**DISCUSSION**

Variation in menstrual flow and cycle length are common at extremes of reproductive age. Endometrial hyperplasia and cancer are more commonly detected in older than in younger age. In Premenopausal women the likelihood of abnormal endometrial histology is relatively high (14%) when menses are irregular but very low (less than 1%) when cycles are regular [10} Approximately 10% (range 1–25%) of postmenopausal bleeding patients will be diagnosed with endometrial carcinoma [11]

In the Present study group, age of the patients ranged from 45 to 78years. A cut off value of 45 years was taken for evaluation of abnormal uterine bleeding and endometrial biopsy [12] 48.5% of patients had endometrial thickness between 11-15mm on USG Similar to the study conducted by Dipanshu Sur (42.3%) [ 13]

Proliferative Endometrium was the most common finding (30.4%) which indicates anovulatory AUB which occurs in perimenopausal women who is in follicular phase of ovarian cycle and proliferative phase of endometrial cycle. Proliferative endometrium was the predominant finding in 32% of Pre-menopausal group and Atrophic endometrium (37.5%) in Post-Menopausal.

In the study done by Rajshri P [14] the predominant histopathological findings were Proliferative endometrium (34.09%) in perimenopausal women and Atrophic endometrium in Postmenopausal (25.8%). Similar findings were also noted by Dangal G [15] 22% of patients had endometrial hyperplasia. Simple hyperplasia was more common (61%).Similar to the study done by Talat Mirza [16] where 30% cases were endometrial hyperplasia. Similar finding was noted by Rajshri P (23.86%) [14] Dangal (23%) [15]

Malignancy was higher in Post-Menopausal (12.5%) as compared to Pre-Menopausal (2%).A higher incidence of malignancy was seen in Postmenopausal in the study done by Dangal G (24.3% vs 7.7%) [15] Endometrial Hyperplasia was more common in Primipara (25%).Endometrial carcinoma was again more in Primipara (8.3%) as compared to 2.1% in Multipara. As endometrium is in inactive state during Pregnancy, multipara patients have lower incidence of endometrial hyperplasia and carcinoma.

In patients presenting with abnormal uterine bleeding when endometrial thickness was less than 11mm endometrial carcinoma was not observed. More number of patients had endometrial hyperplasia when endometrial thickness was more than 11mm.Similarly in the study done by Pilai Complex hyperplasia and malignancy was not noted when endometrial thickness was less than 14.9mm [17].