



Uterine Pathology in Hysterectomies Performed for Treatment of Pelvic Organ Prolapse

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Background

Objective: To determine the rate of uterine pathology in hysterectomies performed during surgery for treatment of uterovaginal prolapse.

Design: In this retrospective cohort study, we evaluated all patients undergoing hysterectomy during treatment of uterovaginal prolapse at a single academic institution from 2008 to 2013. Demographics, risk factors for uterine malignancy, operative data, and pathology reports were reviewed. Patients with history of concerning uterine pathology were excluded.

Setting: 339 subjects were included; none were excluded. Mean age of patients undergoing hysterectomy was 63.2 years with 85.5% post-menopausal. Mean BMI was 27 kg/m² and mean uterine weight was 71 grams. Abnormal pathology was identified in 0.8% (3/339) subjects: complex atypical hyperplasia (1), grade 1 endometrial adenocarcinoma (1), and low-grade B-cell lymphoma (1). 49% of specimens contained fibroids and no sarcomas were identified. Total hysterectomy was performed in 88%. 12% (40/339) underwent supracervical hysterectomy with morcellation. One specimen with abnormal pathology (complex atypical hyperplasia) was morcellated. Patients undergoing procedures requiring morcellation were younger (57.3 vs. 63.3, p=.001, 95%CI 2.52, 9.52) and less likely to be postmenopausal (69% vs. 88%, p=.021, 95%CI .067, .300). Risk factors for uterine malignancy were not different between groups.

Conclusion: We found a low rate of incidental uterine pathology in hysterectomy specimens from prolapse surgery. Half of uterine specimens had leiomyomas. Specimens with fibroids had a higher mean weight than leiomyoma-free specimens. Risk factors for cancers among patients undergoing morcellation versus intact removal were not different. Further study is needed to clarify the role of morcellation in this low-risk population.

Background: Uterine pathology in hysterectomies performed for treatment of pelvic organ prolapse. Objective: To determine the rate of uterine pathology in hysterectomies performed during surgery for treatment of uterovaginal prolapse. Design: In this retrospective cohort study, we evaluated all patients undergoing hysterectomy during treatment of uterovaginal prolapse at a single academic institution from 2008 to 2013. Demographics, risk factors for uterine malignancy, operative data, and pathology reports were reviewed. Patients with history of concerning uterine pathology were excluded. Setting: 339 subjects were included; none were excluded. Mean age of patients undergoing hysterectomy was 63.2 years with 85.5% post-menopausal. Mean BMI was 27 kg/m² and mean uterine weight was 71 grams. Abnormal pathology was identified in 0.8% (3/339) subjects: complex atypical hyperplasia (1), grade 1 endometrial adenocarcinoma (1), and low-grade B-cell lymphoma (1). 49% of specimens contained fibroids and no sarcomas were identified. Total hysterectomy was performed in 88%. 12% (40/339) underwent supracervical hysterectomy with morcellation. One specimen with abnormal pathology (complex atypical hyperplasia) was morcellated. Patients undergoing procedures requiring morcellation were younger (57.3 vs. 63.3, p=.001, 95%CI 2.52, 9.52) and less likely to be postmenopausal (69% vs. 88%, p=.021, 95%CI .067, .300). Risk factors for uterine malignancy were not different between groups. Conclusion: We found a low rate of incidental uterine pathology in hysterectomy specimens from prolapse surgery. Half of uterine specimens had leiomyomas. Specimens with fibroids had a higher mean weight than leiomyoma-free specimens. Risk factors for cancers among patients undergoing morcellation versus intact removal were not different. Further study is needed to clarify the role of morcellation in this low-risk population.

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