Postmenopausal Uterine Bleeding

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Introduction

Any uterine bleeding in a menopausal woman (other than the expected cyclic bleeding that occurs in women taking cyclic postmenopausal hormone therapy)
POSTMENOPAUSAL BLEEDING
Is it something to worry about?
All postmenopausal women with unexpected uterine bleeding patients should be evaluated for endometrial carcinoma
SITE OF BLEEDING:

Abnormal bleeding noted in the genital area is usually attributed to:

- Intrauterine source,
- Cervix
- Vagina
- Vulva
- Fallopian tubes
- Ovarian pathology
Etiology

- Atrophy
- Cancer
- Polyps
- Postmenopausal hormone therapy
- Endometrial hyperplasia
- Leiomyomata uteri
- Adenomyosis???
- Disease in adjacent organs
- Post radiation therapy
- Anticoagulant therapy
- Herbal and dietary supplements
- Infection???
**Atrophy**

- **Hypoestrogenism** causes atrophy

- This results in microerosions of the surface epithelium and a subsequent chronic inflammatory reaction (chronic endometritis), which is prone to light bleeding or spotting

- A **pale, dry vaginal epithelium** that is smooth and shiny with **loss of most rugation**

- Inflammation: **patchy erythema, petechiae**, blood vessels visible through the thinned out epithelium, **friability**, bleeding, and **discharge**
Cancer

Approximately **6 to 19 percent** of women with postmenopausal vaginal bleeding have endometrial cancer

- Endometrial carcinoma
- Uterine Sarcomas
- Fallopian tube or ovarian cancer
- Cervical and vaginal cancers
- Vulvar cancers
- Choriocarcinoma
Polyps

- Polyps are benign endometrial growths of unknown etiology
- Growth of polyps can be stimulated by estrogen therapy or tamoxifen
Endometrial Hyperplasia

- Endogenous estrogen production from ovarian or adrenal tumors
- Exogenous estrogen therapy are possible causes
- Obese women
Leiomyomata Uteri

Uncommon, cause of uterine bleeding in menopausal women

The diagnosis of a uterine sarcoma should be considered in postmenopausal women with presumed uterine leiomyomas producing symptoms.
Disease in adjacent organs

- Diseases of the urethra (eg, urethritis)
- Bladder (eg, cancer or urinary tract infection)
- Bowel (eg, inflammatory bowel disease or hemorrhoids)

These disorders should be considered and evaluated for in patients with bleeding in whom there is no obvious genital tract etiology.

Rule out fracture should be considered when there is genital bleeding after trauma, especially in a postmenopausal woman with osteoporosis.
Herbal and dietary supplements

Soy and other phytoestrogens in large doses may be associated with stimulation of the endometrial lining
History and physical examination
History and physical examination

- When did the bleeding start?
- Were there precipitating factors, such as trauma?
- What is the nature of the bleeding (temporal pattern, duration, postcoital, quantity)?
History and physical examination

- Are there any associated symptoms such as pain, fever, or changes in bladder or bowel function?

- What is the medical history and are any medications being taken (e.g., hormones, anticoagulants)?

- Are any soy-containing herbal or dietary supplements being taken?

- Is there a family history of breast, colon, and endometrial cancer?
History and physical examination

- Body mass index (BMI) should be calculated
History and physical examination

- The external and internal anatomy of the female genital tract is important.

- Determine the bleeding site in genital tract; to note any suspicious lesions, lacerations, or foreign bodies; and to assess the size, contour, and tenderness of the uterus.

- A general examination: signs of systemic illness (e.g., hepatitis, renal disease, splenomegaly).
History and physical examination

All women need **cervical cancer screening** as part of the evaluation of abnormal bleeding.
Endometrial evaluation

Either endometrial biopsy or transvaginal ultrasound can be used as an initial test for evaluating the endometrium.

We suggest endometrial biopsy as the initial diagnostic test for women with postmenopausal bleeding due to its high sensitivity, low complication rate, and low cost.
Endometrial evaluation

- Transvaginal ultrasound examination:
  - An acceptable initial test
  - An alternative to endometrial sampling in postmenopausal women who cannot tolerate office biopsy
  - In women in whom evaluation for uterine pathology (eg, polyp, leiomyoma) or of the adnexa is indicated
Endometrial biopsy is required if:

- The endometrial lining is thicker than 4 mm
- The endometrium shows diffuse or focal increased echogenicity (heterogeneity)
- The endometrium is not adequately visualized on sonography
- The woman has persistent bleeding