AIN SHAMS UNIVERSITY
FACULTY OF MEDICINE
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The Detailed Pathology of Hysterectomy Specimens (Ovaries, Endometria, Myometria and Cervices) In Cases of Dysfunctional Uterine Bleeding

THESIS
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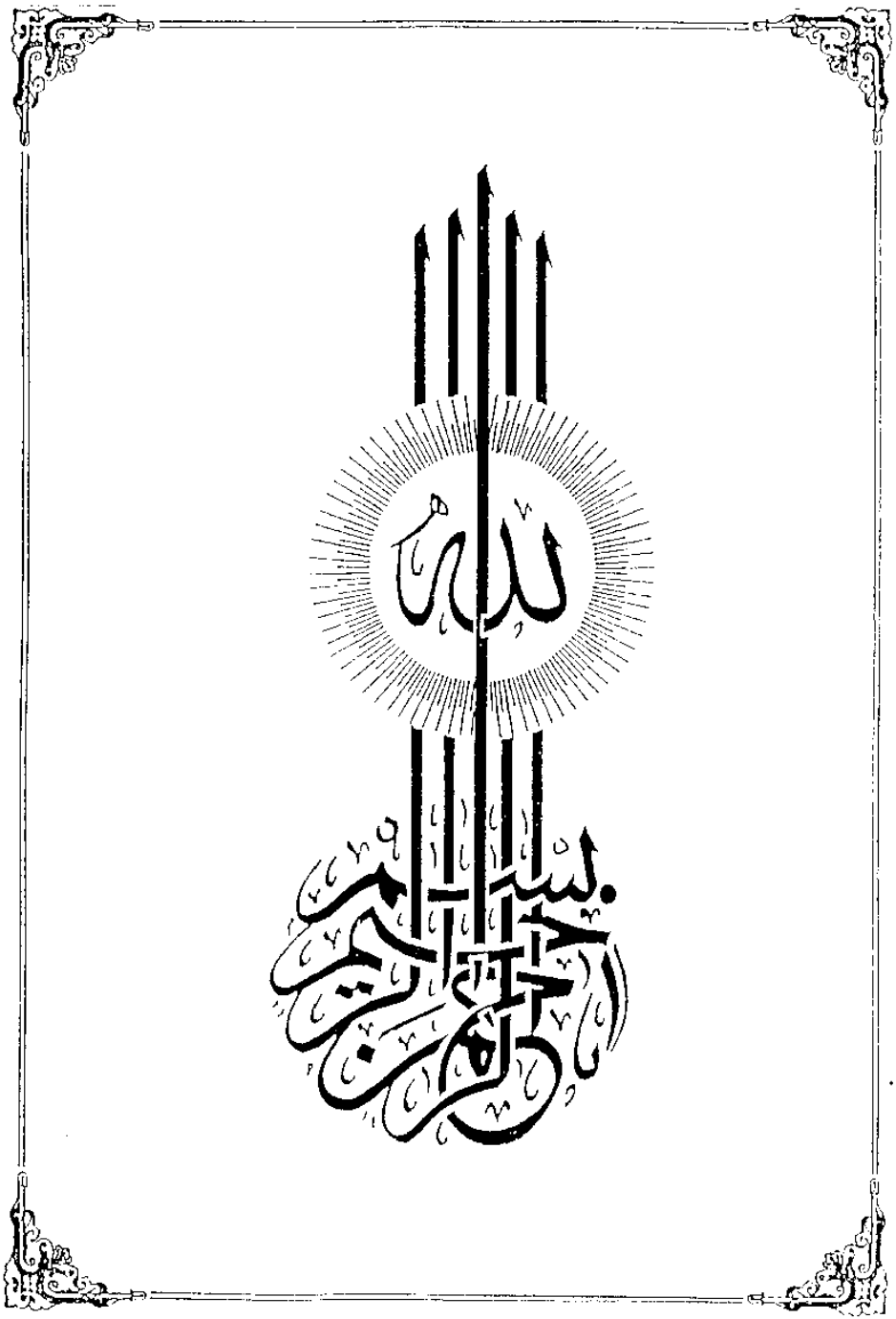

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C O N T E N T S

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INTRODUCTION

I N T R O D U C T I O N

Uterine bleeding is the most common symptom and sign of gynaecologic diseases of either organic or functional origin.

Dysfunctional uterine bleeding (D.U.B.) is a symptom both distressing to the patient and perplexing to the gynaecologist who frequently apply this term to classify abnormalities in menstrual bleeding in absence of clinicaly diagnosed organic lesions.

