



CORRELATION BETWEEN (TRANS-ABDOMINAL/VAGINAL) SONOGRAPHY AND HISTOPATHOLOGY OUTCOME IN ABNORMAL UTERINE BLEEDING(AUB) IN PERI-MENOPAUSAL WOMEN

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Introduction:

Abnormal Uterine Bleeding (AUB) may display several patterns such as menorrhagia, metrorrhagia or both patterns (menometrorrhagia). It affects 10-30% of reproductive-aged women and up to 50 % of perimenopausal women. Both cervical and endometrial cancer can cause AUB. Sampling and histological evaluation of endometrium in women with AUB may disclose infection or neoplastic lesions such as endometrial hyperplasia, cancer, polyp, or gestational trophoblastic disease.

Objectives:

To determine efficacy of (Trans-Vaginal/Abdominal) Ultrasound in depicting the pattern of endometrium, correlate the endometrial pattern and thickness with endometrial histopathology in peri-menopausal women with AUB, compare the efficacy between TVS and TAS on detecting abnormal endometrial and adenial pattern and to reduce the need of invasive procedures.

Method:

Retrospective study on 100 patients of perimenopausal age group presenting with (AUB) in Letterkenny University Hospital Jan-Dec 2016. Women of more than 39 years age, before menopause with menstrual irregularities. Excluded patients with carcinoma of genital tract, active genital tract infection, Severe medical conditions and Pregnancy and related causes. Results were chi-squared using SPSS version 22.

Results:

Correlation of TVS/TAS diagnosing normal endometrium with histopathological examination showed substantial difference between both modalities. TVS has high sensitivity of 76.4% in detecting endometrial hyperplasia in endometrial thickness 8-15 mm with PPV of 57.5%. TVS/TAS endometrial thickness > 15mm showed moderate agreement in endometrial hyperplasia with 80% specificity. D&C is less effective in detecting endometrial myoma with sensitivity 8%. TVS better on detecting endometrial polyp with sensitivity of 100% compared to 12.5 % in TAS. While TAS was slightly better in detecting myoma than TVS.

Conclusion:

Perimenopausal women with AUB first investigation should be TAS if TVS is not available. If endometrial thickness with >8mm dilatation and curettage can be avoided in 33 % of women. TAS/TVS are

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noninvasive, easily acceptable by the women as an initial procedure. If needed we can subject women to further invasive tests. One more advantage of TVS is we can also see the myometrium, endomyometrial junction adnexae and ovaries. The main disadvantage of TVS/TAS is the technique of measuring the endometrium and experience of the operator which will affect the measurements.