5) Postmenopausal Bleeding - Dr. Abeer

Postmenopausal symptoms
Include vasomotor symptoms such as hot flashes and palpitations, psychological effects such as depression, anxiety, irritability, mood swings, memory problems and lack of concentration, and atrophic effects such as vaginal dryness and urgency of urination

Postmenopausal bleeding
- The term post menopause is applied to women who have not experienced a menstrual bleed for a minimum of 12 months, assuming that they do still have a uterus, and are not pregnant or lactating because the ovaries become inactive
- The most typical age range for menopause is 51 years
- Postmenopause is identified by a very high FSH level.
- Postmenopausal bleeding is more likely to be caused by pathologic disease than the bleeding in younger women, and it must always be investigated

Causes:
- Non- gynecologic causes:
  - These are also more likely to be caused by pathologic disease in older women and the patient may be unable to determine the site of bleeding. Example from the GIT or urinary system
- Gynecologic causes:
  1. Exogenous hormones:
     - Most common causes of postmenopausal uterine bleeding is use of exogenous hormones.
     - Long term oestrogen/progesterone HRT is some time is recommended for prevention of osteoporosis to improve life quality.
  2. Vaginal atrophy and vaginal and vulvar lesions:
     - Bleeding from the lower genital tract is almost always related to vaginal atrophy with or without trauma.
     - Examination reveal thin tissue with ecchymosis
     - With vulvar dystrophy there may be a white area and cracking of the skin of the vulva
  3. Tumors of the reproductive tract:
     - The differential diagnosis of organic causes of postmenopausal uterine bleeding includes:
     - Endometrial hyperplasia (simple, complex and atypical). Found in about 15% of cases of PMB
     - Endometrial polyps. Occur in up to 10% of women with PMB
     - Endometrial carcinoma, may be present in 7-10% of women with PMB
     - Rare tumors such as cervical or endocervical carcinoma, peak incidence in 5th and 6th decade of life. May present with PMB often with an offensive blood stained discharge.
     - Vulva tumors, the majority of vulvusually develop from "precancerous", pre-invasive areas called vulvar intraepithelial neoplasia (VIN)
     - Uterine sarcoma or even tubal carcinoma and ovarian carcinoma especially oestrogen secretory ovarian tumors, are other rare causes of PMB
Management:

- The basic premise is that underlying pathology needs exclusion in all cases of PMB. In most cases endometrial sampling will be required.
- An initial examination looking for signs of systemic diseases is extremely important.
- Pelvic examination includes an evaluation of the oestrogenic state of the vagina and cervix. Characteristic findings include a pale and thin appearance of the vaginal mucosa.
- A cervical smear is a routine component of the investigation of PMB.
- High vaginal swabs should be taken if discharge is present.
- The use of U/S as an initial step at investigation has some advantages. It is less invasive, sensitive, cheaper and allows visualization of other pelvic organs.
- An endometrial thickness of 4 mm or more is used to identify those cases that require further investigations. Particularly useful in older patients who are less likely to tolerate more invasive investigations like D/C (curettage).
- However, those patients who have persistent bleeding or have a detectable abnormality on ultrasound require endometrial sampling (curettage).
- Outpatient aspiration techniques can be used but hysteroscopically directed biopsy should be performed if bleeding continues despite a normal aspiration sample. Hysteroscopy done in the office or operating room may prove helpful in locating endometrial polyp or fibroid that may be missed even by fractional curettage.
- Treatment will be directed at the underlying aetiology.
- In case of endometrium polyp should be removed by hysteroscopy after a normal histopathology before.
- In case of vagina or vulva atrophy, should treat it with local oestrogen (vaginal cream or vagitorium).
- In case of exogenous hormones, try to change or stop the HRT pills.
- In case of cancer, according to the type of it (surgical / radiotherapy / chemotherapy).

Conclusion

- Postmenopausal bleeding is always be investigated (without a period for more than one year).
- Ultrasound and biopsy can be performed in outpatient ambulatorium, hysteroscopy and D&C are usually performed in a hospital or outpatient surgical center.
- Management depends on the causes.