A-13: Abnormal uterine bleeding in midlife females

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Cyclical oestrogen and progesterone levels lead to endometrial growth and shedding. The cyclical bleeding produced is disturbed by organic/non organic causes. Endometrial curettage is commonly done in this setting.

Objectives:
1.To study the endometrial histology of midlife females with abnormal uterine bleeding and to assess the role of anovulation. 2. To assess the anovulatory spectrum. 3. To identify the limitations in evaluation of uterine curettings in this settings.

303 endometrial curettings received at the Dept of Pathology, Faculty of Medicine, Colombo from January 1992- June 1997 are included in the study.

All 303 curettings were from pre-menopausal females between 48-52 years with, prolonged, irregular or heavy uterine bleeding. All 303 histological sections were reviewed by both authors. 103 cases with a previous diagnosis of non secretory endometria were recategorized.

25.7% of curettings were proliferative and 15.2% were in the secretory phase. This may include patients with pelvic pathology not detected in endometrial curettings. 36.6% were within histological anovulatory spectrum. Of that 7% were in the persistently proliferative phase. Disintegrating proliferative endometria were seen in 41%. 30.6% were disordered proliferative endometria. Simple hyperplasia accounted for 20.7% of the anovulatory group.

Further evaluation of 56 histological normal endometria was limited by the absence of a menstrual history.

Endometrial polyps, endometritis, hormonal change and products of conception comprised 17.5% of the 303 curettings.

Anovulation is an important cause of abnormal uterine bleeding in midlife females. The histological spectrum of anovulation vary and include proliferative endometria in the secretory phase of the cycle, disintegrating proliferative endometira, disordered proliferative endometria and hyperplastic endometria. A relevant menstrual history is essential to critically evaluate endometrial curetting.