ORIGINAL PROF-722

POSTMENOPAUSAL BLEEDING;
AN EXPERIENCE AT BAHAWAL VICTORIA HOSPITAL, BAHAWALPUR

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ABSTRACT

Objective : To evaluate the etiology, incidence of malignancy and interval between menopause and onset of abnormal vaginal bleeding in postmenopausal women. **Design:** Prospective study. **Place And Duration of Study:** The study was conducted at Bahawal Victoria Hospital, Bahawalpur for a period of 14 months (February 2002 to March 2003). **Subjects:** Thirty five cases of postmenopausal bleeding. **Methods:** A detailed history was taken followed by a detailed general physical, abdominal, pelvic and per-rectal examination. Cervical pap smear was done in all the patients except those with obvious cervical growth. Besides routine laboratory work, abdominal ultrasonography was done in all the cases. All patients were invariably subjected to fractional curretage and cervical biopsy was taken where indicated. Results: Malignancy was found to be the most common cause (51.42%) of postmenopausal bleeding. Carcinoma of the cervix was commonest and found in 34.28%, carcinoma of endometrium in 11.42%, atrophic endometrium in 11.42%, polyps in 8.57%, chronic cervicitis in 8.57%, endometrial hyperplasia in 5.71%, carcinoma of ovary in 2.85%, liomyosarcoma in 2.85%, senile vaginitis, trauma, and forgotten IUCD each in 2.85% of cases. Etiology remained undetermined in 5.71 % cases. Malignancy was directly related to years of clear span and was 88.88% in cases presenting 10 years or more after the menopause. **Conclusion:** Carcinoma of cervix was the commonest cause of postmenopausal bleeding in our study. Screening programme for early detection of carcinoma of cervix at a pre-invasive stage is highly recommended.

KEY WORDS: Postmenopausal bleeding, Etiology, carcinoma, malignancy

INTRODUCTION

Today, the life expectancy in women is longer, therefore, many will likely experience the postmenopausal period and postmenopausal bleeding accounts for approximately 5% of office visits to a general gynaecologist.[1] Postmenopausal bleeding can be defined as bleeding, regardless of amount, from genital tract after one or more years of menopause, in a women who is not taking HRT.[2,3,4] There is no universally accepted definition of postmenopausal bleeding. One year without bleeding at appropriate time of life is the criterion for the menopause, most often applied.[2]

The general consensus is that postmenopausal bleeding should be considered malignancy until proven otherwise, despite the fact that abnormal pathology is found in only 15% of endometrial biopsies.[5]

The malignancies that most commonly cause this symptom are carcinoma of endometrium and cervix. Postmenopausal bleeding is observed in 75-80% of women with endometriai carcinoma and it is also associated with non-endometrial cancers, most common of these is carcinoma of cervix.[6,7,8,9]. Every possible measure should be adopted to rule out malignancy as endometrial carcinoma has a much higher cure rate if diagnosed early.[4] Information regarding the prevalence of malignant tumors in Pakistan is sketchy at the moment. There is no formal tumour registry system and

little data is available apart from hospital based studies. So, this study was designed and conducted to determine the etiology of post menopausal bleeding in patients attending a tertiary hospital at Bahawalpur.

MATERIAL & METHODS

All the patients in which primary complaint was postmenopausal bleeding, admitted in Gynecology and Obstetrics Unit-11 of Victoria Hospital Bahawalpur from February 2002 to March 2003, were enrolled. The study was limited to women falling in the age group of 45 years or more and whose bleeding started at least one year or more after cessation of menstruation. The exclusion criteria was based upon:

1) Women with extragenital origin of bleeding i.e. from bladder, urethra, rectum and anus.

2) Women who were taking hormone replacement therapy. A detailed history of each patient was taken followed by general physical, abdominal, pelvic and per-rectal examinations and data so collected was recorded on specialized performa. Results were collected and analysed at the end of 14 months.

Besides routine laboratory work including complete blood examination, complete urine examination, blood sugar, urea, creatinine, chest x-ray and ECG, (electocardiogram), abdominal ultrasonography (USG) was done especially to localize any ovarian tumour and endometrial thickness. Cervical pap smear was taken in most of the patients except for those who were having obvious cervical growth. It is a routine in our unit to book all the patients of postmenopausal bleeding for endometrial biopsy. So, all the patients were invariably subjected to fractional curretage and cervical biopsy was taken where indicated. It was followed by laparotomy or hysterectomy and bilateral salpingo-Oophorectomy as and when required. Patients requiring radiotherapy were referred to BINO (Bahawalpur Institute of Nuclear Medicine & Oncology).

RESULTS

The average age of patients was 59.12 10.14 years. Malignancy was the most common cause of postmenopausal bleeding, in our study, and was detected in 18(51.42%) cases. Out of these total malignant cases, above 70% were between 66-85 years. (Table-I).

Table-1 Incidence of malignancy in relation to age

Age (years)	No of Cases	Malignant	Malignancy %
45-55	17	07	41.17
56-65	07	03	42.85
66-75	07	05	71.42
76-85	04	03	75.00
Total	35	18	51.42

Malignancy was directly related to years of clear span and was 88.88% in cases presenting 10 years or more after the menopause!. (Table-II).

Table-1I Incidence of malignancy in relation to clear span

Clear span (years)	No of Cases	Malignant	Malignancy %
1-5	15	04	26.66
6-10	11	07	63.63
10 & above	09	08	88.88

Out of total 35 patients, malignancy was the cause of postmenopausal bleeding in 18 cases (51.42%). Benign lesions were found in 15(42.85%) cases, while cause remained undetermined in 2 patients (5.71%). (Table-III).

