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FREQUENCY OF PATHOMORPHOLOGICAL CHANGES IN THE ENDOMETRIUM AND MYOMETRIUM IN THE DEVELOPMENT OF ABNORMAL UTERINE BLEEDING IN WOMEN IN PERIMENOPAUSE

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Abstract: An important aspect of the problem of abnormal uterine bleeding (AUB) is the issue of qualitative diagnosis in patients with AUB caused by pathomorphological changes in the endometrium and myometrium, such as endometrial hyperplasia, uterine fibroids, adenomyosis, the combination of fibroids and endometrial hyperplasia, and the combination of adenomyosis and endometrial hyperplasia.

Keywords: Pathomorphological causes, abnormal uterine bleeding, endometrial polyp, endometrial hyperplasia.

Introduction: The term AUB refers to severe uterine bleeding, the causes of which may include anatomical pathology of the reproductive system, as well as cases in women with normal anatomy, where AUB may be caused by ovulatory dysfunction, coagulopathies, and iatrogenic factors [1, 3, 7, 10,]. Pathomorphological changes in the uterus in AUB can be classified as follows:

- PALM
- P - Polyp
- A - Adenomyosis
- L - Leiomyoma
- M - Myoma

Hyperplastic processes in the endometrium are common pathologies whose frequency increases during the hormonal changes of perimenopause [2, 5,]. Endometrial hyperplasia often manifests as abnormal uterine bleeding [2, 4,]. Endometrial polyps and cervical polyps are the second most common cause of abnormal bleeding [3, 4, 9, 13].

Clinical Classification of Endometrial Polyps:

1. Polyps covered with a functional layer of the endometrium
2. Glandular polyps
3. Fibrous polyps
4. Glandular-fibrous polyps
5. Adenomatous polyps

Clinical manifestations of uterine fibroids and adenomyosis also present with abnormal uterine bleeding. Special attention is given to the issues of qualitative diagnostics and developing the management strategy for patients with AUB caused by fibroids, adenomyosis, the combination of fibroids and endometrial hyperplasia, and adenomyosis with endometrial hyperplasia [2, 4, 8]. The risk of malignancy is significantly higher when pathology of the endometrium coexists with fibroids and adenomyosis compared to patients with these conditions in isolation. According to many authors, the high probability of combining fibroids and adenomyosis (85%), fibroids and endometrial hyperplasia (65%), and endometrial hyperplasia and adenomyosis (16.2%) has been observed [8, 9]. Therefore, the search for the most accessible and informative methods for early diagnosis, as well as the selection of appropriate treatment for AUB caused by anatomical pathologies of the endometrium and myometrium, or their combinations, is of great diagnostic significance [3, 4, 8, 10].

Objective of the Study:

To determine the pathomorphological causes of abnormal uterine bleeding in women during perimenopause.

Materials and Methods:

In order to achieve the objective, 105 women in perimenopause with AUB were examined using the following diagnostic methods:

- History and assessment of bleeding characteristics
- Clinical blood tests
- Gynecological examination
- Doppler mapping
- Sonohysterography
- D&C (dilatation and curettage) with subsequent histology
- Hysteroscopy with targeted biopsy and histology.

Results and Discussion:

The age of the women varied from 45 to 47 years. According to their medical history, 28 (27%) women had recurrent AUB, while the remaining 73 (72%) women had AUB for the first time.

Gynecological examination:

Examination with speculums was used to differentiate bleeding from the vagina or cervix, while bimanual pelvic examination, including assessment of the size and contours of the uterus and appendages, was performed on all women. In 10 (65%) women, the size of the uterus was normal, and the appendages were not palpated. In 72 (72%) women, the uterus was enlarged, and 6 (9%) of them had associated tenderness. In 28 (27%) women, both the uterus and appendages were enlarged.

Laboratory assessment:

A clinical blood test and coagulogram were performed. Anemia was observed in all women, with 19 (18%) showing severe anemia. Coagulation disorders were present in 39 (37%) women, with 30 (29%) showing hypercoagulation, and 75 (71%) had hypocoagulation.

In women during perimenopause, cyclic changes in the endometrium still occur. Transvaginal ultrasound was not performed due to bleeding during the examination. Sonohysterography with infusion of isotonic sodium chloride solution was conducted after bleeding cessation. In the majority of women (79%), uterine

cavity enlargement was observed. Doppler color mapping was performed on all patients. Ultrasound findings revealed that 65% of women had no morphological changes in the endometrium and myometrium. In 45% (47) cases, pathomorphological changes were detected, including:

- Endometrial polyps in 10 (21.2%)
- Endometrial hyperplasia in 11 (23.4%)
- Uterine myoma in 8 (17%) (including 5.3% submucosal)
- Adenomyosis in 4 (8.5%)
- Combination of endometrial hyperplasia and leiomyoma in 7 (15%)
- Combination of leiomyoma and adenomyosis in 7 (15%)

Dilatation and curettage with subsequent histology was performed on 67 (64%) patients for diagnosis and control of bleeding. Histological results showed:

- Glandular hyperplasia in 9 (13.4%)
- Glandular-cystic hyperplasia in 5 (7.5%)
- Endometrial polyposis in 8 (12%)
- Atypical hyperplasia in 2 (3%)
- Endometrial cancer in 1 (1.5%)
- Inflammatory process in the endometrium in 42 (62.6%)

Hysteroscopy with targeted biopsy was performed on 12 (11.4%) women. Findings included:

- Glandular polyps in 3 women
- Fibrous polyps in 2 women
- Glandular-fibrous polyps in 1 woman
- Adenomatous polyps in 2 women
- Submucosal fibroid node in 1 woman

Conclusion:

According to the results of pathomorphological studies, the most common causes of abnormal uterine bleeding in perimenopausal women are hyperplastic processes (36%) of the endometrium, which are often combined with adenomyosis and fibroids (20.8%). The most informative diagnostic methods are Doppler ultrasound, hysteroscopy with targeted biopsy, and diagnostic D&C of the uterine cavity.

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