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**MORPHOLOGICAL PICTURE OF THE ENDOMETRIUM IN
WOMEN WITH ABNORMAL UTERINE BLEEDING IN THE
PERIMENOPAUSAL PERIOD**

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Abstract: The climacteric period (menopause, menopause) is a physiological transitional period in a woman's life or a kind of stage of life that occupies the period of time between the reproductive phase and old age [2,3,6,9,13]. According to statistics, more than 1/3 of her life a woman is in the period of peri- and postmenopause. According to a number of authors, menopause is a signal for the implementation of preventive medicine, when diseases of old age are formed, including cardiovascular, neurological and musculoskeletal diseases [1,5,8,10]. In addition, during this period of life, women experience uterine bleeding, which negatively affects their quality of life and leads to anemia. Abnormal uterine bleeding (AMB) is a pathological change in menstrual function [4,7,11,12]. Functional changes can occur at various levels: in the pituitary and hypothalamus, adrenal glands, ovaries, thyroid gland and cerebral cortex. AUB in the premenopausal period is treated by separate curettage of the uterine cavity. Other modern techniques can also be applied. Also prescribed drugs to stop bleeding and hormonal agents. Since the pathology is often combined with menopausal syndrome, the patient is recommended sedatives and other compounds to normalize the functioning of the central nervous system

Key words: abnormal uterine bleeding, perimenopause, hormonal levels.



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Introduction

Purpose of the study. To study the morphological picture of the endometrium in women in the perimenopausal period.

Materials and research methods. This prospective study examined 30 endometrial samples taken from perimenopausal women. The studied patients were selected from those who applied to RNSEMP BF for abnormal bleeding. The age of patients with acyclic uterine bleeding ranged from 45 to 60 years. A detailed history of medical history was obtained, such as age, development of menstrual status, including dysmenorrhea, menorrhagia, period, and cycle regularity. Endometrial samples were obtained by endometrial curettage. Samples were obtained in 10% formalin. They were carefully studied and several sections were taken from each. The samples were processed in an automated tissue processor. Stained with hematoxylin and eosin. Statistical analysis of the results was performed using Student's t-test, Fisher's exact method, X^2 (Pearson), correlation analysis was performed using the Stat Graf software package and Microsoft excel.

Research result. A total of 30 endometrial samples were obtained during the study period. Patients were divided into age groups in perimenopause (45-50 years) and postmenopause (over 50 years). Of the 30 cases, 17 (68.9%) of the studied women were in the perimenopausal period (n=17), and 13 (22.1%) were in the postmenopausal period (n=10). The most common symptom in both groups was menorrhagia 19 (50.37%) followed by metrorrhagia 12 (29.43%) and postmenopausal bleeding 8 (20%). The data is shown in Figure 1.

