

# A Spectrum of Histopathological Findings in Hysterectomy Specimens at a Tertiary Care Center in Western Nepal: A Descriptive Study

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## Abstract

**Introduction:** Hysterectomy is a widely performed major surgical procedure in women globally. It is performed as a definitive treatment for several pathologies of female reproductive organs, which include uterine fibroids, uterine prolapse, abnormal uterine bleeding, adenomyosis, endometriosis, and malignancies. The current study aimed to assess the spectrum of histopathological findings in hysterectomy specimens.

**Methods:** A retrospective descriptive study was conducted in the Department of Pathology from November 2022 to July 2025 after ethical approval from the Institutional Review Committee. (Reference number: IRC-LMC-07/2025) A total of 210 women were enrolled who presented with a clinical diagnosis of female genital tract lesions. Clinical details, including age of patients, preoperative diagnosis and type of surgical procedure, were retrieved from medical records of the Department of Obstetrics and Gynaecology. All slides were observed under a light microscope by the consultant pathologist. Descriptive data were analyzed statistically, Statistical Package for the Social Sciences version 25 was used for the analysis.

**Results:** Among the specimens observed, the most predominant endometrial lesions were proliferative phase endometrium in 103 (49%) cases, followed by atrophic endometrium in 51 (24.28%) cases. Leiomyoma was the most common myometrial lesion in 90 (42.85%) cases, and adenomyosis was seen in 20 (9.52%). The ovaries manifested various lesions; the corpus luteal cyst was the most frequently encountered lesion, seen in 23 (16.31%) cases and two malignant tumors one high-grade serous carcinoma and one transformed teratoma.

**Conclusions:** The current study revealed that a wide spectrum of lesions can be identified on histopathological examination. Therefore, it is essential that all hysterectomy specimens undergo thorough histopathological evaluation even when they appear grossly normal.

**Keywords:** abnormal uterine bleeding; adenomyosis; endometrium; hysterectomy; leiomyoma.

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Hysterectomy is a widely performed major surgical procedure in women globally.<sup>1</sup> It is performed as a definitive treatment for several pathologies of female reproductive organs, which include uterine fibroids, uterine prolapse, abnormal uterine bleeding, adenomyosis, endometriosis, and malignancies.<sup>2</sup>

Histopathological examination typically aligns with clinical and radiological assessment. Nevertheless, certain lesions are detected only under the microscope. Preoperative diagnosis of adenomyosis is often missed until the tissue is examined microscopically.<sup>3</sup> Histopathological examination of hysterectomy specimens aids in diagnosis, postoperative management, and evaluation of uterine and adnexal lesion patterns.<sup>4</sup> Depending on the case, hysterectomy can be performed through abdominal, vaginal, or laparoscopic routes and may be combined with unilateral or bilateral salpingo-oophorectomy.<sup>5</sup>

The current study aimed to assess the spectrum of histopathological findings in hysterectomy specimens.

## Methods

A retrospective descriptive study was conducted in the Department of Pathology at the Tertiary Care Centre in Nepal, from November 2022 to July 2025. A total of 210 women were enrolled who presented to the Department of Obstetrics and Gynaecology with a clinical diagnosis of female genital tract lesion. Inclusion criteria encompassed all hysterectomy procedures, such as abdominal, vaginal, laparoscopic, and total abdominal, whether or not they involved the removal of one or both fallopian tubes and ovaries. Exclusion criteria included obstetric hysterectomies and patients with incomplete clinical documentation. Ethical approval was obtained from the Institutional Review Committee (Reference number: IRC-LMC-07/2025).

Clinical details, including the age of the patient, preoperative diagnosis and type of surgical procedure, were retrieved from the medical records of the Department of Obstetrics and Gynaecology. Histopathological findings were obtained from the Department of Pathology and were tabulated accordingly. All samples had been routinely fixed in 10% neutral buffered formalin, processed, paraffin-embedded, and stained with Hematoxylin and Eosin as per standard department protocol. All slides were observed under a light microscope by the consultant pathologist. Descriptive data were analyzed statistically, and SPSS software version 25 was used for the analysis.

## Results

A total of 210 hysterectomies were performed during a two-and-a-half-year study period. Among these, 141 (67.14%) cases were performed via the abdominal route as Total Abdominal Hysterectomy with bilateral salpingo-oophorectomy (TAH with BSO). An additional Vaginal hysterectomy was performed in 37 (17.61%) cases. 27 (12.85%) cases underwent total abdominal hysterectomy with bilateral salpingectomy.

