Original Research Article

Evaluation of cervical and endometrial histopathology in postmenopausal women

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Abstract

Background: Menopause is physiological cessation of menstruation and implies natural. Benign and malignant conditions of cervix and corpus uteri can affect the health of postmenopausal women.
Aim of the study: To study Postmenopausal gynecological pathology.
Objectives: To identify various patterns of endometrium and endocervix, to learn about the management of postmenopausal women with identified pathology, early intervention and benefits, to understand the issues and risks and to formulate strategies for management.
Material and methods: A total of 100 postmenopausal women admitted in Government Victoria Hospital for Women and Children, Visakhapatnam for a period of one year from 1-4-2018 to 31-3-2019 were studied. These patients categorized into two groups. Group A - Women with postmenopausal bleeding 50 cases. Group B - Women without postmenopausal bleeding 50 cases. Most of the histopathology was confirmed after examining hysterectomies specimens. Premature menopause cases were excluded. Women who had already kept on hormonal treatment were excluded.
Results: Benign lesions in Group A - 56%, Group B - 34%. Malignant lesions in Group A - 34%, Group B - 19% with Chi square = 9.09; p value < 0.05 significant.
Conclusion: Prevalence of benign and malignant lesions are high in postmenopausal, mandates regular screening of these women.

Key words

Postmenopausal women, Fractional curettage of endometrium, Pap smear, Cervical biopsy, Benign, Malignant pathology.

Introduction

Menopause is physiological cessation of menstruation and implies natural. Benign and malignant conditions of cervix and corpus uteri can affect the health of postmenopausal women [1]. The most commonly performed fractional curettage of endometrium and pap smear and cervical biopsy as and when needed can pick up the pathology in addition to gynecological examination and transvaginal ultrasound. Nowadays majority of women in menopausal age neglect their reproductive tract problems as they have given birth to children, tubectomised and not having regular periods. To all gynecologists and physicians postmenopausal women are very important and worth of frequent reviews. In India, cancer uterine cervix is the most common killer and due to change in lifestyle and various other etiological factors, cancer endometrium is on increasing trend. It is with this view that the present study was undertaken.

Aim of the study

- To study Postmenopausal gynaecological pathology.

Objectives

- To identify various patterns of endometrium and endocervix pathology [1].
- To learn about the management of postmenopausal women with identified pathology.
- Early intervention and benefits.
- To understand the issues and risks, to formulate strategies for management.

Materials and methods

A total of 100 postmenopausal women admitted in Government Victoria Hospital for Women and Children, Visakhapatnam for a period of one year from 1-4-2018 to 31-3-2019 were studied. These patients categorized into two groups.

Group A - Women with postmenopausal bleeding 50 cases.

Group B - Women without postmenopausal bleeding 50 cases.

Most of the histopathology was confirmed after examining hysterectomised specimens.

Exclusion criteria

- Premature menopause and artificial menopause cases were excluded.
- Women who had already kept on hormonal treatment were excluded.

Detailed history was taken, Gynecological examination was done, Papanicolaou test was done, ultrasound (trans-abdominal and transvaginal) was done, saline infusion sonogram was done in some cases, after doing all investigations fractional curettage of endometrium under short duration general anesthesia in minor OT, cervix biopsy was taken under visual inspection with acetic acid, in some cases with colposcopy guidance.

Results and Discussion

On an average 27% gynecological admissions were postmenopausal. Postmenopausal bleeding was 5% of all gynecological admissions [1].

Maximum number of patients attained menopause at the age of 45-49 years followed by 41-44 years. In present study, 91% had reached menopause before 50 years [3] (**Figure – 1, 2**).

Character of cessation of menstruation

Maximum number of cases had sudden cessation of menstruation followed by gradual onset of menopause. Majority of these women were Hindu religion, low socioeconomic status. Age at marriage was between 15-20 years 68%, age of

first child <20 years 86%. 20% male partners given history of multiple sexual partners, 35% were alcoholics (**Figure – 3**).

