyperplasia without atypia in one case were found. In this study, approximately four-fifths of patients had a mean postoperative hospital stay of 5–7 days (Table 6). In the present study, the mean postoperative hospital stay was 6.55 days, vaginal 6.48 days, abdominal 6.6 days, (Table 4) 5–7 days, and the longest patient hospital stay was 21 days, similar to Parvin et al. Urinary retention problems and dehiscence from his 14-day vaginal hysterectomy 5-7 days.^[17]

In one patient with previous heart disease in our study, intraoperative premature ventricular contraction was controlled by injection of lidocaine. In this study, no intraoperative surgical complications occurred. Similar to Boukerrou et al., there was 1 case of bladder injury, 1 case of ileum injury, and 4 cases of intraoperative bleeding. tube). 29-31 In our study, one patient (0.5%) had postoperative vaginal bleeding (primary bleeding) due to bleeding from a posterior repair. Sutures were performed the night of surgery. In the current study, 2 (1%) patients had fever of unknown origin, higher than 0.5% in Martin et al. Four (2%) patients had serous discharge (Table 5), fewer than Bukar et al.'s (24.1%) wound infection, Benassi et al.'s 30.5%, wound infection 1.40% and wound dehiscence 1.87%. One patient in this study showed urinary retention. One of her patients (0.5%) in this study had abdominal distension. Blood transfusion was performed in 4% of her cases. Postoperative blood transfusion was performed in 3 cases, abdominal hysterectomy in 2 cases, and sub hysterectomy in 1 case. Seven patients underwent abdominal hysterectomy and seven patients underwent vaginal hysterectomy (Table 5). There were no deaths throughout the study period consistent with Vaidya et al. In our study, 34 patients complained of gastrointestinal symptoms (nausea, vomiting, diarrhea, etc.), which were largely relieved by symptomatic treatment (antacids, intravenous fluids). There is a need to improve reporting times for HPR procedures so that early intervention can be planned and implemented in the event of progression, complications, and/or diagnosis.^[18-21]

CONCLUSION

This study provides the trends followed in hysterectomy in patients into preoperative diagnosis leads to the hysterectomy, and also gives insight in the histopathological finding in the patients. Patients were mostly identified by adenomyosis and leiomyoma, whereas preoperative diagnoses observed were prolapse and fibroid. The study shows that histopathological examination is necessary for confirming the diagnosis for proper management to the patients. No such major complications were observed in both the method of hysterectomy as methods are safe.

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