

# Causes of Postmenopausal Bleeding According to Histopathological Findings

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**Background:** A prospective study carried out at Gynae Unit of Services Hospital Lahore during the period of 2005 to find out different causes of postmenopausal bleeding according to histopathological findings.

**Material and Method:** The study included 100 patients aged 45-80yrs. The women on hormonal replacement therapy were not included in study. Examination under anaesthesia and endometrial curetings sample taken in all the patients.

**Results:** The histopathological findings of these patients showed cervical malignancy as most common cause (22% patients), followed by senile atrophic vaginitis (17% of patients) and endometrial carcinoma (12 %of patients).

**Conclusion:** Effective clinical programmes should be launched; cervical smear should be taken in all patients attending gynae clinics above the ages of 30 yrs to detect any malignancy as early as possible.

**Key words:** Postmenopausal bleeding and histopathology.

## Introduction

After age of forty five years, six months after cessation of menstruation, any vaginal bleeding is called as postmenopausal bleeding (PMB). It may be heavy bleeding, just spotting or just like normal menstruation.<sup>1</sup> PMB is quite common and worrisome symptom accounting for 5% of all gynaecological Out Patient's Department attendances.<sup>2</sup>

PMB can be due to benign or malignant pathologies. The aetiology encompasses a wide range of disorders that can be secondary to anatomical changes in genital tract, infection, endocrinological disorders, malignancies and systemic disorders.<sup>3-5</sup> In malignancies the carcinomas of cervix and endometrium occur in increasing frequencies in old age so it is important to exclude these conditions in patient of postmenopausal bleeding.<sup>6-8</sup>

Initial investigation to diagnose the cause of PMB is transvaginal scan and its sensitivity in diagnosis of PMB is 90-97%.<sup>9,10</sup> Other tools which play important role in diagnosis of PMB are hysteroscopy and diagnostic dilation and curettage.<sup>11,12</sup> All the women with postmenopausal bleeding should be offered endometrial sampling, if poor candidate for general anaesthesia then hysteroscopic guided sampling biopsy should be taken.<sup>13,14</sup>

## Material and Method

Study was carried out in Gynae Unit III of Services Hospital Lahore in 2005. Total of 100 patients were taken for the study, above ages of 45 years presenting with postmenopausal bleeding (women on hormone

replacement therapy were excluded).

After taking informed consent, detail history, general physical examination, systemic and gynaecological examination was done and data recorded on specially designed Performa. Most patients were admitted in ward and investigations were carried out to assess general condition of patients.

All patients were examined under anaesthesia and were subjected to fractional curettage or biopsy from lesion or suspected area. Specimens were sent for histopathological examination. Further management of the patients was planned according to age, general health and histopathological findings.

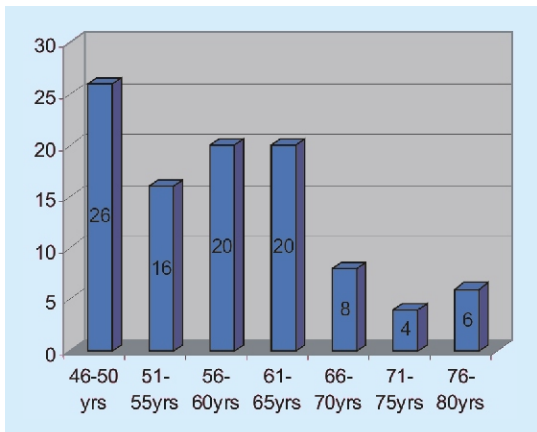
## Results

The results of the study show that age of patients ranged from 45yrs to 80yrs with the mean of 59yrs. The age frequency is shown in chart below.

**Table 1:** Demographic characteristics of PMP.

	Range	Mean
Age Group	45 - 80 yrs	59 yrs
Age at Menarche	11 - 18 yrs	13 yrs
Age at Marriage	14 - 26 yrs	19 yrs
Parity	3 - 13	8
Body Weight	46 - 104 lb.	55 lbs.

