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The Histologic Elements in Endometrial Ossification in a Developing Community

Wilson IBO*

Department of Pathology, Medical Foundation and Clinic, Nigeria

Abstract

Case reports of women presenting with symptoms due to underlying endometrial ossification were traced to countries as diverse as Hong Kong, USA, The Netherlands, Spain, India, Tunisia, and Cote d'Ivoire. Therefore, it seems worthwhile to compare such data with the 19 cases gathered over the years personally in a developing community comprising of a large Ethnic Group, the Ibos. Furthermore, following the example of a Birmingham (UK) group, this was achieved by establishing a histopathology data pool, observing that it is suitable for epidemiological analysis. On the macroscopic side, the findings included patient who was able to handle the bone nestling on her cervix. On the microscopic side, it was the formation of fatty marrow in bone itself. In all possibility, previous infected abortion(s) constituted the precursors of the ossifications.

Keywords: Histology; Endometrium; Ossification; Ibos; Nigeri

The rare lesion called ossification of the endometrium has elicited case reports from countries as diverse as Hong Kong, USA, The Netherlands, China, India, Tunisia, and Cote d' Ivoire [1-8]. Accordingly, it is deemed to be useful to present a series from the large Ethnic Group called the Ibos who are domiciled in the South-eastern part of Nigeria. Moreover, on account of the plea of a Birmingham (UK) group that a histopathology data pool facilitates epidemiologic analysis, I have followed suit by utilizing the opportunity of being the pioneer pathologist of the Reference Pathology Laboratory sited in the Capital, Enugu, by The Government of Eastern Nigeria. The period in question is from 1970 to 2000 [9, 10] (Table 1).

Case Series

Some epidemiologic parameters demand tabulation hereunder, while the Figure indicates microscopic appearances (Figure 1).

Discussion

I consider some hidden parameters to be worthy of attention. For instance, the US case report mentioned that ossification did not only occur in the endometrium but also in the cervix [2]. Case 15 exhibited this combination. Similarly, this particular Case and also Cases 17 and 19 exhibited not only the bone itself but also fatty marrow.

S/No	Lab No	Initial	Age	Parity	Town	Doctor
1	B 772/76	ON	20	1	Onitsha	Emekekwue
2	UH 1138/89	EM	31	5	Enugu	Iloabachie
3	UH 1987/87	EE	25	0	Enugu	Ilabor
4	UH 1925/88	EA	25	0	Enugu	Emelife
5	2116/89	DJ	42	4	Enugu	Egwuatu
6	3003/89	EB	32	6	Onitsha	Emekekwue
7	1242/90	OJ	35	3	Enugu	Udogu
8	UH 1773/90	ON	25	0	Aba	Feyi-Waboso
9	UH 1788/90	UF	34	0	Enugu	Uche
10	UH 3232/90	EM	27	2	Enugu	Okaro
11	R 58/91	EJ	32	2	Afikpo	Anozie
12	S 17/91	OG	19	0	Enugu	Ezenyiroha
13	920632	IG	27	0	Enugu	Okezie
14	920772	OF	32	3	Enugu	Iloabachie
15	92093	UC	22	0	Enugu	Nnachetam
16	940547	UA	27	0	Enugu	Igwegbe
17	9706/28	AF	21	0	Afikpo	Ikpeazu
18	970774	OU	31	0	Afikpo	Twomey
19	980567	ID	30	4	Gboko	Okezie

Table 1: Epidemiologic data in endometrial ossification.

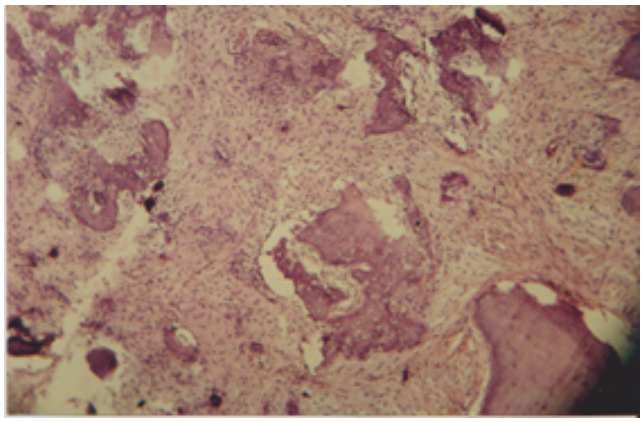

Figure 1: Microphotograph showing ossification with background inflammatory infiltrates.

Incidentally, 12 patients were curetted in Cosmopolitan Enugu. This is understandable. Similar treatment done for another 3 patients at Afikpo is also meaningful. The treatment took place in a Missionary Hospital in this case. This exemplifies the active role of missionary doctors in the health services of developing communities. The question remains, what were the case series in terms of age? As regards to this tabulation, it is clear that the 21-30 age groups preponderated (Table 2). Furthermore, this held true in the literature series as well.

***Corresponding author:** Wilson IBO, Department of Pathology, Medical Foundation and Clinic, Nigeria, Tel: 2348037208680; E-mail: wilson.onuigbo@gmail.com

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Age(yrs)	Series Number	Cited Number
<20	2	-
21 – 30	9	5
31 – 40	7	2
41+	1	1
Total	19	8

Table 2: Comparison of age groups of personal and cited series.

I am convinced that the 10 patients who were still to undergo successful pregnancy constitute pointers to a basic molecular histology truth, namely, prior infected abortion(s), might have already occurred.

In fact, confidential questioning often revealed prior abortion(s) as indicated by their individual physicians. The estimated frequency of such incident is as follows: once in 2 cases; twice in 2 cases; thrice in one case; 4 times in one case; and up to 5 times in one individual. Undoubtedly, this suspicion is in line with the Chinese patient in whom four pregnancy terminations took place! Indeed, in keeping with this concept, it is relevant that Waxman and Moussouris "had an opportunity to examine a patient in whom endometrial bone formation was discovered exactly eight weeks following an induced abortion" [4,11].

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