Figure – 1: Age group.

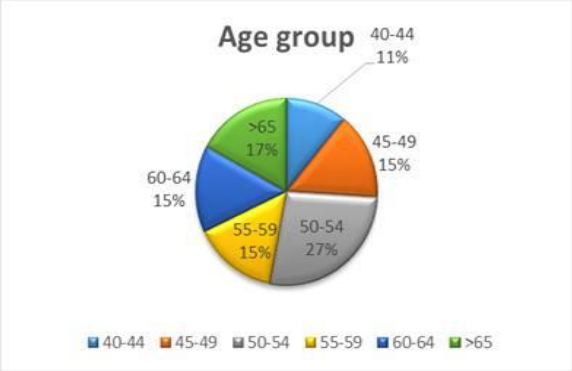


Figure – 2: Age at menopause [3].

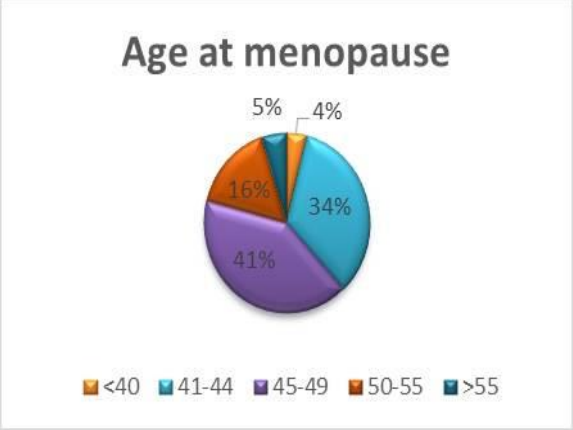


Figure – 3: Cessation of menstruation.

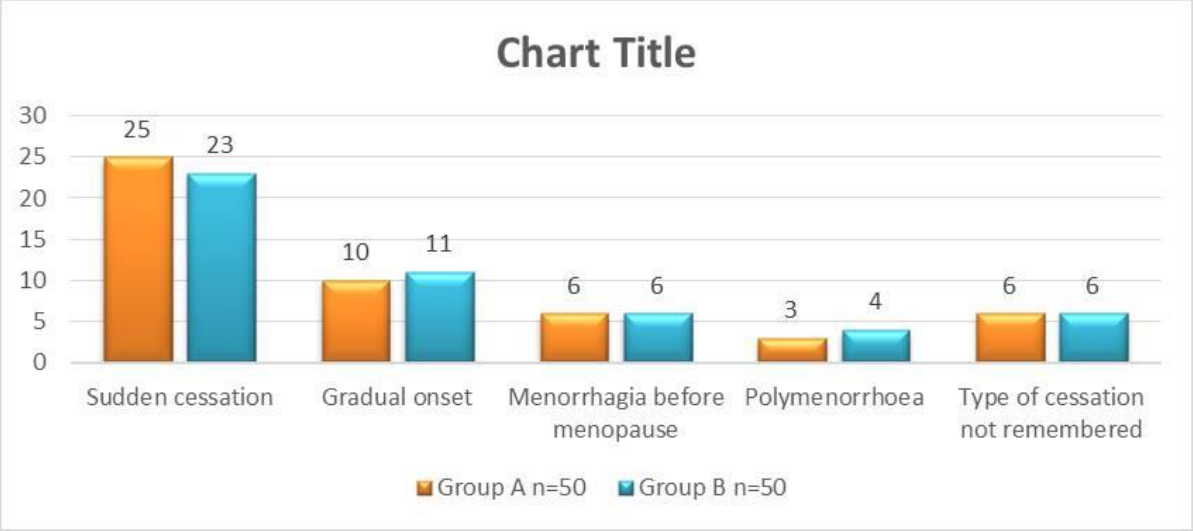


Figure – 4: Perabdomen.

