## POST MEOPAUSAL BLEEDING

**Defined as bleeding of any amount and/or duration that occurs after 12 months of amenorrhea in patient around the age of menopause.**

**Because of the high significance of the subject some defined it after 6 months of cessation of menstruation.**

**Women who continue to menstruate after the age of 55 years need to be investigated and also defined as PMB.**

**Follicle stimulating hormone (FSH) levels are particularly helpful in the diagnosis of menopausal age.**

## Causes

**I. 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. This could be from GIT like bleeding piles or urinary system as in case of urethritis or urethral curuncles or systemic bleeding disorders.**

## II. Gynecologic causes

**A. Exogenous hormones**

**Most common causes of postmenopausal uterine bleeding is the use of exogenous**

**Hormones, recently long term estrogen / progesterone HRT is recommended for prevention of osteoporosis to improve life quality.**

**It is not uncommon to present with vaginal bleeding for as long as 3--6 months after initiation of any HRT. If after this time bleeding still occur, further investigation is needed to discover its etiology.**

**B. Vaginal atrophy and vaginal and vulvar lesions**

**Bleeding from the lower genital tract is almost always related to vaginal atrophy with or without trauma. Either due to infections or lack of estrogen in the postmenopausal age.**

**With vulvar dystrophy, there may be a white area and cracking of the skin of the vulva**

**C. Tumors of the reproductive tract**

**The differential diagnosis of organic causes of post menopausal 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 endo-cervical carcinoma, peak incidence in 5th and 6th decade of life, may present with PMB often with an offensive blood stained discharge.**

**-Uterine sarcoma, or even tubal carcinoma and ovarian carcinoma (granulosa cell tumor) especially estrogen secreting ovarian tumors, are other rare causes of PMB.**

## Management

**-The basic premise is that an underlying pathology needs exclusion in all cases of PMB In most cases endometrial sampling will be required**

**-An initial thorough examination looking for signs of systemic diseases is extremely important.**

**-Pelvic examination include an evaluation of the estrogenic state of the vagina and cervix, characteristic finding include a pale and thin appearance of the vaginal mucosa often with a loss of the normal ruges.**

**-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**

**Most woman with PMB can be investigated effectively and safely as outpatient**

**TVS is an accurate method of excluding endometrial cancer. It limits the need endometrial thickness of > 5 mm for endometrial biopsy to woman with an**

**irregular endometrial outline or fluid within cavity.**

**The majority of women have a thin , regular endometrium and can be ** reassured at first visit without further investigation**

**There are a number of devices for taking outpatient endometrial biopsy , ** samples taken by**

**Pipelle are comparable with Vebra and Novak aspirators in terms of specimen adequacy and diagnostic accuracy**

**D&C is no longer recommended for the investigation of PMB ****

**-Hysteroscopy is often used to investigate PMB, as it allows direct inspection of the endometrium, It can detect 95% of uterine abnormalities and is a sensitive means of identifying polyp and sub-mucous fibroids.**

**It can be used in the outpatient setting, and is highly acceptable to women, although general anesthesia may sometime be necessary**

**All methods of sampling can miss cases of cancer.**

**Treatment will be directed at the underlying etiology**

**Local and systemic antibiotics to treat infections, or local dinestrol estrogen cream to treat atrophic vaginitis due to lack of estrogen.**

**<u>Dedicated post-menopausal bleeding clinic</u>**

**It allows rapid assessment and reassurance for women with PMB using one-stop clinic approach**

**The diagnosis of cancer can be excluded for most women at their first visit****

**Endometrial biopsy and outpatient hysteroscopy should be provided for those ** women with abnormal scan result at their first visit.**