**INTRODUCTION**

Abnormal uterine bleeding (AUB) is described as any deviation from a normal menstrual pattern. The key characteristics are regularity frequency, duration of flow, and heaviness of flow however each of these parameters may have considerable variability. [1]. Bleeding is abnormal when cycle is irregular, duration of flow is >7days or amount is more than 80 ml. [2]. Abnormal uterine bleeding (AUB) is a common presentation responsible for more than 20% of all visits to outpatient department and for more than 25% of all hysterectomies. [3]

Evaluation of endometrium by sonography has become an integral component in investigation of abnormal uterine bleeding since the introduction of ultrasound in gynaecological practice by Donald et al in 1958. [4] Uterine bleeding after permanent cessation of menstruation resulting from loss of ovarian follicular activity is defined as postmenopausal bleeding. Around 3 % of menopausal women suffer from this condition which requires prompt and thorough evaluation. [5]

There is increased risk of endometrial hyperplasia and endometrial carcinoma in premenopausal and postmenopausal women with abnormal uterine bleeding. [6] Therefore, ultrasonography and endometrial biopsy, methods of detecting endometrial hyperplasia or carcinoma must be considered early in investigation. [7]

An endometrial biopsy is a safe and efficient office-based procedure for sampling the endometrium in a patient presenting with abnormal uterine bleeding. The endometrial tissue obtained provides diagnosis for wide range of morphologic patterns, normal and abnormal changes like hyperplasia, exogenous hormonal effects, infections, carcinoma which helps in further management. [8,9]

This study was conducted in premenopausal and postmenopausal patients presenting with abnormal uterine bleeding who were subjected to transabdominal sonography. Endometrial biopsy was taken and correlated with the histopathological pattern.