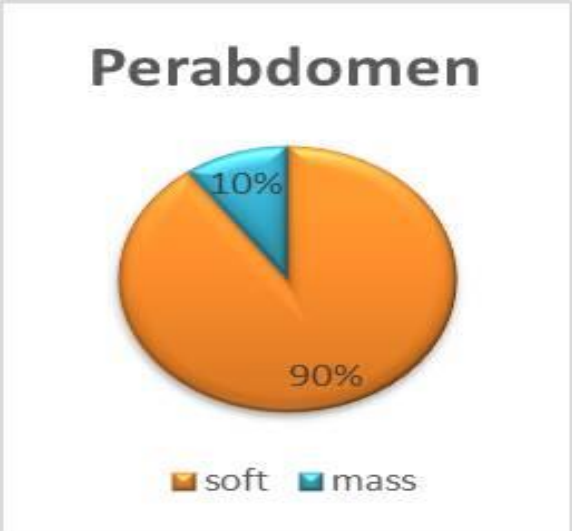
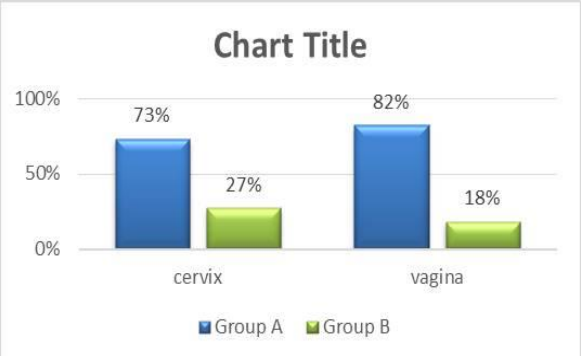


Figure – 5: Per speculum.



Gynecological findings

- Postmenopausal bleeding 50%
- Mass per vaginum 30%
- White discharge 20%

- Pelvic mass 10%.
- Pain lower abdomen 25%.

Majority of the patients in the age group 50-54 years and parous. Maximum number of patients attained menopause by the age of 45-49 years. Most of the women had postmenopausal bleeding within five years of attaining menopause. Many gynecological complaints like prolapse uterus presented 9-10 years after attaining menopause. Maximum number of patients had sudden cessation of menstruation. Endometrium is not quiescent after menopause showing various patterns like Infections, uterine and cervical lesions (benign and malignant), neoplasms are evident on pathology (**Figure – 4 to 10, Table – 1 to 4)** [2, 4, 5, 6, 7, 8, 9, 10, 12].

Table – 1: Per vaginal examination.

Uterus	**Uterus**	**Fornices**	**Mobility**	
	normal size - 25%		**Normal**	**Restricted mobility**
AV-60%	Bulky-15%	Mass-11%	83%	17%
RV-40%	Atrophic -55%	Free-89%		

Figure – 6: Duration of menopause [5].