**Table 1:** Different Hysterectomies performed (n=210).

Characteristics	Frequency (n=210)	Percentage (%)
TAH with BSO	141	67.14
Vaginal hysterectomy	37	17.61
TAH with bilateral salpingectomy	27	12.85
Total laparoscopic hysterectomy with bilateral salpingectomy	5	2.38

Fibroid uterus was the most frequent pre-operative indication for hysterectomy in our study, accounting for 88 (41.90%), followed by abnormal uterine bleeding in 48 (22.85%) cases. Uterine prolapse was observed in 37 (17.61%), while an adnexal cyst or mass was identified in 19 (9%). The pre-operative clinical diagnoses and their respective frequencies and percentages are shown in Table 2.

**Table 2:** Pre-operative Clinical Diagnosis (n=210).

Characteristics	Frequency (n=210)	Percentage (%)
Fibroid Uterus	88	41.90
Abnormal Uterine Bleeding	48	22.85
Uterine Prolapse	37	17.61
Adnexal Cyst/mass	19	9
Cervical Intraepithelial lesion	7	3.30
Endometrioma	4	1.90
Adenomyosis	3	1.42
Cervical fibroid	2	1
Ovarian Torsion	2	1

Histological examination of the endometrium showed proliferative endometrium was the most frequent finding, found in 103 (49%) cases, followed by atrophic endometrium in 51 (24.28%) cases and secretory endometrium in 24 (11.42%) cases. Disordered proliferative endometrium was observed in 20 (9.52%), while endometrial polyp was seen in 7 (3.33%).

**Table 3:** Distribution of histopathological findings in Endometrium/Myometrium and Cervix

	No. of cases	Percentage (%)
<b>Histopathological findings in Endometrium/Myometrium</b>		
Proliferative Endometrium	103	49
Atrophic Endometrium	51	24.28
Secretory Endometrium	24	11.42
Disordered Proliferative Endometrium	20	9.52
Endometrial Polyp	7	3.33
Endometrial Hyperplasia without atypia	3	1.42
Endometrial Carcinoma	1	0.5
Endometrial Hyperplasia with atypia	1	0.5
Leiomyoma	90	42.85
Adenomyosis	20	9.52
Normal myometrium	100	47.61
<b>Histopathological findings in the Cervix</b>		
Chronic cervicitis	105	50
Chronic Cervicitis with Squamous Metaplasia	54	25.71
Papillary Endocervicitis	26	12.3
Cervical Intraepithelial Neoplasia (CIN I)	10	4.76
Cervical Intraepithelial Neoplasia (CIN II)	5	2.38
Endocervical Polyp	5	2.38
Cervical Intraepithelial Neoplasia (CIN III)	3	1.42
Cervical fibroid	2	1
Total	210	100

Out of 210 hysterectomy specimens analyzed, oophorectomy and salpingectomy were carried out in 141 and 173 cases, respectively. Most ovarian specimens were normal in 89 (63.12%) cases histologically. Among the pathological findings, corpus luteal cyst was the most common, 23 (16.31%), followed by cystic follicle, 9 (6.38%) and endometriotic cyst, 4(2.83%).

**Table 4:** Distribution of ovarian and fallopian tube lesion

	No of cases	Percentage (%)
<b>Histopathological findings in the Ovary</b>		
Normal histology	89	63.12
Corpus Luteal Cyst	23	16.31
Cystic follicle	9	6.38
Serous Cystadenoma	7	4.96
Endometriotic cyst	4	2.83
Mature cystic teratoma	3	2.12
Mucinous cystadenoma	2	1.41
Follicular cyst	1	0.5
Serous Borderline tumor	1	0.5
High grade serous carcinoma	1	0.5
Transformed Teratoma	1	0.5
Total		141
<b>Histopathological findings in Fallopian Tube</b>		
Normal	129	74.56
Paratubal Cyst	32	18.49
Salpingitis Isthmica Nodosa	6	3.46
Atrophic Fallopian tube	3	1.73
Chronic Salpingitis	2	1.15
Acute Salpingitis	1	0.57
Total		173

In this study, leiomyoma was more common in the extreme reproductive age group of 41–50 years, with a mean age of 46.5 years. Adenomyosis showed a similar age distribution, with the mean age of 50.0 years.

**Table 5:** Age group frequency of Leiomyoma and Adenomyosis

Age group	Leiomyoma	Adenomyosis
31-40	17	2
41-50	52	12
51-60	18	2
61-70	1	3
71-80	2	1

## Discussion

Hysterectomy is an elective surgical intervention in gynaecology, with high prevalence both nationally and internationally. This method effectively eases symptoms, amplifies patient satisfaction, and provides a lasting solution for numerous uterine

and adnexal problems.<sup>6</sup> Hysterectomy is performed through abdominal, vaginal, or laparoscopic routes, although the abdominal approach is favoured by most gynaecologists worldwide.<sup>7</sup> In this study, abdominal hysterectomy was the most commonly performed procedure, accounting for 168 (80%) cases, whereas vaginal hysterectomy comprised 37 (17.60%) cases, and the laparoscopic route was 5 (2.30%) cases. The study done by Sachin et al. found the abdominal route was in (54.40%) of hysterectomy cases and vaginal route was found in 38.9% and laparoscopic route (2.30%).<sup>8</sup> According to the study done by MacKanzie et al., the abdominal route was chosen in (79%) of cases and the vaginal route in 17%.<sup>9</sup>

