SUMMARY AND CONCLUSION
The present study was conducted in the departments of Obstetrics & Gynaecology and Pathology, M.L.B. Medical College, Hospital, Jhansi.

One hundred patients were taken for the study. Each patient was examined clinically and detailed history was taken. They were subjected to progesterone challenge test (PCT) and were divided into two groups.

Group I: Fifty postmenopausal patients without any bleeding per vagina.

Group II: Fifty postmenopausal patients with bleeding per vagina.

In asymptomatic group, 30 patients were of ≥51 years of age and in symptomatic group, 37 patients were in this age group. Ten and 42 cases of asymptomatic and symptomatic groups respectively were positive for PCT. 40 cases of asymptomatic and 8 cases of symptomatic group were negative for PCT. Forty cases of asymptomatic group with negative PCT had normal histology of endometrium and 6 cases with positive PCT had premalignant lesion of endometrium.

In symptomatic group, 31 cases with positive PCT had premalignant lesion and 2 cases with negative PCT were having premalignant lesion. Majority of the cases of both the groups were of ≤50 years of age. Five patients in asymptomatic group between 61-55 years of age had premalignant lesion whereas 20 patients in symptomatic group between
51-55 years age group had premalignant lesion.

Fifteen asymptomatic cases had their weight 750 kg whereas 28 symptomatic cases were in this weight group. Six cases of asymptomatic and 22 cases of symptomatic group of this weight group had premalignant lesion.

Two cases of asymptomatic and 5 cases of symptomatic group had diastolic blood pressure (DBP) 750 mm Hg. Among these asymptomatic cases no patient had premalignant histology whereas 4 cases of symptomatic group had premalignant lesion.

Maximum patients in present study had their blood sugar levels ≤120 mg%, there were 86% in asymptomatic and 56% in symptomatic group having ≤120 mg% blood sugar. 20 (40%) cases of symptomatic having ≥120 mg% blood sugar had premalignant lesion whereas 3 (6%) cases had premalignant lesion in asymptomatic group.

Maximum number (84% in asymptomatic and 56% in symptomatic group) of patients had their uterine size ≤ normal size. Two patients each in asymptomatic and symptomatic group had their uterine size more than 8 weeks. Six cases of asymptomatic group with ≥ normal size uterus had premalignant lesion of endometrium and in symptomatic group 33 patients with ≥ normal size uterus had premalignant histology.

Maximum number (22 cases in asymptomatic and 35 cases in symptomatic group) had their menopause ≤5 years of duration. Only 2 cases of asymptomatic and 1 case of symptomatic group had their duration of menopause ≥15 years.
Twenty five cases of symptomatic group with 65 years duration of menopause had premalignant histology whereas only 2 cases of asymptomatic group with 65 years duration of menopause had premalignant histology. There were higher number of symptomatic cases with PCT positive in the present study than asymptomatic group.

Twenty four cases in asymptomatic group were of grandmultipara and 15 cases of symptomatic group. The cases of symptomatic group were of lesser parity in comparison to asymptomatic group.

Twenty three (46%) cases of symptomatic group attained menopause at 65 years of age and only 6(11%) cases of symptomatic group attained menopause at this age. Thirty patients in symptomatic and 5 in asymptomatic group attained menopause after 50 years of age. Out of these, 3 cases in asymptomatic and 20 cases of symptomatic group had premalignant histology of endometrium.

Twenty eight PCT positive symptomatic cases with 75 kg weight had premalignant lesion whereas only 5 patients with positive PCT with 750 kg weight of asymptomatic group had premalignant lesion and no patient of asymptomatic PCT negative with 750 kg weight had premalignant lesion. Twenty one PCT positive symptomatic cases had premalignant lesion as compared with no patient in asymptomatic PCT negative patients whose blood sugar level was 7121 mg%.

Five PCT positive symptomatic patients had premalignant lesion of endometrium as compared to zero patients in
asymptomatic PCT positive group whose diastolic blood pressure was more than 100 mm Hg.

Conclusion

The following conclusions were drawn from the present study:

1. Low menopausal, overweight, diabetics, decomposition parity and hypertension are the important factors associated with carcinoma body uteri.

2. Postmenopausal women both asymptomatic and symptomatic could be screened for developing premalignant lesion of endometrium by PCT.

3. Premalignant lesions are most common in 5th decade of life.

4. PCT positive asymptomatic women are also at risk of developing malignancy and have other associated risk factors viz. obesity, hypertension, increased parity and diabetes.

5. Thirty one asymptomatic PCT positive cases had premalignant histology. PCT negative PCT is 3%. This shows that by PCT in asymptomatic 31 of the population could be screened to detect premalignant lesion of endometrium.

6. In asymptomatic PCT negative cases, no patient had premalignant histology. It seems there is no possibility to have premalignant lesion in these patients. False PCT positive in asymptomatic group was 3%.
7. Incidence of multiplicity in sample of 100 in symptomatic group and 50 in asymptomatic group in the study.

8. Four (4%) cases in symptomatic group had positive PAP. They were having PAP before and had a PAP histology. However, it is important that urothelial biopsy should be performed to confirm this section.

9. Asymptomatic patients had normal weight, however, decreased parity and hyper tension we have increased risk of developing premalignant histology of endometrium.

10. Twenty symptomatic patients had blood sugar level 711 mg% and 21 PAP positive symptomatic cases had abnormal histology of endometrium. If false positive was 6.6%. But all the patients of present study are considered, it would be 4%. This should be called for regular follow-up for the development or malignancy of endometrium.

11. Five symptomatic patients had diastolic blood pressure 700 mm Hg and 1 PAP positive patients had premalignant lesion in symptomatic group. So there was no false positive.