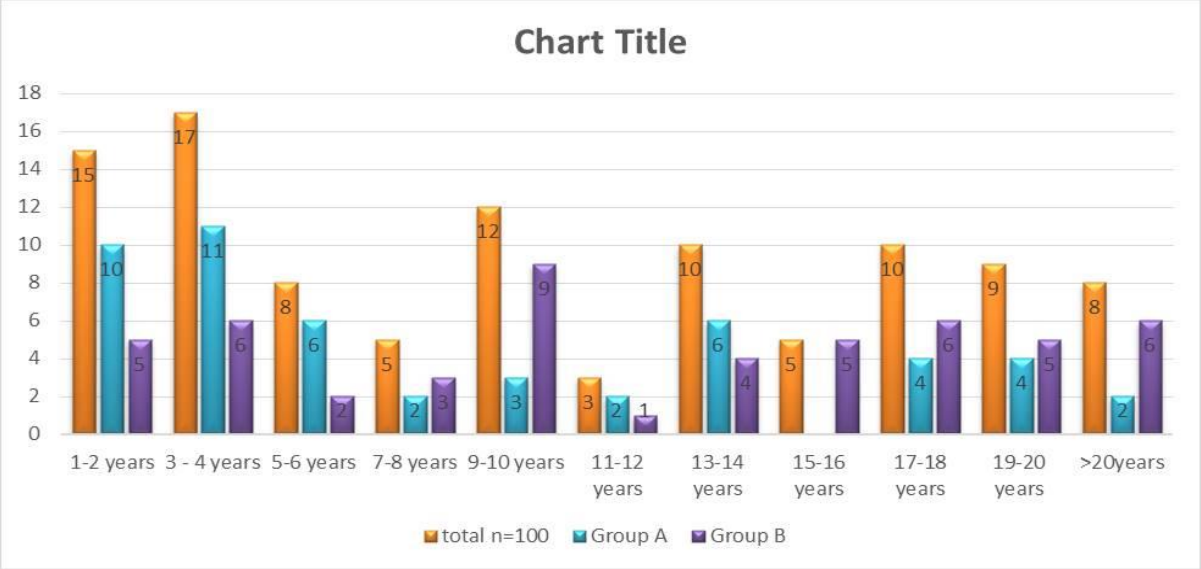


Figure – 7: Parity.

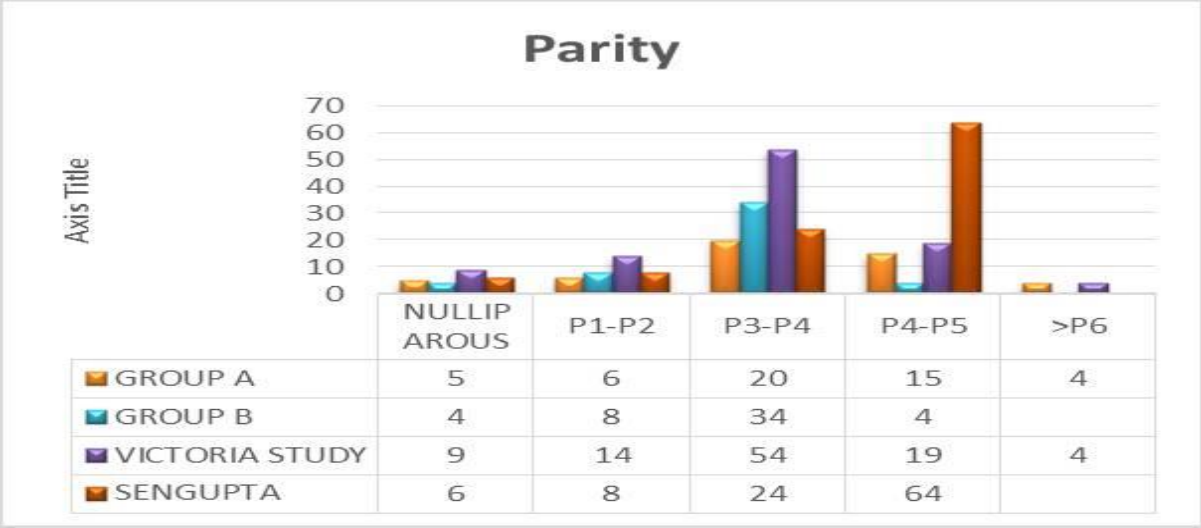


Figure – 8: Pap smear.

