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شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

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التوثيق الالكتروني والميكروفيلم

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التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

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بالرسالة صفحات لم ترد بالأصل

Histopathological Study of Endometrial Stromal and Vascular Changes in Dysfunctional Uterine Bleeding

THESIS
Submitted For Partial Fulfillment of the Requirements of the Degree of M.Sc. in Pathology

By

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This work is dedicated

To the memory of my mother,

To my father,

To my sons Ahmed and Zeyad,

To Dr.Hesham.

INTRODUCTION

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Dysfunctional uterine bleeding (DUB) is defined as abnormal bleeding from the uterus in the absence of detectable organic lesions ***(Chamberlain1992)***.

DUB applies to any abnormal uterine bleeding, including disturbances of the menstrual cycle, regular and irregular uterine bleeding, but most commonly implies excessive menstrual bleeding or essential menorrhagia ***(Van Eijkeren et al., 1996)***.

The term dysfunctional uterine bleeding is given to all cases of uterine bleeding with unknown etiology so that, full investigations must be done to exclude ovarian, uterine, and cervical pathological causes that may be the cause of such bleeding. It has been reported to occur in 20% of women during their reproductive life ***(Devore et al., 1982)***.

The menstrual dysfunction is the cause of discomfort, inconvenience and disruption of a healthy life style which affects millions of women in the world and it remains one of the commonest causes for women to seek medical advice ***(Smith and Haning, 1992)***.

In contrast to the predictable, self limited nature of menstrual flow in ovulatory cycles, DUB is characterized by unpredictability. Thus women with DUB may present with either very heavy and long prolonged episode of bleeding that follow an interval of amenorrhea or a pattern of completely irregular and frequent bleeding ***(Davey,1997)***.

The local factors ultimately responsible for excessive menstrual loss in DUB still remain a matter for conjecture. The structural changes in special arterioles and venous sinuses of the endometrium, the abnormal vascularity of the endometrium, activation of fibrinolytic enzymes and deficient formation and release of endometrial

vasoconstrictor substances are possible mechanisms ***(Kooy,1996)***. Another possible mechanisms is the increase in the endometrial lysosomal enzymes. Endometrial stromal granulocytes are containing relaxin which is bound to lysosomes. With decrease of progesterone, the lysosomal membrane becomes permeable, so that liberation of relaxin takes place. It leads to dissolution of the fibrous network of the endometrial stromal ***(Davey, 1997)***.

Cellular components of the endometrium (glandular epithelium, stroma and vascular endothelium) create locally acting factors which are thought to play a fundamental role in initiation and maintenance of menstrual bleeding and subsequent repair ***(Pickoff and Luginbuhl, 1994)***.

Endometrial stromal cells are the predominant cellular component of the stroma of the endometrium. The role of different stromal cells in essential menorrhagia should be investigated ***(Michael and Richard, 1992)***.

Changes in the endometrial blood vessels, glands and stroma have not received sufficient attention and few studies have been carried out on light and electron microscopic appearance of the uterus and endometrium from patients with essential menorrhagia, yet the importance of these changes is beyond any doubt ***(Fraser et al., 1996)***.

AIM OF THE WORK

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1- Histopathological study of the endometrial vascular and stromal changes in cases with dysfunctional uterine bleeding.

2- Correlation between different endometrial diagnostic categories ,and stromal and vascular changes in dysfunctional uterine bleeding.

REVIEW OF LITERATURE