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Research Article

**A CROSS SECTIONAL STUDY ON THE VIEW OF
ENDOMETRIAL HYPERPLASIA****Dr. Asma Ishaque, Dr. Kinza Rubab, Dr. Ayesha Hassan**
King Edward Medical University**Abstract:**

Objective: The objective of this study is to decide the appearance of the abnormal increase in the number of cells of endometrium with the help of hysteroscopy in females with consequently definite detection of the EH (endometrial hyperplasia).

Methodology: This research work carried out in Mayo Hospital Lahore. This study started from January 2015 to May, 2017. The visual biopsy of the uterus with the help of hysteroscopy carried out in 50 females Abnormal Uterine Bleeding was the reason of hysteroscopy in more than ninety-three percent patients. The samples sent for the evaluation through histology. Five patients among them confirmed with the disease of endometrial hyperplasia. The features of Hysteroscopy of those five diagnosed patients reviewed for further processing.

Results: There was a clear cystic bizarre outlook in one patient who was suffering of cystic hyperplasia. In 2nd, 3rd and 4th patients, there was a less problematic outlook through hysteroscopy. In the 5th patient, who was the victim of EH along with atypia, there was a clear elevation of white endometrial with the linings of endometrium.

Conclusions: EH has the ability to create the clear gap occupying abrasions in which the detection of the disease is not hard with the help of hysteroscopy, but it is very difficult in the early stage of the disease due to its non-clear state. In all of the five patients, there was availability of the white regions with noticeably decreased or no vascularity.

Key Words: Carcinoma, Endometrium, Hyperplasia, Abrasions, Features, Atypia, Biopsy, Abnormal.

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INTRODUCTION:

EH is the most frequent occurring endometrial carcinoma in the females. From ovulatory cycles unimpeded oestrogens & use of exogenous in after menopausal females have displayed the rise in the EH [1-4]. The development of EH to a dangerous disease has an association with time. Adeno carcinoma is the progression of the atypical hyperplasia except clinical interference occur [5]. The atypical hyperplasia develops to the carcinoma in twenty-three percent patients with an average duration of 4 years [6]. In a research work on two hundred and twenty-six females suffering of postmenopausal bleeding, seven percent females had carcinoma, atrophy was present in fifty-six percent patients & some types of hyperplasia were present in fifteen percent patients [7]. Carcinoma & hyperplasia may occur with heavy bleeding from vagina, whereas light spotting is present in the patients suffering of atrophy [8].

Hysteroscopy is very helpful for the diagnosis of cancer of endometrium and/or hyperplasia abnormality than trans vaginal ultrasound (TVS) [9]. In opposition to this fact, a negative outcome of the test following TVS in subsequent of menopause females is very precise in not including the severe diseases of endometrium and very useful than the process of hysteroscopy in this subject matter [10, 11]. Applying the precision guesstimates from every 3 views of trans vaginal ultrasounds [10-12] assuming five percent before test cancer probability and width of endometrium cut-offs of four or five millimetres, the positive chances of cancer chasing a negative trans vaginal ultrasounds from 0.4% to 0.8%.

Eighty percent is the cancers corresponding probability followed by + hysteroscopy [9]. The measurement of the thickness of endometrium with the help of ultrasound is not in much use in premenopausal females due to particular cut-off mounts or the features of morphology do not precisely introduce the availability or non-availability of EH or cancer [13]. The biopsy of endometrium is highly accurate in the discovery of the cancer of endometrium & hyperplasia and should be engaged when severe disease of endometrium is suspected in premenopausal & postmenopausal females [9]. D&C (dilatation and curettage) under normal anaesthesia was the ideal standard for deciding the reason of abnormal bleeding from uterus from last many years [14].

Less invasive outpatients' procedures as V&P (Vabra and Pipelle) has same or bad detection preciseness of the disease because of blind sampling of endometrium [15]. In the start of 1990s, TVS (transvaginal sonography) highly enhanced the preciseness of the assessments of morphology of endometrium, but from last ten years hysteroscopy has develop into the ideal method for the assessment of the uterine cavity in many hospitals, mainly if executed in the setting of an office and if linked with biopsies which are eye guided [15-22]. Hysteroscopy with no biopsy of the endometrium is untrustworthy in distinguish between before malignant state & malignant disease in the cavity of uterine [23]. If the cavity is visibly atrophic it might be probable to exclude the sampling of endometrium [24]. The cancer of endometrium may be available in asymptomatic & symptomatic females with or without essence of atrophic and/or focally

Hyperplasic endometrium [25, 26], which are very hard to discover with the help of ultrasound. In this research work, we attempted to define the features of hysteroscopy of EH.

