Bleeding after the menopause

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Postmenopausal bleeding (PMB)

Prevalence
• 5 per cent of office gynaecology presentations
• 4-11 per cent of postmenopausal women will experience bleeding
• Chance reduces as time since menopause increases

Definition
• Any bleeding from the genital tract occurring in the postmenopausal period
Causes of PMB

<table>
<thead>
<tr>
<th>Causes</th>
<th>Incidence</th>
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<tbody>
<tr>
<td>Atrophy</td>
<td>60–80%</td>
</tr>
<tr>
<td>Exogenous oestrogen</td>
<td>15–25%</td>
</tr>
<tr>
<td>Polyps (endometrial/cervical)</td>
<td>2–12%</td>
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<tr>
<td>Endometrial hyperplasia</td>
<td>10%</td>
</tr>
<tr>
<td>Endometrial cancer</td>
<td>10%</td>
</tr>
<tr>
<td>Cervical cancer</td>
<td>&lt;1%</td>
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</tbody>
</table>


What to do?

**Thorough history**

- Bleeding history including:
  - when it started, duration, pattern, amount, frequency and any associated trauma
- Changes in bladder or bowel function
- Pain
- Weight loss
- Use of hormone replacement therapy (MHT)
  - the type of MHT (continuous, cyclical, oestrogen and progesterone or oestrogen only) duration of use
- Past gynaecological, obstetric, medical, surgical include, hysterectomy, medications and family history.
Examination

• **General appearance** and establishing **body mass index**
• **Abdominal examination** should focus on palpation for discernible masses
• **Pelvic examination** detailed inspection of the vulva and vagina, especially atrophy, suspicious lesions, trauma and a foreign body
• **Speculum examination** to evaluate the cervix for polyps and cancer. Cervical screening +/- chlamydia PCR
• **Bimanual examination** to evaluate uterine size, mobility and the adnexae plus a rectal examination.
Investigations

- **Pelvic ultrasound** to determine endometrial thickness and pelvic pathology.
  - TVUS acceptable initial investigation.
- **3-mm cut-off** has high sensitivity for detecting endometrial cancer
- **Tissue biopsy**
  - Biopsy may be from the vulva, vagina, cervix, or an endometrial biopsy.

Wong AS BJOG. 2016 Feb;123(3):439-46

Vaginal Ultrasound

In postmenopausal women without vaginal bleeding:

- With endometrial fluid in the uterine cavity, if the endometrial thickness (ET) is 3 mm or less, endometrial sampling is not necessary.  
  - Incidence of endometrial cancer is low
- ET cutoff of 11mm or greater, need hysteroscopy assessment.

What to do?

- Referral to gynaecologist
  - Depends on GP expertise, available of appropriate radiology, pathology or gynaecological services before referral.
- Complete history
  - Check for adherence to therapy
  - Other medical history
- Examination check for visual signs of bleeding and site
- Repeat vaginal US – tertiary
- Endometrial biopsy
- Hysteroscopy D&C

Endometrial biopsy

- **Gold standard** for evaluation of PMB.
- Endometrial biopsy can be obtained with:
  - an **endometrial pipelle** in the outpatient setting,
  or
  - by **hysteroscopy and curettage** (with or without dilatation) in either the **outpatient or inpatient** setting.

*The sensitivity of the pipelle endometrial sampling in the detection of endometrial hyperplasia and cancer was 99.6 and 81 per cent, respectively, in postmenopausal women.*

Management: what to do next?

- **Cervical or endometrial cancer**, endometrial hyperplasia with atypia or endometrial intraepithelial neoplasia (EIN).
  - Prompt referral to a gynaecological oncology service.

- Endometrial hyperplasia **without** atypia may be treated with progestogens
Management: what to do next?

- Gynaecologist & patient’s general practitioner manage other causes

**Cervical or endometrial polyps**

- Removed in the work up.
  - Cervical polyp
    - During examination
  - Endometrial polyp
    - During hysteroscopy
    - Recommended by resection to remove base of the polyp

- If benign histopathology is confirmed, no further investigation or treatment is required.

Atrophy / atrophic endometrium

- Vulvovaginal or urogenital atrophy treatment if symptomatic
  - Lubricants, moisturisers, natural oils
  - Vaginal oestrogens including:
    - Oestriol vaginal pessaries or cream
    - Oestradiol vaginal tablets
Summary

• PMB is endometrial cancer until the diagnosis is excluded
• Atrophy most common cause
• ET 3mm or less does not require biopsy
• Recurrent episodes even if endometrium <3mm require evaluation
• Pipelle has reasonably high specificity/sensitivity for endometrial cancer but not for polyps or submucous fibroids
• Referral to gynae-oncology service if malignant.