The most frequent pre-operative indication for hysterectomy in our study was fibroid uterus, followed by abnormal uterine bleeding and uterine prolapse. This finding was comparable with the study done by Broder et al., where the indication was fibroid (60%), prolapse (11%) and bleeding in (8%).<sup>10</sup> Contrasting findings have been documented by Pandya et al., who found that abnormal uterine bleeding was the most common complaint in (36.80%), followed by uterine prolapse in (18.40%).<sup>11</sup>

The present study identified proliferative endometrium as the most frequent endometrial finding (49%), often associated with lesions such as fibroid and adenomyosis, followed by the atrophic endometrium (24.20%), which was frequently observed in postmenopausal women with uterovaginal prolapse. A similar result was reported by Patil et al., in which the proliferative phase endometrium was the most common endometrial lesion, followed by the atrophic endometrium.<sup>12</sup> The study conducted by Kleeckaow et al. observed atrophic endometrium as the most prevalent endometrial lesion, which constituted 3.80% of cases, which was inconsistent with our study.<sup>13</sup> The most commonly observed lesion in the myometrium was a leiomyoma in our study. Histopathological examinations of hysterectomy specimens in most studies reported uterine leiomyoma as the most common tumor of the uterus.<sup>10</sup> Similarly, the study done by Ruqaiya Shahid et al. reported leiomyoma in 52 cases (33.12%), which aligns with our findings.<sup>14</sup>

In most cases, leiomyoma affects women in their reproductive age group. During the childbearing year, leiomyoma has a cumulative incidence of 70–80%.<sup>15</sup> Lesions from cervix, fallopian tube and ovary are clinically important. Our objective is to analyze the various lesions in female genital tract, to study the incidence of various lesions and their interrelation. **Materials and Methods:** A 1 year retrospective study conducted in the Dept. of Pathology IIMS & R Medical College, where in 140 specimens of female genital tract (uterus, fallopian tube and ovary Leiomyomas

are benign smooth muscle neoplasms arising from smooth muscle, with variable proportions of connective tissue.<sup>16</sup>

Most cases of leiomyoma present with per vaginal bleeding, dysmenorrhea, and a palpable lower abdominal mass. Adenomyosis is usually diagnosed only after hysterectomy through histopathological examination. Due to its nonspecific clinical features, adenomyosis often remains undetected unless hysterectomy specimens are subjected to histopathological evaluation.<sup>17</sup>

In our study, chronic cervicitis was the most common cervical lesion, accounting for 50% of cases, which is comparable to the findings reported by Talukder et al.<sup>18</sup>

Among the seven Cervical Intraepithelial Lesions identified pre-operatively, histopathology revealed CIN-I in 10 cases (4.76%), CIN-II in 5 (2.38%), and CIN-III in 3 (1.42%). In the present study, 1 (0.5%) of high-grade serous carcinoma and 1(0.70%) of transformed teratoma were detected, whereas the majority of ovaries, 89 (63.10%), demonstrated normal histology or functional cyst. Similar results were observed in an international cohort study, which reported ovarian carcinoma in only 1.50% of bilateral and 1.90% of unilateral oophorectomies, while most specimens showed benign pathology.<sup>19</sup> Evidence indicates that ovarian conservation during hysterectomy for benign conditions confers lasting health and well-being, as post-menopausal ovaries continue to secrete hormones essential for systemic health.<sup>20</sup> Removal of functional ovaries increases risks of cardiovascular, skeletal, and psychological conditions, as demonstrated in large-scale studies.<sup>21</sup> The ovarian preservation may be suggested during hysterectomy for AUB, since imaging and clinical findings demonstrate normal ovaries. Among 173 fallopian tubes, the normal comprises of 74.56%. A study done by Bawan et al. reported 66.50% of cases found no pathology, which closely parallels our study. But that study observed inflammation was the predominant type of lesion, which is important to identify as it is a known contributor to infertility.<sup>22</sup>

This study was conducted at a single centre with a small sample size and short duration; therefore, the findings may not be generalizable to other areas of Nepal. Molecular, immunohistochemical and hormonal status were not assessed, limiting the comparison with other studies.

## Conclusions

The present study demonstrates that a wide spectrum of lesions can be identified on histopathological examination. Although histopathology shows good correlation with clinical diagnosis, several lesions

may still present as incidental findings. Therefore, it is essential that all hysterectomy specimens undergo thorough histopathological evaluation even when they appear grossly normal.

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