

# The peculiarities of the history and condition of the endometrium of premenopausal women

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The aim of the research was to investigate the features of the history and condition of the endometrium in women in premenopausal period. We examined 88 women aged 45 years and older, who were sent for a hysteroscopy to confirm the diagnosis and treatment of endometrial pathology. Every third patient revealed the presence of salpingo (35,2 %), every second - ectopia of cylindrical epithelium of the cervix (46.6 per cent) and uterine fibroids (48.9 per cent). Noteworthy is the rather high frequency of endometriosis (14,8 %), ovarian cysts (18.2 %) and pathology of the breast (15.9 per cent). Two-thirds of the patients (65 cases, or 73.9 %) had a medical history of abortions, and every fifth (21,6 %) had 3 or more abortions.

Analysis of somatic anamnesis revealed a high prevalence of pathology in this category of patients (72,7 %): each fifth (20,5 %) were obese, and III-IV degree (12,5 %), the high frequency of pathology of the digestive tract (39.8 %) and liver (30,7 %), thyroid diseases (21.6 %), iron-deficiency anemia (19,3 %) and allergic reactions (of 20.55 %) in this category of patients.

The study found no clinical picture every third women in premenopausal women with endometrial pathology. The vast majority of patients in this age group, the endometrial pathology was observed with aggravated gynecologic and somatic anamnesis. It requires active identification of women at risk even in the absence of complaints by further questioning and more in-depth examination.

**Key words:** *endometrium, premenopausal women, gynecologic anamnesis, somatic status.*

Pre-menopausal period is characterized by gradual ovarian failure, during which the hemorrhage is replaced by anovulation with relative hyperestrogenism and later with hypostrogenism, what increases the risk of formation of hormone-driven pathology of reproductive organs, especially of endometrial hyperplastic processes. [1] Patients of this age group have the structure of endometrial pathology with hyperplasia predominating. According to the literature, it is detected in 20–35% of women, and in the cases of complaints – in 75% [2].

Endometrial pathologies are most often accompanied by menstrual disorders. Usually, the diagnosis is made on the basis of complaints and/or ultrasonography and is confirmed histologically.

According to different authors, the treatment efficacy of endometrial pathology is caused by physical status and coexisting gynecological disorders [2–6].

*The objective:* of the present research was the examination of the peculiarities of the history and condition of the endometrium of premenopausal women.

## PATIENTS AND METHODS

To achieve the aim there were examined 88 women aged 45 and older who were sent to make hysteroscopy to confirm diagnosis and to treat endometrial pathology. All the women had their medical history, complaints, referral diagnosis, and post-surgical diagnosis evaluated.

Statistical analysis was performed using Excel software packages and IBM SPSS Statistics 23. Descriptive statistics were calculated: median (Me), inter quartile range (IQR), prevalence.

## RESULTS AND DISCUSSION

The women examined were from 45 to 54 years old (Me= 47 y.o, IQR=3,75). Over half of them were employed (45 women or 51,1%), others were housewives (35 women or 39,8%). There were only 9,1% of blue collar (8 women). This result can be explained in several ways: either mistaken selection due to different appealability or the fact that the blue-collar women less often have hormonal disorders, which are the basis for developing of endometrial pathology.

Age at menarche (Me = 13 y.o., IQR = 2), duration of period (Me = 5 days, IQR = 3) and duration of menstrual cycle (Me = 28 days, IQR = 4) did not differ from the average [3, 4]. Several women had their first period begun before 12 y.o. (8 women, or 9,1%) or after 14 y.o. (10 women or 11,4%), what is also a variation of normal development.

More than half of examined women (53 of them, or 60,2%) estimated their menstrual flow as heavy, and 38,6% – as moderate, though the complaints about the heavy flows were expressed only by 42% of women, what indicates the need of objective evaluation of menstrual blood loss while interviewing this category of patients using special scales or using the method of pads counting. It should be noticed that 47,7% of patients mentioned menstrual disorders in the past.

While studying the gynecological history, every third patient was diagnosed with adnexitis (35,2%), every second patient was diagnosed with ectopia of cylindrical epithelium of cervix (46,6%) and metrofibroma (48,9%). From other gynecological pathology attention is drawn by quite high incidence of endometriosis (14,8%), ovarian cysts (18,2%) and breast pathology (15,9%).

Over half of women (56,8%) sent to make hysteroscopy had had in the past surgeries of reproductive organs (cystectomy, myomectomy, C-sections and others) with the use of laparotomy and laparoscopy.