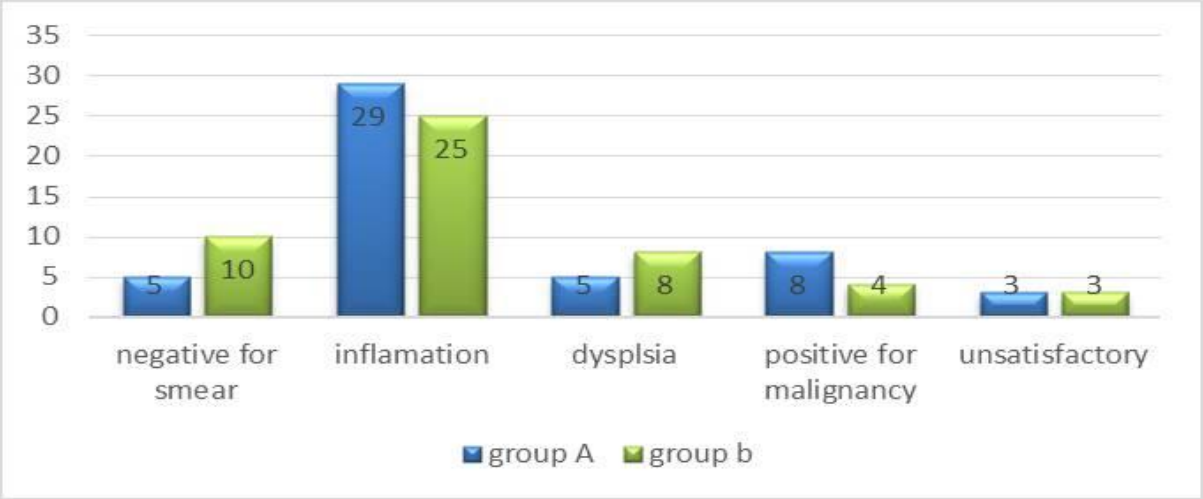


Figure – 9: Histopathological findings of cervix biopsy [10].

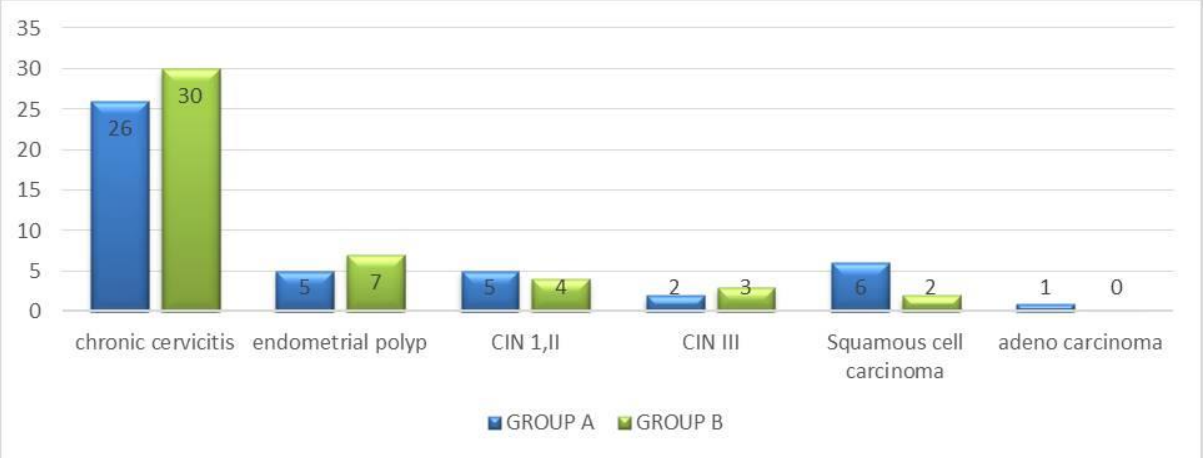


Figure – 10: Histopathological findings of endometrium.

