CONCLUSIONS
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A study of 200 cases between the age of 40 to 70 years was done. Endometrial aspiration and endometrial biopsy was performed in each case and the cytological and histological findings were analysed and their correlation to each other studied. Irregular and abnormal uterine bleeding was the complaint in most of the cases.

From the present study following conclusions have been drawn -

1. Endometrial aspiration is a simple technique which can be performed as an out patient procedure and there is no need of anaesthesia or admission to hospital.

2. Endometrial aspiration provides abundant material for study.

3. It is a painless procedure causing a minimal of discomfort to the patient and the patients were willing to have the procedure repeated if needed, and they felt that no analgesic or anaesthetic drug would be needed by them.
4. Cytology has the ability to detect clinically unsuspected endometrial carcinoma. It has proved to be a satisfactory method of screening for endometrial carcinoma and for pre-cancerous lesions.

5. Cytological examination must be applied as a routine examination for detecting pre-clinical endometrial cancer and cytology can be relied upon for diagnosing malignancies.

6. In endometrial aspiration at least some material was got which could be studied to know the intra uterine status whereas in biopsy there were cases in which no material was got and hence it was not possible to know anything about such cases.

7. Endometrial biopsy causes pain to the patient hence an analgesic and sedative is always needed. It is a time consuming procedure and then too there can be cases in which no tissue is got or the tissue got may be insufficient.

8. Cytology has successfully diagnosed the pre-malignant lesions and thus the worth of cytology has increased further.

9. Cytological diagnosis of benign lesions showed 72.41% accuracy in this study because exfoliation of benign cells is less compared to malignant cells so biopsy
revealed hyperplasia whereas cytology could not reveal hyperplasia accurately the false positive rate was 27.59%.

10. In our study all the cases of malignancy were diagnosed by cytology while biopsy showed one false negative case. The reason for this false negative result was that the tissue of whole uterine cavity may not come on biopsy but on aspiration the cells from all areas of the uterine cavity are aspirated and screened up.

11. There is good correlation between cytology and histology.

(a) There was 97.5% correlation between cytology and histology in cases of normal endometrium.

(b) There was 72.41% correlation between cytology and histology in cases of endometrial hyperplasia. The false positive cases in cytology were 20.69%. No comparison between cytology and histology was possible in 6.90% because biopsy tissue was insufficient.

(c) Cytology is 100% accurate in diagnosing carcinoma while biopsy is 83.3% accurate in diagnosing carcinoma.

12. It cannot be claimed that cytology is more accurate than curettage but it can be said that cytology has
a definite place in the detection of endometrial carcinoma as an office procedure and more particularly in cases where at operation the absence of curettings has denied the opportunity for histological examination.

13. At least once annually peri-menopausal and post-menopausal females should be screened by endometrial aspiration.

The present study shows that neither histology is 100% accurate nor cytology is 100% accurate for the combined diagnosis of malignant and pre-malignant disease (overall). Hundred per cent accuracy can be achieved only by combining of both cytology and histology for benign and malignant lesions and cytology alone is 100% reliable to detect malignant lesions of uterus but for detection of benign lesions cytology is only 72.41% accurate.