Moreover, every third patient (31 women or 35,2%) had already had intrauterine interventions, and a part of these women (13 women or 14,8%) had had two or more them. The most frequent endoexis for surgical interventions in the uterus were endometrial polyps (46,6%); surgeries caused by hyperplasia were performed in every fifth patient (19,3 %).

Only 6 (6,8%) of patients had not had intra-uterine pregnancies in their histories, when the average number of pregnancies was 3 (from 2 to 4). 33% had 1-2 pregnancies, 37,5% had 3–4 pregnancies and 22,7% had 5 and more intra-uterine pregnancies. Almost all women gave birth (80 women or 90,9%), and part of them had had 3 and more acts of delivery (6 women or 6,8%). It should be mentioned that two third of examined women (65 women or 73,9%) had justifiable abortions in their medical histories, and every fifth woman (21,6%) had had 3 and more abortions. The frequency of miscarriages was 13,6% and the frequen-

Table 1

Frequency of somatic pathology among premenopausal women with endometrial pathology

Index	n	%
Gastrointestinal pathology, including:	35	39,8
• Peptic ulcer disease	3	3,4
Hepatic disorders, including:	27	30,7
• Hepatitis	11	12,5
Thyroid body disorders	19	21,6
First-second-degree obesity	7	8,0
Third-fourth-degree obesity	11	12,5
Pancreatitis	4	4,5
Urinary tract pathology	5	5,7
Iron deficiency anemia	17	19,3
Cardiac pathology	8	9,1
Hypertensive disease	8	9,1
Vegetative-vascular dystonia	17	19,3
Tonsillitises	13	14,8
Varicose disease	2	2,3
Cranio-cerebral injury	5	5,7
Extragenital surgeries	34	38,6
In general	64	72,7

Table 2

Complaints made by examined women

Complaints	n	%
Heavy menstrual flows	37	42,0
Polyp due to ultrasonography results	28	31,8
Endometrial hyperplasia due to ultrasonography results	6	6,8
Spotting	16	18,2
Lower abdominal pains	12	13,6
Menstrual disorders	5	5,7

cy of ectopic pregnancies was 9,1%, what is much higher than average rate [6].

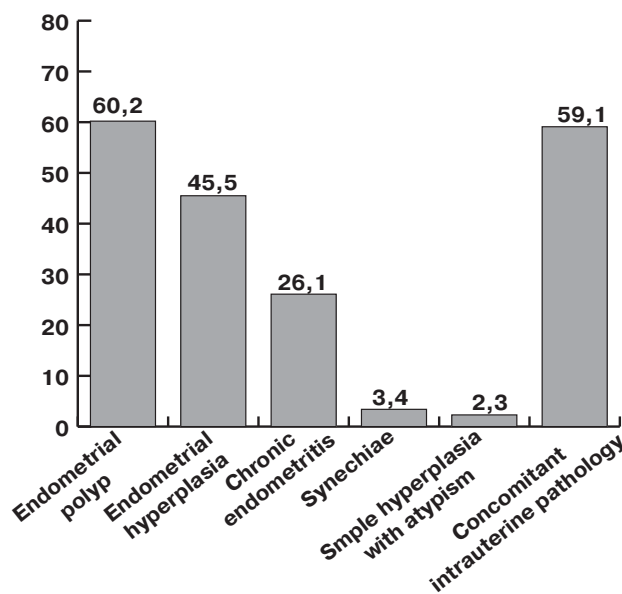
The analysis of medical history of premenopausal women with endometrial pathology showed frequent occurrence of somatic pathology among women of this group (72,7%). Every fifth of them (20,5%) had suffered from obesity, even from third-fourth-degree obesity (12,5%). The most frequent pathology registered was pathology of gastrointestinal tract (39,8%) and hepatopathy (30,7%). Moreover, among gastrointestinal pathology there dominated gastritis, gastroduodenitis, colitis (9,1%), and among hepatopathy hepatitises dominated (12,5%).

It is important to emphasize that the examined women had also had high frequency of thyroid body disorders (21,6%), iron deficiency anemia (19,3%) and allergic responses (20,55%).

38,6% of patients sent to make hysteroscopy had already had extragenital surgeries in the past. The most frequent cases were: appendectomy (14,8%) and tonsillectomy (14,8%), and part of the women had come through cholecystectomy (4,5%) and breast surgeries (4,5%).

As a result, examining of medical history of premenopausal women with endometrial pathology brought out their frequent genital and extragenital surgeries, somatic pathology, as well as big number of intrauterine interventions.

The main complaint (see Table No2) of the patients examined was heavy menstrual flow: this complaint was made by 42%



Allocation of diagnoses of examined women, %

of women. It should be noticed that almost half of women had no active complaints, but pathology were found through the ultrasonography. Thus, 31,8% of women were diagnosed with endometrial polyp, 6,8% of women had endometrial hyperplasia, and 5,7% were diagnosed with submucous myoma of uterus.