MATERIALS AND METHODS:

This research work carried out in the Mayo Hospital Lahore. The duration of this study was from January 2015 to May, 2017. In this research work, all fifty women experienced the method of hysteroscopy. Abnormal uterine bleeding, high pain, no symptoms and some other factors were the main reasons of hysteroscopy. Direct biopsy with the help of hysteroscopy carried out and the collected samples sent for the evaluation of the cause and development of this problem. EH was present in only five patients among the fifty females initially checked. The features of the hysteroscopy of all the diagnosed patients reconsidered frequently.

RESULTS:

There was a clear view of cystic bizarre in one patient who was suffering of cystic hyperplasia. The distortion in the panoramic view of the cavity of endometrium was visible. The colour of the cystic figures was only white. In the 2nd and 3rd patient, there was an availability of the suspicious lesions of white colour near the site of cornea. The distortion was not visible in the panoramic view. The report of the disease concluded the presence of hyperplasia with no atypia in both of these two patients.

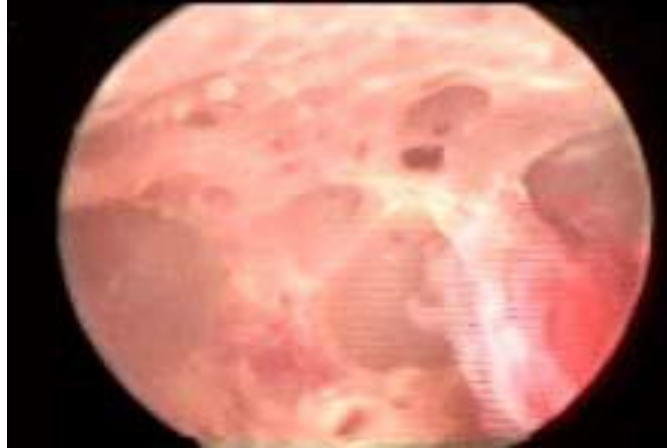


Fig 1: simple cystic hyperplasia.

In the 4th patient, atrophic appearance was present on endometrium and distortion was not present in the panoramic view. The area of suspicious was not available but we were aware of the report of the disease, there a diffuse white area in the site of fundal near the cornea. In the report of the disease, hyperplasia with no atypia was the abnormality. In the 5th patient who was suffering of EH with atypia, we found clear white elevations in the endometrium. These visible elevations were present in the form of small segments & in white shiny colour.



Fig:2 Simple hyperplasia without atypia



Fig:3 Simple hyperplasia without atypia

DISCUSSION:

EH has the ability to create the abrasions in intra-cavitary which can be visible only with the help of hysteroscopy. The visible intra-cavitary lesions are of white colour, easily broken into small segments and absence of the vessels in those lesions. These lesions have the ability to deform the view of the cavity of endometrium. EH may available with some or without clear lesions of endometrium in the test of hysteroscopy. It is without any doubt that under the direct view of eye, the detection of the clear lesions

of space occupying & the captivation of biopsies is very easy in the patient one and patient five. In the patient 2 and patient 3, the lesions were available in the area near to cornea. It appears that hyperplasia for the very first time emerges in cornea. The detection of the cause of disease of hyperplasia with the help of hysteroscopy in the patients which did not find with lesions was the main pit fall of this method as in the case of patient four.



Fig 4: Simple hyperplasia without atypia

Biopsy is better than the normal view of the hysteroscopy. In hospital of Rivierenland located in Netherlands, Wit AC, Vleugels & Kruif JH conducted one thousand and forty-five detection methods of the hysteroscopy for continuous 6 years, concentrating on their worth in the detection of the EH & carcinoma. They found that hysteroscopy is very vital detection procedure in the discovery of disease. The worth in the detection of hyperplasia or carcinoma of endometrium is inadequate & even with the biopsy it cannot be diminished [27]. From Switzerland Benagiano & Mencaglia from Italy concluded that there are no particular symptoms for every histological condition of the EH.

The presentation of hysteroscopy EH shows increase in the width of the endometrium, large amount of bleeding & disturbed arrangement of openings of the glandular. In the early stages, Cancer of the endometrium describes a papillary manifestation with non-standard excrescences of the polylobate which are separated into segments and partially necrotic and/or haemorrhagic. Irregularity and anarchy found in the vascularisation. Many times, there is a clear line which is separating the normal endometrium and cancerous endometrium. Neoplastic abrasions are found in the region of the tubal cornea [28]. EH has the ability to create clear region occupying lesions in which detection with the help of hysteroscopy is very easy, but is very hard to detect this in the very early stage of this problem because of unclear appearance.

CONCLUSION:

This disease may create the obvious gap occupying lesions in which the discovery of the disease is very easy with the help of hysteroscopy, but it is very hard to identify it in beginning stage.

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