A decided lack of unanimity, however, exists among clinicians as to precise the meaning of the term and, an uncertainty as to its pathophysiology. A review of several standard gynaecologic texts attests to the lack of agreement of a definition for D.U.B.

Graves (1930) defined D.U.B. as excessive menstrual loss (menorrhagia) or intermenstrual bleeding (metrorrhagia) caused by impairement of endocrine factors that normaly control menstrual function.

Sutherland (1949) stated that regardless of the patients age functional haemorrhage should not be

diagnosed until after currettage and histologic examination of the endometrium to exclude organic causes.

According to Holmstrrom (1957) the diagnosis of functional uterine bleeding should be made only after procedures have been performed, that are necessary to rule out other causes of abnormal bleeding, such as carcinoma, myoma, endometrial, complications of pregnancy and blood dyscrasias.

Parsons and Sommers (1962), refer to the entity of functional uterine bleeding and point to the lack of responsiveness of the endometrium to normal hormonal influences or the inability of the ovary to respond to normal pituitary stimulation.

Kistner (1964) alludes to the high frequency with which the diagnosis of D.U.B, has been made at the Free Hospital for Women. He applies the term to abnormal bleeding in which organic lesions can not be recognized by ordinary means. His classicfication encompasses a wide variety of manifestations which include midcycle staining, excessive flow, constant or intermittent uterine bleeding, irregular endometrial shedding and shortened intervals between flow.

According to Greenblatt and Faucher (1965) functional uterine haemorrhage has been defined as abnormal and excessive bleeding resulting from physiologic, not pathologic disorders, Hormonal dysfunction is the principal cause, but nutritional nervous and psychogenic factors play an important role.

Behrman and Gosling (1966) exclude abnormal bleeding associated with pregnancy, organic pelvic disease, or with systemic conditions such as blood dyscrasias hypertension or exogenous hormones these exclusion leave an entity characterized by little evident organic disease, but nonetheless associated with an endocrine disorder.

To conform with the criteria laid down by Taylor (1965). The term D.U.B. must be applied only when all possible causes for irregular, excessive or prolonged bleeding have been excluded such an exclusive approach would tend to eliminate from consideration any uterine bleeding for which an etiology has been uncovered.

Israel (1967), stresses the exclusion of bleeding associated with pregnancy and neoplastic or inflammatory conditions of the uterus. He also pointed out that the same endocrine dysfunction may produce infrequent menstruation or excessive bleeding at different times.

Vorys & Neri (1968), avoid limiting D.U.B. to anovulatory states, but include corpus luteum inadequacy, shortened cycles, and mid cycle staining.

Scommegna and Dmowski (1973) stated that D.U.B. is an all inclusive term, its diagnosis usually depends on the exclusion of local or systemic organic causes. The term D.U.B. refers to alterations in the physiologic mechanisms controlling a multitude of cyclic events in the woman's reproductive function.

Two areas of general agreement can be concluded from these authoritative sources: First the necessity to exclude bleeding arising from organic disorders of the reproductive tract in order that an entity may qualify as D.U.B. and second the presupposition that endocrinologic abnormalities have a significant relationship to D.U.B.

Aim of the Work

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As it is clear from definition, dysfunctional uterine bleeding is not a single disease entity, but rather a whole group or category of disorders whose chief feature is abnormal uterine bleeding.

Disturbances of menstruation can occur due to various dysfunctions, in the delicate and highly complicated chain of events that are responsible for normal menstruation.

As the term D.U.B. is commonly used by gynaecologgists possibly after exclusion of apparent lesions. One of the aims of this study is to correlate between the clinical impression and a possible pathologic finding by studying hysterectomy specimens of cases diagnosed clinically as D.U.B.

Another aim is to perform a detailed pathological examination of the ovaries, tubes, endometria, myometria and cervices. This study will try also to correlate between pathological lesions in the ovaries and their effect on the endometrium and myometrium.

Review of the Literature

ANATOMY OF THE FEMALE* GENITAL SYSTEM.

I. The OVARY

It is the germinal and endocrine gland of the female.

A. Relations:

The two ovaries are symmetrical, each lying in the peritoneal cavity against the side wall of the pelvis in the ovarian fossa, behind the broad ligament, with the external iliac vessels above, the ureter posteroinferiorly, and covered by the fimbria of the uterine tube medially.

B. Surface and Borders:

Each ovary has got a lateral and medial surfaces, upper (tubal) extremity, lower uterine extremity, anterior (mesovarian) border, posterior (free) border.

C. Attachements:

Suspensory ligament, a peritoneal fold running

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* Pansky and House (1975)