After surgical interventions most patients were diagnosed with the endometrial polyp (60,2%), almost half of them (45,5%) were diagnosed with endometrial hyperplasia, and only 4,5% had cervical canal polyp. It should be mentioned that 26,1% of women were diagnosed with chronic endometritis, and 2,3% were diagnosed with atypical endometrial hyperplasia with adenocarcinoma. Over half of women had concomitant intrauterine pathology (59,1%).

**Особенности анамнеза и состояние эндометрия у женщин в пременопаузе**  
**С.М. Корниенко**

Целью исследования явилось изучение особенностей анамнеза и состояния эндометрия у женщин в пременопаузе. Обследовано 88 женщин в возрасте 45 лет и старше, которые были направлены на гистероскопию для подтверждения диагноза и лечения патологии эндометрия. У каждой третьей пациентки выявлено наличие сальпингоофорита (35,2%), у каждой второй – эктопии цилиндрического эпителия шейки матки (46,6%) и миомы матки (48,9%). Обращает на себя внимание довольно высокая частота эндометриоза (14,8%), кист яичников (18,2%), а также патология грудных желез (15,9%). Две трети обследованных (65 случаев, или 73,9%) имели медицинские аборт в анамнезе, а каждая пятая (21,6%) – 3 и более аборт. Анализ соматического анамнеза выявил высокую распространенность патологии у данной категории пациенток (72,7%): каждая пятая (20,5%) страдала ожирением, причем III–IV степени (12,5%), выявлена высокая частота патологии пищеварительного тракта (39,8%) и печени (30,7%), заболелый щитовидной железы (21,6%), железодефицитных анемий (19,3%) и аллергических реакций (20,55%) у данной категории пациенток.

В проведенном исследовании установлено отсутствие клинической картины у каждой третьей женщины в пременопаузе с патологией эндометрия. У преобладающего большинства пациенток данной возрастной категории патология эндометрия наблюдалась на фоне отягощенного гинекологического и соматического анамнеза. Необходимо активное выявление женщин группы риска даже при отсутствии жалоб путем дополнительного анкетирования и более глубокого обследования.

**Ключевые слова:** эндометрий, пременопауза, гинекологический анамнез, соматический статус.

Therefore, the conducted research showed the absence of clinical presentation in every third premenopausal woman with endometrial pathology. The majority of patients of this age group had their endometrial pathology observed on the background of heavy gynecological and somatic history.

**CONCLUSION**

Considering that half of the cases of endometrial cancer in peri- and postmenopause is the results of malignant transformation of hyperplastic processes, it is necessary to detect women of vulnerable group even without complaints using additional inquiries and more profound examination.

**Особливості анамнезу і стан ендометрія у жінок у пременопаузі**  
**С.М. Корнієнко**

Метою дослідження було вивчення особливостей анамнезу і стану ендометрія у жінок у пременопаузі. Обстежено 88 жінок у віці 45 років і старше, які були направлені на гістероскопію для підтвердження діагнозу і лікування патології ендометрія. У кожній третій пацієнтки виявлено наявність сальпінгоофориту (35,2%), у кожній другій – ектопії циліндричного епітелію шийки матки (46,6%) і міоми матки (48,9%). Привертає увагу досить висока частота ендометріозу (14,8%), кіст яєчників (18,2%), а також патологія грудних залоз (15,9%). Дві третини обстежених (65 випадків, або 73,9%) мали медичні аборти в анамнезі, а кожна п'ята (21,6%) – 3 і більше абортів.

Аналіз соматичного анамнезу виявив значну поширеність патології у даній категорії пацієнток (72,7%): кожна п'ята (20,5%) страждала на ожиріння, причому III–IV ступеня (12,5%), виявлена висока частота патології травного тракту (39,8%) і печінки (30,7%), захворювань щитоподібної залози (21,6%), залізодефіцитних анемій (19,3%) і алергійних реакцій (20,55%) у даній категорії пацієнток.

У проведеному дослідженні встановлено відсутність клінічної картини у кожній третій жінки у пременопаузі з патологією ендометрія. У переважній більшості пацієнток даної вікової категорії патологія ендометрія спостерігалася на тлі обтяженого гінекологічного та соматичного анамнезу. Необхідно активне виявлення жінок групи ризику навіть за відсутності скарг шляхом додаткового анкетування і більш глибокого обстеження.

**Ключові слова:** ендометрій, пременопауза, гінекологічний анамнез, соматичний статус.

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