Discussion
DISCUSSION

In present study, we studied one hundred and fifty cases having cervical lesions and abnormal uterine bleeding by cytology and histology and correlating then with hysterectomy findings in order to evaluate the important of cytological and histological examination in diagnosis of precancerous and cancerous lesions amongst gynaecological disease.

In 150 cases, we had patients in the age group of 25-70 years, maximum number of cases were observed in the age group 36-40 years (28%). This study corresponds to the study of Wahi et al (1969) who studied patients in the age group of 18-80 years. Hameed et al (1976) studied patients in the age group of 20-65 years and Anuja and Reddy 1978 reported patient ranging in the age group of 20-75 years. These findings thus corresponds to study.

In distribution of cases according to parity in our study maximum number of cases were with parity four which signifies that dysplasia and malignancy is a disease of multiparous group. This corresponds to the study of Aikat et al (1979), Anuja and Reddy (1976), who reported 92-95% cases to be multiparous and 4.34% as nullipерous. In our study no nulliparous case was seen and only one primipare.

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In our study maximum number of cases maximum number of cases, 85.33% were in premenopausal group and 14.60% in postmenopausal group.

On diagnosing cervical lesions clinically there were 66% cases with erosion cervix 28.66% cases with cervicitis and 51.33% cases with growth over cervix including polyps, cauliflower like growth, induration and irregular cervix 35% cases with erosion and 17.7% with chronic cervicitis. In our study no cases with healthy cervix were included cases which were suspicious were studied. A high dysplasia rate in erosion cervix cases had also been reported by Graid et al (1983) in a mass screening programme conducted in urban and rural community of Bombay. Since the erosion cervix in probability, predisposes to the premalignancy and ultimately malignant changes in the cervix (Rein and Chaipel 1975), cytological evaluation is mandatory for this category which may yield large number of early neoplasm further it should be pointed out that the prevalence of cervical dysplasia was found to be highest in the women whose cervix bleeds on touch.

On cytological examination by vaginal pool smear and cervical cytology we reported 20% had a normal smear, 32% inflammatory smear, mild dysplasia in 20.66%, moderate dysplasia in 14.66% cases, severe in 3.33%. This dysplasia was
and in few cases of chronic cervicitis who had completed their families and had other bleeding disorders patients with carcinoma cervix were referred for radiotherapy, no wertheim's hysterectomy was performed and other patients treated with medicines. On histopathology findings of specimen, cervicitis present in 17 cases, mild dysplasia in 12, moderate in 7, severe in 5 cases, carcinoma in 3 cases respectively. In severe dysplasia there was 100% correlation hysterectomy & cytology, 60% with hysterectomy and biopsy for carcinoma, there was 75% correlation in hysterectomy with cytology, 100% correlation of hysterectomy with biopsy.

In this study out of 150 patients 100 patients out were with complained of bleeding per vagina, endometrial carcinoma was diagnosed by aspiration cytology and endometrial biopsy and confirmed by hysterectomy.

In our study patients included were in the age of 25-70 years maximum number of cases 29% were in age group 35-40 years. Sagar et al (1981) studied patients between the age group of 40-70 years and maximum cases were in age group 40-45 years which is comparable to our study. Agarwal et al (1984) reported cases in age group of 30-70 years comparable to our study. Kistoner et al (1973) reported cases in age group of 56-70
years. In our study patient with endometrial carcinoma belonged to same age-group.

Maximum number of cases in our study were of multiparous group. Although carcinoma endometrial is found mostly in multiparous or females with uniparity but cases that come to our hospital had 30% cases with parity 3, 22% with parity 2. 14% with parity 5, 6% with parity 6, 11% with parity 7 & parity 2, there was no nulliparous, or primipara in our study is comparable to study of Sagar et al (1981) where 2.6% cases were nulliparous & 3.47% were uniparous while the rest that is the majority of case were multiparous. Agarwal et al (1984) also reported maximum cases to be multiperous and 26% with parity6.

In the present study 85.33% of cases were in premenopausal period and 14.66% were in post menopausal group. Agarwal et al (1984) reported 69% cases in premenopausal and 22% cases in postmenopausal group. These findings corresponding to that of our study.

Bleeding per vagina was common complaint of maximum patient including menorrhagia metrorragia, polymenorrhagia and contact bleeding. Vuopala (1977) showed that 69.20% cases had uterine bleeding, Sagar (1981) showed 62.6% cases of abnormal uterine bleeding, Agarwal et al (1984) reported 67% cases of
abnormal uterine bleeding. This bleeding was the common complaint of most of the workers (Wild back and Graham 1964, Swinger et al 1979). On study finding corresponds to all this Agarwal et al (1984) show 28.09% cases of post menopausal bleeding in present study are 22% cases of post-menopausal bleeding.

Cases were subjected to endometrial aspiration and slides were reviewed. During cytological study 78% cases showed normal. Benign hyperplasia was present in 2%, adenomatous in 2% of cases out of 8% of hyperplasia. Endometrial biopsy was done in similar group, 12% hyperplasia reported (2% simple, 4% cystic, 4% adenomatous).

Therefore there was outs 80% correlation between the findings aspiration cytology and endometrial biopsy for diagnosis of precancerous lesions of uterus.

In our study when the findings were confirmed by hysterectomy 3 cases were diagnosed for hyperplasia, These a false positive case was reported by cytology, Therefore accuracy of cytological diagnosis of hypeplasia in our study was 75% and 60% by endometrial biopsy.

Nikitina et al (1979) found diagnostic accuracy of hyperplasia to be 89.8% where as Segadal and Iverson (1980)
found 75% accuracy in diagnosing premalignant changes by cytology.

Sagar et al (1981) reported an accuracy of 88.88% in diagnosing hyperplasia; Agarwal et al (1984) reported on accuracy of 72.49% which can be compared to our findings.

In present study 2 cases of endometrial carcinoma showed by cytology, 1 by biopsy & 1 by hysterectomy thus biopsy showed 100% accuracy in diagnosing malignancy. Thus aspiration cytology certainly emphasizes the importance for being adopted in analytical purposes.

The diagnostic accuracy rate was 100% in cases of malignancy which was similar to the observation of other authors like Ambiye et al (1981), Chakravarty et al (1986), Sharma and Lag hate (1992), Bhandari et al (1991) have reported the accuracy rate of endomaterial aspiration cytology in the diagnosis of endometrial carcinoma as 93.75%. Agarwal et al (1986) in a similar study demonstrated a 100% correlation in malignancy.

In this study 8% case could not be confirmed by aspiration due to difficulty in inserting the cannula through cervical os.