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Evaluation of non-invasive and invasive tests in women with post-menopausal bleeding

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Abstract
Background and Method: The study was an observational study which was conducted at Sri Aurobindo Medical College and Postgraduate Institute, Indore in the department of Obstetrics and Gynecology after the Institutional Ethics Committee clearance with an aim to Evaluation of non-invasive and invasive tests in Women with Post-Menopausal Bleeding. We included all postmenopausal women who presented any time after one year of menopause with postmenopausal bleeding. Detailed history, clinical examination, per speculum and per vaginal examination were done systematically to evaluate the clinical diagnosis of postmenopausal bleeding. A thorough general systemic and per vaginal examination were done. Investigations including both invasive and noninvasive test were advised.
Result: As far as the findings of Endometrial Biopsy is concerned, in 24 cases, there was proliferative phase endometrium and in 13 cases, it was secretory phase endometrium. In maximum No. of cases (30 cases), the cervical biopsy was not done, whereas in 24 cases, it was unremarkable, but in equal No. of cases, it was found to be with chronic cervicitis. On PAP smear examination, in 22 cases, it was Grade 2 inflammation, whereas 2 cases each, it was Senile Vaginitis and HSIL. In 47 cases, it was Bulky Uterus, whereas it was atrophic uterus in 8 cases on USG examination. It was NOT DONE in 7 cases.
Conclusion: Duration of postmenopausal bleed was from 1 month to 2 years. Post-menopausal bleeding is a gynecological entity that requires extensive investigative actions so as to delineate its exact cause and treat it accordingly. In our study, amongst non-invasive procedures TVS and amongst invasive procedures cervical biopsy was most accurate, from which we inferred that once TVS is suggestive of ET>4 mm, is when we should take the patient up for any invasive procedure.

Keywords: Non-invasive, women and post-menopausal bleeding

Introduction
Postmenopausal bleeding occurs in a woman's genital tract after she has undergone menopause. Once a woman has gone 12 months without a period, she's considered to be in menopause. In order to rule out serious medical problems, women with postmenopausal bleeding should always consult their gynecologist.
Vaginal bleeding can have a variety of causes. These include normal menstrual cycles and postmenopausal bleeding.
Abnormal vaginal bleeding can be a symptom of cervical, uterine, or endometrial cancer, one needs to get abnormal bleeding evaluated. Postmenopausal bleeding (PMB) can be defined as uterine bleeding occurring at least one year after menopause. PMB is a common clinical problem in both general and hospital settings [1]. The incidence of spontaneously occurring PMB in the general population can be as high as 10% immediately after menopause [2]. PMB is often caused by abnormalities of the endometrium, whether they are benign or malignant. Of postmenopausal women with vaginal bleeding, 10%-15% have endometrial carcinoma [3-5]. In contrast, the prevalence of endometrial polyps in patients with PMB and an increased endometrial thickness measured with TVS is estimated to be 40%. Endometrial cancer is the most common malignancy in the developed countries of the female genital tract. Unlike other malignancies, endometrial cancer presents at an early stage where there is a possibility of curative treatment. Hence timely diagnosis is important and should be carried out by safe and minimally invasive investigative procedures [6].

Material and Method
The study was an observational study which was conducted at Sri Aurobindo Medical College

and Postgraduate Institute, Indore between November 2017 to January 2019 in the department of Obstetrics and Gynecology after the Institutional Ethics Committee clearance. We included all postmenopausal women who presented any time after one year of menopause with postmenopausal bleeding. Detailed history, clinical examination, per speculum and per vaginal examination were done systematically to evaluate the clinical diagnosis of postmenopausal bleeding. A thorough general systemic and per vaginal examination were done. Investigations including both invasive and noninvasive test were advised. All patients were subjected to paps cytology and transvaginal sonography followed by endometrial sampling in those indicated. In selected cases, hysteroscopy was done. Colposcopy and its guided cervical biopsy were done in selected cases. A structured proforma was made and details of the patient including her age, age of menarche, age of menopause, parity, body mass index, amount of bleeding, number of episodes of postmenopausal bleeding, associated co morbidities and any drug intake like hormone therapy, and anticoagulants were noted, following which, the diagnostic evaluation for postmenopausal bleeding was done by using transvaginal ultrasonogram and the endometrial thickness was determined. Endometrial biopsy is done after ultrasound and the Histopathological report was correlated. The results were analyzed to determine the commonest cause of postmenopausal bleeding. The endometrial thickness was correlated with the Histopathological reports to set a cut off value for endometrial thickness below which, further intervention including endometrial biopsy was not necessary.

