MATERIAL & METHODS
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SUBJECTS-

This study was done in patients who are coming to OPD and admitted in Department of Medicine and Department of Obstetrics and Gynaecology, M.L.B. Medical College, Jhansi. Subjects for this study were postmenopausal women. We registered 30 subjects in which 7 were excluded from study.

STUDY DESIGN-

All subjects were divided into two groups as following:

Group A: Women having natural menopause of about 9 months (6-18 months) is considered.

Group B: Women undergo hysterectomy with or without B/L oophorectomy.

Subjects with these were excluded from study:
Undiagnosed uterine bleeding.
Active thrombophlebitis.
Current gall bladder disease.
Liver disease.
History of breast cancer.
History of recurrent thrombophlebitis or thromboembolic disease.
Taking any lipid profile affecting drug.

STUDY MEDICATION-

The oral estrogen therapy in form of Premarin (Conjugated equine estrogen) in dose of 0.625 mg/day continuously was given for 3 months after taking baseline measurements.

STUDY VISITS-

Subjects were seen three times during study. At first visit detailed history, clinical examination and baseline measurements were taken and Endometrial biopsy was done in group A. Then Premarin 0.625 mg/day was started.
For second visit subjects were called at completion of 1 month. They are reexamined and Extended lipid lipoprotein profile was repeated. Endometrial biopsy was done in group A.

Third and final visit was at the end of 3 months of premarin therapy when final measurements were obtained. Subjects who were not completed all three visits, were not included in analysis.

HISTORY AND CLINICAL EXAMINATION-

History include Name, age, weight, occupation, address, education, religion, socioeconomic status, menopausal symptoms, smoking, alcohol, diet, any history suggestive of Liver disease, Undiagnosed uterine bleeding, Active thrombophlebitis, Current gall bladder disease, History of breast cancer, History of recurrent thrombophlebitis or thromboembolic disease, Taking any lipid profile affecting drug.

Clinical examination include general examination like built, nutrition, blood pressure, pulse, temperature, respiratory rate, JVP, pallor, icterus, clubbing, cyanosis, lymphadenopathy, pedal oedema.
Detailed examination of cardio vascular system, gastrointestinal system, central nervous system and respiratory system was done.

**INVESTIGATIONS**

General routine investigations like:

- Hemoglobin
- TLC and DLC
- ESR
- Blood urea
- Serum Creatinine
- Blood Sugar
- Serum Bilirubin
- Urine-Routine & microscopic
- ECG
- Chest X-Ray if needed

Extended lipid profile- Blood sample was taken after 12 hrs. of overnight fasting and sent for following tests:
Serum total cholesterol
Serum triglyceride
Low density lipoprotein
High density lipoprotein
Very low density lipoprotein
LDL : HDL Ratio
Apolipoprotein A₁
Apolipoprotein B
Lipoprotein (a)

Techniques employed for lipid profile measurements are following:

Serum cholesterol, serum triglyceride, Low density lipoprotein, High density lipoprotein, Very Low density lipoprotein are analyzed by Biochemistry analyzer while Apolipoprotein A₁, Apolipoprotein B and Lipoprotein (a) are analyzed by Nephelometry.

**ENDOMETRIAL BIOPSY**

Endometrial biopsy is a safe and accepted method for the evaluation of abnormal or postmenopausal
bleeding. The procedure is often performed to exclude the presence of endometrial cancer or its precursors. Office endometrial suction catheters are easy to use, and several have been reported to have diagnostic accuracy that is equal or superior to the dilatation and curettage (D&C) procedure. Suction is generated by withdrawing an internal piston from within the catheter, and the tissue sample is obtained by twirling the catheter while moving it up and down within the uterine cavity.

Endometrial biopsy is a blind procedure and should be considered part of the evaluation that could include imaging studies, such as hysteroscopy or transvaginal ultrasonography. While a negative study is reassuring, further evaluation is warranted if a patient demonstrates continued abnormal bleeding.

**Indications for Endometrial Biopsy**

- Abnormal uterine bleeding
- Abnormal uterine bleeding
- Postmenopausal bleeding
- Cancer screening (e.g., hereditary nonpolyposis colorectal cancer)
Detection of precancerous hyperplasia and atypia
Endometrial dating
Endometrial dating
Follow-up of previously diagnosed endometrial hyperplasia
Evaluation of uterine response to hormone therapy
Evaluation of patient with one year of amenorrhea
Evaluation of infertility
Abnormal Papanicolaou smear with atypical cells favoring endometrial origin.

STATISTICS-

All values are expressed in MEAN±Standard deviation. Within groups paired data were analyzed by Paired ‘t’ Test. Then both groups were analyzed by Unpaired ‘t’ Test. Now obtained t value was seen in Fisher’s table or t-table to evaluate p-value. ‘p’ value <0.05 were regarded significant.

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