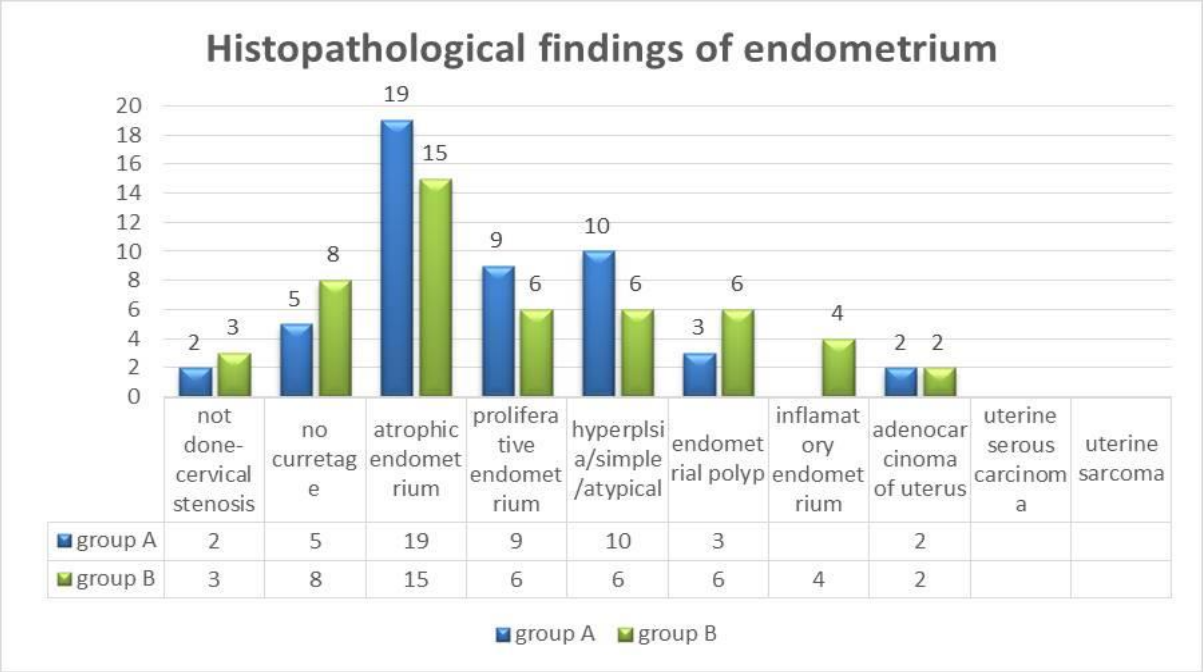


Table – 2: Correlation between Histological findings and Thickness of Endometrium by Transvaginal ultrasound [2].

Histology of Endometrium	**Group A**		**Group B**	
	Number	**Mean thickness**	**Number**	**Mean thickness**
Endometrial atrophy and no curetting	16	3.8	18	3.5
Hyperplasia	5	12	3	11
Endometrial Polyp	3	11	6	11
Endometrail Carcinoma	4	18	1	14
Fibroid uterus	2	8	3	8
Postmenopausal uterus with collection	4	6	2	6
Others	16	8	17	8

Table – 3: Diagnosis in 100 cases.

Benign lesions	**Group A (%)Victoria study**	**Group B (%)Victoria study**
Prolapse uterus	5(10)	27(54)
Cervical dysplasia [4]	5(10))	8(16)
Endometrial hyperplasia	5(10)	3(6)
Endocervical polyp [9]	2(4)	7(14)
Fibroid uterus	2(4)	3(6)
Senile Endometritis	3(6)	4(8)
Endometrial Polyp	3(6)	6(12)
Erosion of cervix	3(6)	1(2)
Foreign body in genital tract [12]	1(2)	0
Fibroid polyp	1(2)	2(4)

Table – 4: Malignant lesions [6, 7, 8].

	Group A Victoria study	**Group B Victoria study**
Malignant lesions	Yes %	No%
Squamous cell carcinoma	6(12)	2(4)
Adenocarcinoma of endometrium	3(6)	0(2)
Endocervical carcinoma	1(2)	1(2)
Serous carcinoma of endometrium	1(2)	0
Uterine sarcoma	0	0
Granulosa cell tumors	2	0
Total	13(26)	3(6)

Conclusion

In reference with various histopathological changes in the endometrium and cervix after menopause, this study mandates regular screening of genital tract even after menopause [9, 11].

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