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HISTOPATHOLOGICAL DIAGNOSIS OF A FEMALE FETUS FOLLOWING THERAPEUTIC ABORTION FOR DYSFUNCTIONAL UTERINE BLEEDING: A CASE STUDY

Hadiya Sibghatullah[1*], Sibghatullah Muhammad Ali Sangi[2], Sapna Lohia[3], Huma Abbasi[4], Fatima Memon[5]

1. ***Department of Pathology, Isra University, Hyderabad Sindh Pakistan.***
2. ***Department of Pharmacy, Northern Border University, Rafha campus, Saudi Arabia.***
3. ***Department of Pathology, Liaquat University of Medical & Health Sciences Jamshoro, Pakistan.***
4. ***Department of Pathology, Indus Medical College Tando Muhammad Khan, Sindh Pakistan.***
5. ***Department of Biochemistry, Liaquat University of Medical & Health Sciences Jamshoro, Sindh Pakistan.***

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ABSTRACT

The complex ethical debate around abortion procedures in the context of cultural pressures related to gender-based feticide is brought to light in this case study, which analyses the diagnostic, clinical, and ethical hurdles in treating dysfunctional uterine bleeding (DUB) in a pregnant woman. Heavy, prolonged, or irregular menstrual bleeding is a typical symptom in reproductive-age women who may be experiencing dysfunctional uterine bleeding, a complicated gynecological disorder. When organic pathology is not present, DUB is usually thought to be caused by hormonal abnormalities, namely those involving the menstrual cycle regulators estrogen and progesterone. This case study is on a 30-year-old female patient who suffered from severe and persistent dysmenorrhea (DUB), characterized by excessive and protracted monthly bleeding that did not improve with conventional hormone treatment. No signs of pregnancy or other detectable diseases were found during the comprehensive pre-operative evaluation that included imaging and physical examination. This case illustrates the importance of careful examination and evaluation of all uterine specimens, even in scenarios where clinical suspicion does not initially suggest a pregnancy-related issue. Moving forward, this case advocates for the implementation of improved diagnostic protocols and technologies that can detect early gestation more effectively.

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Introduction

Dysfunctional uterine bleeding (DUB) is a common yet complex gynecological issue that significantly impacts women's health. Characterized by abnormal uterine bleeding in the absence of any detectable organic pathology, DUB is frequently linked to hormonal imbalances involving estrogen and progesterone, which regulate the menstrual cycle. Managing DUB, particularly in gravid patients, presents unique clinical challenges and raises profound ethical questions, especially when the treatment involves invasive procedures like hysterectomy. These ethical concerns are further magnified in scenarios involving abortive interventions to combat gender-based feticide, where societal and cultural influences significantly shape clinical decisions and moral considerations [1-3].

DUB can manifest as excessive, prolonged, or irregular menstrual bleeding, leading to significant physical discomfort and emotional distress. The etiology of DUB often remains hormonal, but the condition necessitates a thorough evaluation to rule out other potential causes such as polyps, coagulopathies, or malignancies [4, 5].

While hysterectomy, or surgical removal of the uterus, provides an effective remedy to menstrual bleeding, it is a major

Corresponding Author: Hadiya Sibghatullah; Department of Pathology, Isra University, Hyderabad Sindh Pakistan. E-mail: hadiya.h1995@gmail.com.

procedure with long-term effects, including irreversible loss of fertility. Historically, this procedure was the treatment of choice for severe cases of DUB, especially when conservative measures like hormonal therapies or endometrial ablation failed [6]. However, the trend has changed to prioritize uterine preservation whenever feasible due to advancements in medical therapy and minimally invasive procedures.

Recent decades have seen a significant evolution in the management of DUB. Less invasive techniques, such as hormonal treatments and endometrial ablation, offer effective symptom management while preserving uterine function and fertility, aligning with the growing preference for conservative treatment approaches [7].

Case Report

A 30-year-old married female presented with a clinical history characterized by heavy, prolonged menstruation and irregular menstrual cycles, typical symptoms of dysfunctional uterine bleeding (DUB). Despite having no significant medical history and denying any prior examinations, comprehensive pre-operative evaluations, including physical examination and diagnostic investigations, revealed no remarkable findings or underlying causes for her symptoms. Given the persistence of DUB and the absence of identifiable pathology, the medical team decided to proceed with a total hysterectomy. The surgery involved the removal of the uterus, cervix, and bilateral adnexa, aiming to provide definitive relief from the patient's debilitating symptoms.

Post-operative histopathological examination of the excised uterine tissue revealed no significant abnormalities such as fibroids, adenomyosis, or endometrial hyperplasia, which are commonly associated with DUB. However, a critical and unexpected finding was made during the examination: an intact fetus at approximately 24 weeks of gestational age was discovered within the uterine cavity [8]. Additionally, the endometrial lining exhibited proliferative changes, indicative of the presence of conception products. **Figure 1** clearly shows a bisected uterus with the mid-gestation fetus. This significant finding underscores the need for more careful pre-operative diagnostic protocols, as the presence of the fetus was unforeseen given the clinical assessments and symptoms described.

Results and Discussion

This case of dysfunctional uterine bleeding (DUB), complicated by the incidental discovery of an intact fetus, highlights the complexities associated with diagnosing and managing uterine bleeding conditions. The primary issue in this patient was DUB; however, the discovery of a retained fetus underscored significant gaps in pre-operative diagnostic protocols. This unexpected finding necessitates a critical reevaluation of both surgical and diagnostic procedures, emphasizing the need for improved detection techniques for early gestation in patients presenting with symptoms of DUB [9].

Figure 2 provides a detailed close-up view of the fetus situated within the uterus, emphasizing the developmental stage at the time of discovery. This visual evidence underscores the complexity of diagnosing and managing DUB, particularly when an unexpected pregnancy complicates the clinical picture [10].

Enhancing diagnostic protocols and refining ethical guidelines in gynecological practice are imperative. Further research into less invasive diagnostic and treatment methods could offer safer, more effective options for managing DUB. Moreover, ongoing dialogue and policy development are essential to address the complex ethical quandaries presented by cases like this, ensuring that medical practices uphold the highest standards of care and respect for patient autonomy and dignity [11].

Figure 1. Bisected uterus displaying an intact mid-gestation fetus. This image highlights the unexpected discovery during the histopathological examination.

Figure 2. Close-up view of the fetus in situ within the uterus, emphasizing the developmental stage at the time of discovery.

Figure 3. Extraction of the fetus post-hysterectomy, illustrating the complete removal and the condition of the fetus at extraction.

Conclusion

The management of dysfunctional uterine bleeding, particularly in complex cases involving pregnant patients, necessitates a careful balance between clinical judgment and ethical considerations. The unexpected discovery of a fetus post-hysterectomy, as highlighted in this case, underscores the need for stringent diagnostic protocols and a thorough ethical approach in gynecological practice. The complete removal of the fetus, depicted in **Figure 3**, was crucial for our comprehensive post-operative analysis. This figure illustrates the condition of the fetus at the time of extraction, highlighting the challenges and ethical considerations involved in surgical decisions when unknown factors such as undetected pregnancies may arise [12].

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