Table-1II Type of lesion

Types of lesion	No of Cases	Malignant
Malignant	18	51.42
Benign	15	42.85

Undetermined	02	5.71

In the group of malignant causes, carcinoma of cervix was the neoplasia most often detected (34.28%) and endometrial carcinoma was next affecting (11.42%). No patient with carcinoma of vulva or vagina was reported during the study period. Ovarian carcinoma and liomyosarcoma were present, each in one case. (2.85%).

Table-IV.

Cases	No. Of Cases	%age
Malignant		
Carcinoma of cervix	12	34-28
Carcinoma of endometrium	04	11-42
Carcinoma of vulva vagina	-	-
Carcinoma of ovary	01	2.85
Limosarcoma	01	2.85
Benign		
Atrophic endometrium	04	11.42
Polyps	03	8.57
Chronic cervicitis	03	8..57
Endometrial hyperplasia	02	5.71
Senile vaginitis	02	5.71
Trauma	01	2.85
Forgotton IUCD (Lippe's loop)	01	2.85
Undetermined	02	5.71

Table-V Associated clinical features.

Clinical feature	No. Of Cases	%age
Anemia	28	80
Low backache	26	74.2
Hot flushes	25	71.4
Body aches & painful joints	24	68.5
Irritability & depression	18	51
Headaches & palpitations	19	54.2
Vaginal discharge	10	28.5
Hypertension	09	25.7
Diabetes Mellitus	05	14.2
Uterovaginal prolapse	03	8.57
Abdominal mass	01	2.85

*Patients had more than one clinical features

Among the benign lesions, atrophic endometrium was the most common cause, (11.42%) followed by polyps (8.57%) and chronic cervicitis (8.57%). Senile vaginitis, trauma (coital) and forgotten lippes' loop were seen each in one case (2.85%). (Table-IV).

Most of the patients presented with multiple clinical features, detailed in table-V. Anemia was present in 80% of the patients. Low backache (74.2%) and hot flushes (71.4%) were the commonest menopausal symptoms followed by bodyaches and painful joints. (68.5%). More than 50% of women complained of depression, irritability, palpitations and headaches. (Table-V).

DISCUSSION

Postmenopausal bleeding is a symptoms of varied etiologies including both benign and malignant conditions. In our study, we found malignant cases in 18(51.42%), benign in 15(42.85%) and pathology

remained undetermined in 2 cases (5.71%). The malignancy rate in our study is quite high as compared with recent literature. Although, Lee WH[10] had reported an incidence of 42% but more recently Gredmerk[7] had showed overall malignancy rate of 10.3% only. However, situation has not changed in our part of word and incidence of malignancy as a cause of postmenopausal bleeding still remains high, as reported 53.71% by Nagina Fatima[11] and 44% by Asif KH.[12] Panda et al[13] from India had also reported an incidence of 63.6%. So, our finding of high rale of malignancy is quite comparable with other authors in our region.

The commonest cause among the malignant lesions was carcinoma of cervix. (34.28%). This figure is much higher as compared to incidence of 1.3% reported recently by Gredmark.[7] This shows lack of screening programme in our society and failure on the part of patients also who neglected their symptoms and presented in late stage of disease, because of ignorance and illiteracy. Carcinoma of the endometrium was found in 4 (11.42%) cases. The figure is comparable with a large multicentric study by Karlsson[9] (10%) and a local study[11] (10.6%). However, Gredmark[7] had shown an incidence of 8.1 their increasing awareness of the importance of postmenopausal bleeding with all women referred for investigations rather than just those at high risk. Liomyosarcoma of uterus is a rare but highly malignant tumour with poor prognosis. Its incidence is approximately 2/100,000 women over 20 years.[14] We found one patient during the 14 months. Granulosa cell tumours of ovary is an important but rare cause of postmenopausal bleeding. Malmstorm et al[15] in their study of 54 cases, have reported 26 such cases, but we found only one patient. No patient with carcinoma of vulva or vagina was reported during the study period (14 months). This wide variation in the reported incidences of malignancies responsible for postmenopausal bleeding, reflects variability in the types of patients who were studied, and the method of evaluation.

Benign lesions as a cause of postmenopausal bleeding were found in 15 cases (42.85%). Atrophic endometrium was the most common cause (11.42%) followed by Polyps (8.57%) and chronic cervicitis (8.57%). Endometrial hyperplasia is considered to be a precursor of carcinoma and was found in 5.71% in the present study which is lower than other studies.[7,12] Atrophic endometrium is reported to be the commonest cause of postmenopausal bleeding in the world literature,[16,17] while in our study figure is much lower. In the present series, pathology remained undetermined in 2 cases (5.71 %), which is lower than 14% as reported by Gredmark et al.[7] Most recently (2003) a study has shown that postmenopausal bleeding incurs a 64 fold increased risk for endometrial cancer.[18] So, a women in whom no cause for postmenopausal bleeding is found, should have repeat investigatk ns after persistent or recurrent uterine bleeding and in some rare cases, a hysterectomy should be considered if a diagnosis cannot be made.[19]

CONCLUSION

We conclude that among malignant lesions the most common cause of postmenopausal bleeding in our set up is carcinoma of cervix. We recommend screening programmes for early detection of carcinoma of cervix at pre-invasive stage. Moreover, postmenopausal bleeding calls for immediate investigations, even though there is a single episode, because it could be a sign of endometrial cancer which has a much higher cure rate if diagnosed early.

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