Inclusion criteria

1. Women with one or more episode of bleeding irrespective of amount and duration, following one year of cessation of menses.
2. Women giving consent for getting included in the study.

Exclusion criteria

1. Associated bleeding disorders.
2. Women presenting with bleeding P/V due to any trauma.
3. Women not giving consent.

Data collection and methods

All indoor admitted patients between the age of 41-60 years with postmenopausal bleeding recruited for the study. Informed consent was taken.

A restructured Performa was done for all patients.

Results

Table 1: Distribution of endometrial biopsy in study subject

Endometrial biopsy	Number
Adenocarcinoma	6
Adenomyosis	4
Proliferative phase endometrium	24
Secretory phase endometrium	13
Proliferative phase endometrium/Leiomyoma	1
Senile atrophy	3
Atrophic endometrium	9
Atrophic myometrium	3
Inadequate	7
Not done	10
Simple hyperplasia	5
Atypical hyperplasia	1
Leiomyoma	3
Mild dysplasia	1
Moderate dysplasia	1
Poorly differentiated carcinoma squamous	1
Retrogressive changes	1
Submucous leiomyoma	1
Tubercular endometritis	1
Secretory phase/Adenomyosis	3
Endocervical polyp	1
Endometrial hyperplasia/Leiomyomas/Adenomyosis	1

As far as the findings of Endometrial Biopsy is concerned, in 24 cases, there was proliferative phase endometrium and in 13 cases, it was secretory phase endometrium.

Table 2: Distribution of cervical biopsy in study patients

Cervical biopsy	Numbers
Not done	30
Unremarkable	24
Adenocarcinoma	5
Squmas cell carcinoma	8
Chronic cervitis	24
Keratinization of ectocervical lining	3
Other	6

In maximum No. of cases (30 cases), the cervical biopsy was Not Done, whereas in 24 cases, it was unremarkable, but in equal No. of cases, it was found to be with chronic cervicitis.

Table 3: Distribution of pap smear in study patients

Pap smear	Numbers
Senile vaginitis	2
No inflammation	3
Not done	4
Atrophic vaginitis	6
Papillary endocervicitis	6
LSIL	4
HSIL	2
Grade 1 inflammation	4
Grade 2 inflammation	22
Grade 3 inflammation	47

On PAP smear examination, in 22 cases, it was Grade 2 inflammation, whereas 2 cases each, it was Senile Vaginitis and HSIL.

Table 4: Ultrasound findings

Ultrasound	Numbers
Atrophic uterus	8
Bulky uterus	47
NAD	32
Not done	7
Other	6

In 47 cases, it was Bulky Uterus, whereas it was atrophic uterus in 8 cases on USG examination. It was Not Done in 7 cases.

Discussion

Postmenopausal bleeding (PMB) is one of the commonest symptoms for which a menopausal woman presents to the gynecologists. PMB, being an anonymous symptom, needs proper evaluation in order to exclude malignancy. Evaluation begins from history, physical examination and diagnostic testing with ultrasound and endometrial sampling. It is being estimated that the risk of endometrial cancer increases with age which is 1% at the age of 50 years and 25% at 80 years [7]. The incidence of malignancy in the postmenopausal period is very high. Hence it requires early diagnosis, strict follow up and prompt treatment. Total number of patients included in our study were 100 and the mean age was 55.3 years (45-80). Duration of post-menopausal bleed ranged from 1 month to 2 years. 60 patients had associated complaints like dysmenorrhoea, abdominal pain, passage of clots and white discharge. Abdomen was soft and non-tender in majority of patients and per speculum examination revealed ectropion [8] and polypoidal growth [9] in the majority of the patients. Diagnostic evaluation was done using both invasive as well as non-invasive techniques.

Mean duration of complaints of postmenopausal bleeding in our study was 7.4 months. A similar study done by Escoffery C.T., Blake G.O *et al*, [10] the duration of symptoms was 6.9 months.

It was seen in our study that parity of malignant cases was 3 whereas parity of non-malignant cases was 3.8. Similar results were seen in study done by Jina R, Kar J, Sharma *et al.* [11] where parity of non- malignant cases was 3.2 +/- 1.55.

Conclusion

Duration of postmenopausal bleed was from 1 month to 2 years. Postmenopausal bleeding is a gynecological entity that requires extensive investigative actions so as to delineate its exact cause and treat it accordingly. In our study, amongst non-invasive procedures TVS and amongst invasive procedures cervical biopsy was most accurate, from which we inferred that once TVS is suggestive of ET>4 mm, is when we should take the patient up for any invasive procedure.

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