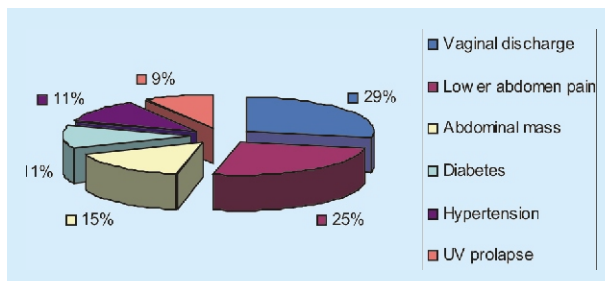
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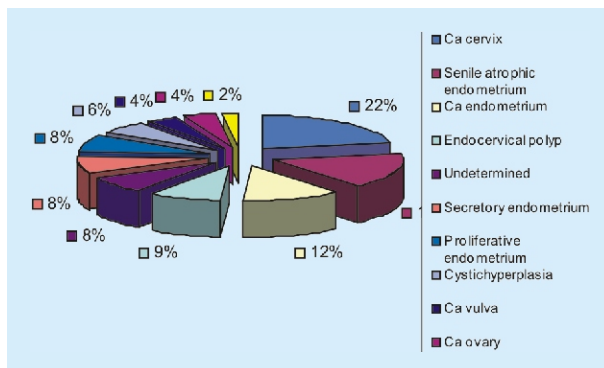
**Fig. 1:** Shows age frequency.

Postmenopausal bleeding are shown in the table below.

The most common symptoms along with postmenopausal bleeding with which patient presented were vaginal discharge and lower abdominal pain.



**Fig. 2:** Shows common symptoms.



**Fig. 3:** Shows common causes of PMB.

Bleeding per vaginum was categorised as scanty or mild if blood loss was less than normal menstrual cycle, moderate if like normal menstrual flow and severe if more than it.

The histopathological findings clearly show carcinoma of cervix as the most important cause found in the study; the rest of the causes found are shown above.

**Table 2:** Pattern of presentation of PMB.

Amount of Bleeding	No of Patients	Percentage
Spotting	24	24%
Mild	20	20%
Moderate	44	44%
Severe	12	12%

## Discussion

Postmenopausal bleeding should be considered cancerous until proven otherwise, despite of that fact abnormal pathology is usually found in only 15% of endometrial biopsies.<sup>15</sup> In this study conducted on 100 patients malignancy was found in 42 of the patients (Fig. 3). Carcinoma cervix in 22 of the patients, benign lesions were responsible in 50% of the patients where as pathology remained undetermined in 8% of the patients.

It was seen from the study that ages of patient ranged from 45-80yrs. The chances of the bleeding decreases with increasing age but the frequency of malignancy is increased with increased age and increased with increased interval between postmenopausal bleeding and menopause.<sup>16</sup>

Approximately 80-90% of patients present with abnormal vaginal bleeding like postmenopausal bleeding, postcoital bleeding, irregular menstruation, painless menorrhagia but there was no association found between amount of bleeding and malignancy.

Although in most parts of the world the postmenopausal bleeding is usually associated with atrophic endometrium but in this study carcinoma cervix was identified as an important cause. Similar results were found in a study conducted in 1988-98 on 328 patients, showed carcinoma cervix in 39% of patients.<sup>1</sup>

## Conclusion

Any bleeding should be considered abnormal until proven otherwise except those on hormonal replacement therapy. Whenever a patient presents with postmenopausal bleeding a detail history and examination with proper investigations as ultrasound, transvaginal scans, biopsies should be taken.<sup>2,18,19</sup> Screening programs for early detection of carcinoma of cervix at pre-invasive stage should be formulated So that early detection is possible and patients are treated before the problem becomes untreatable.

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