**RESULTS**

A total of 105 patients were included in the study. Patients age ranged from 45 to 78 years.

Majority of the patients belonged to Premenopausal group (92%) and the rest 8% were Post-Menopausal.

[Table 1]: Histopathology in Pre and Post-Menopausal group

|  |  |  |  |
| --- | --- | --- | --- |
| Findings | Premenopausal (n=97) | Postmenopausal  (n=8) | Total  (n=105) |
| Proliferative Endometrium | 31 (32%) | 1 (12.5%) | 32 (30.4%) |
| Secretory Endometrium | 24 (25%) | 0 (0%) | 24 (22.8%) |
| Simple Hyperplasia | 12 (12.3%) | 2 (25%) | 14 (13.3%) |
| Complex Hyperplasia | 8 (8.2%) | 1 (12.5%) | 9 (8.5%) |
| Atrophic Endometrium | 1 (1%) | 3 (37.5%) | 4 (3.8%) |
| Endometritis | 19 (19.5%) | 0 (0%) | 19 (18%) |
| Malignancy | 2 (2%) | 1(12.5%) | 3 (2.8%) |

As shown in Table 1, Proliferative endometrium was the most common finding in Pre-menopausal group (32%) whereas Atrophic endometrium (37.5%) in Post-Menopausal.

19.5% of Premenopausal patients had Endometritis.

Malignancy was higher in Post-Menopausal (12.5%) with respect to Pre-Menopausal (2%).

[Table 2]: Distribution of cases according to type of endometrial hyperplasia

|  |  |  |  |
| --- | --- | --- | --- |
| Type of hyperplasia | Number of patients | No. of patients (%) | |
| Simple Hyperplasia | 14 | | 61 |
| Complex Hyperplasia | 9 | | 39 |
| Atypical Hyperplasia | 0 | | 0 |
| Total | 23 | | 100 |

According to Table 2, 22% of patients had endometrial hyperplasia. Simple hyperplasia was

more common (61%).39% of patients had Complex hyperplasia. Atypical hyperplasia was

not noted in our study.

[Table 3]: Endometrial thickness in different age groups

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | Endometrial thickness | | | | |  |
| <5mm | 5-10mm | 11-15mm | 16-20mm | >20mm | Total |
| Pre-menopausal | 1 | 33 | 49 | 11 | 3 | 97 |
| Post-menopausal | 1 | 4 | 2 | 1 | 0 | 8 |

Table 3 shows endometrial thickness in both age groups. Majority of patients (48.5%) had endometrial thickness between 11-15mm.

[Table 4]: Correlation of Parity with Histopathology

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Proliferative | Secretory | Simple hyperplasia | Complex hyperplasia | Atrophic | Endometritis | Malignancy | Total |
| Nullipara | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| Primipara | 3 | 2 | 0 | 3 | 1 | 2 | 1 | 12 |
| Multipara | 28 | 22 | 14 | 6 | 3 | 17 | 2 | 92 |

Table 4 shows different histopathological pattern with parity. Majority of women were multiparous (87.6%). Endometrial Hyperplasia was more common in Primipara (25%).Endometrial carcinoma was again more in Primipara (8.3%) as compared to 2.1% in Multipara

[Table 5]: Comparing endometrial thickness(mm) with endometrial histopathology

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | <5mm | 5-10mm | 11-15mm | 16-20mm | >20mm | Total |
| Proliferative Endometrium | 2 | 7 | 22 | 1 | 0 | 32 |
| Secretory Endometrium | 0 | 13 | 9 | 1 | 1 | 24 |
| Simple hyperplasia | 0 | 1 | 10 | 2 | 1 | 14 |
| Complex Hyperplasia | 0 | 1 | 1 | 6 | 1 | 9 |
| Atrophic endometrium | 0 | 4 | 0 | 0 | 0 | 4 |
| Endometritis | 0 | 11 | 8 | 0 | 0 | 19 |
| Malignancy | 0 | 0 | 1 | 2 | 0 | 3 |
| Total | 2 | 37 | 51 | 12 | 3 | 105 |

The above table shows association of different histopathological pattern with endometrial thickness. Malignancy was not seen when endometrial thickness was less than 11mm.Endometrial Hyperplasia was also more common when the thickness was more than 11mm.