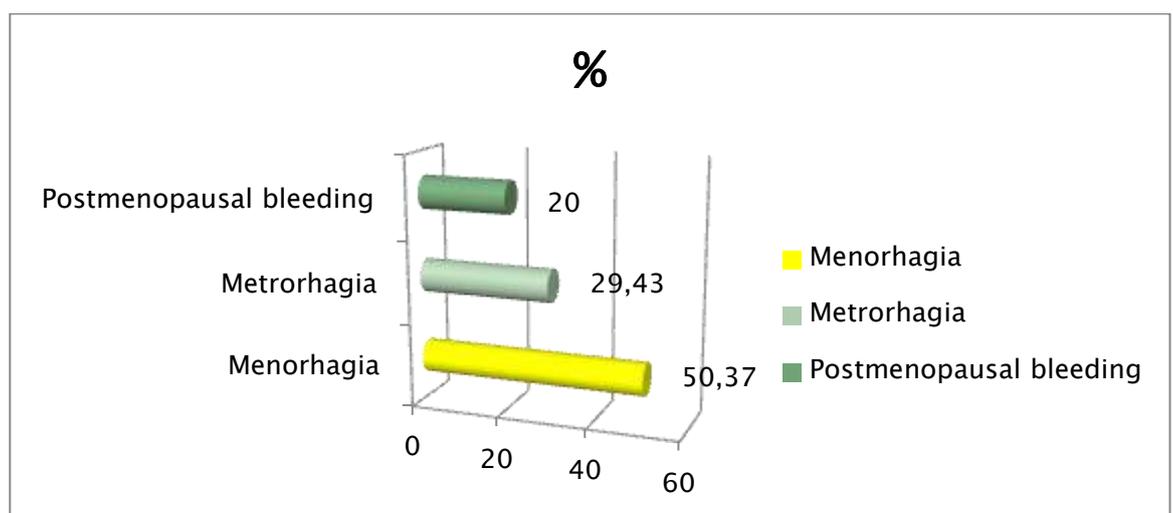


Figure 1. Distribution of symptoms in the two study groups.



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The predominant histopathological feature was endometrial proliferation (39.5%) followed by hyperplasia (28.4%) in both age groups. In the perimenopausal age group, endometrial proliferation was the most common finding, observed in 10 cases (37.03%), followed by endometrial hyperplasia in 7 cases (62.07%). Of the 7 cases of endometrial hyperplasia, simple hyperplasia was 4 cases, and complex hyperplasia without atypia was observed in 3 cases.

The histopicture of the endometrium in the perimenopausal period shows that endometrial proliferation is observed in 34.09% of cases, secretory type of endometrium in 7.95%, endometrial atrophy in 2.27%, endometrial hyperplasia in 23.86, chronic endometritis in 5.68 %. In postmenopausal women, atrophic endometrium was most commonly found, observed in 7 cases, followed by endometrial hyperplasia in 4 cases. Of which 2 cases showed hyperplasia without atypia.

The discussion of the results. The endometrium is an amazingly dynamic tissue. It undergoes regular cyclical changes in response to the intermittent hormonal changes of the ovulatory cycles. Abnormal uterine bleeding that occurs as heavy, prolonged, or acyclic bleeding during the menopausal period, or as spotting or minimal bleeding in the postmenopausal period, may be alarming and needs to be carefully evaluated, as this may be the only clinical manifestation indicating the risk of developing endometrial cancer .In the current study, endometrial specimens (curettage) were assessed to determine age-related incidence, clinical and pathological features. The incidence of abnormal uterine bleeding was greater in the perimenopausal age group than in the postmenopausal age group. The reason may be the wrong approach to treatment or the late appeal of women to specialists. Menstrual irregularities have been noted to increase with age. The most common symptoms were menorrhagia (52.74%) followed by postmenopausal bleeding (38.27%). Bleeding in the proliferative phase may be associated with the anovulatory cycle, where there is a gradual increase in estrogen levels to relatively high levels, followed by a sudden drop in estrogen levels due to pituitary feedback suppression or FSH secretion resulting from bleeding.

Bleeding in the secretory phase was apparently associated with a violation of the ovulatory function of uterine bleeding. This is due to the inability of the corpus luteum to synthesize enough progesterone, although it remains active throughout the entire period of 12-14 days. To clarify the etiology of ovulatory bleeding, a daily analysis of serum progesterone is required. Endometrial hyperplasia is usually observed in the perimenopausal age due to the anovulatory course of the cycle. Permanently ungrown follicles expose the endometrium to an abnormally excessive and prolonged action of estrogen, which in turn causes menstrual irregularities such as acyclic uterine bleeding.

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Conclusion

Histological examination of the endometrium in women with acyclic uterine bleeding over the age of 42 plays an important role in the diagnosis of various histological and etiopathological processes. Therefore, histopathological examination is mandatory in cases of perimenopausal and postmenopausal uterine bleeding. It helps to detect early atypical hyperplasia and even endometrial cancer, which has a favorable prognosis if detected early.

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