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Evaluation of etiology of postmenopausal bleeding using invasive methods

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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 Etiology of Postmenopausal Bleeding using Invasive Methods. 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: Cervical Biopsy was found to be most specific for pin-pointing the etiology of the postmenopausal bleed, followed by endometrial biopsy and hysteroscopy.
Conclusion: PMB due to its social implications and a general unacceptability from our society is usually reported less and if reported is usually not followed up. We need to raise the awareness regarding this particular symptom and treat it with equal zest and vigour as done for other gynecological pathologies. Not many studies are available on PMB and furthermore probing in it will enhance our knowledge not just for malignancies and their prompt management but also for other pathologies associated with it.

Keywords: etiology, postmenopausal and bleeding

Introduction
A medical procedure is defined as non-invasive when no break in the skin is created and there is no contact with the mucosa, or internal body cavity beyond a natural or artificial body orifice. For example, deep palpation and percussion are non-invasive but a rectal examination is invasive [1].
The following medications may help: menopausal hormone therapy (MHT), clonidine, gabapentin, or selective serotonin reuptake inhibitors [2, 3]. Exercise may help with sleeping problems. While MHT was once routinely prescribed, it is now only recommended in those with significant symptoms, as there are concerns about side effects. High-quality evidence for the effectiveness of alternative medicine has not been found [4]. There is tentative evidence for phytoestrogens [5].

Material & 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 was 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.

Statistical methods and sample size calculation

Results were statistically analyzed to detect true positive, false negative, false positive and true negative results in relation to different diagnostic tools in detecting malignancy. Sensitivity, specificity, positive value, negative predictive value and efficacy were calculated using standard formulae. Student t test and Chi square were used to test the significance of variables as appropriate and p value<0.05 were considered significant.

Results

Table 1: 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 2: Association of p/s- Nad & with significant finding with associated complaints, cervical biopsy, ultrasound

P/s	Associated complaints		
	Yes	Number	
Nad	17	12	*P*>0.01
With positive finding	29	42	
	Cervical biopsy		
	Negative	Positive	
Nad	13	3	*P*<0.01*
With positive finding	11	42	
	Ultrasound		
Nad	Nad	Positive	*P*<0.01*
With positive finding	6	22	
	26	39	

*Significant, not done samples excluded.

Table 3: Distribution of hysteroscopic evaluation

Hysteroscopy	Number
Done	27
Not done	73

In 27 cases, Hysteroscopy was done, whereas in 73 cases it was not done due to no consent and financial conundrums.

Discussion

Atrophic endometrium: 19.27% cases of post-menopausal bleeding in our study were due to atrophic endometrium. Similar results were obtained in a study done by Veena S Naik, Jyoti D Rege *et al.* [6] with 16.3% and a study done in Jamaica by Escoffery C.T, Blake. However studies done by Thomas Gredmark, Sonia K Vint *et al.* [7] and Jina R, Kar J *et al.* [8] showed that 50% and 53% of patients that presented with postmenopausal bleeding had an atrophic endometrium. Study done by Arindam Halder and Taposi Mandal in Kolkata [9] showed 72% cases of atrophic endometrium as a causal factor for postmenopausal bleeding.

Proliferative endometrium- 30.12% cases of postmenopausal bleeding in our study had in its core the cause as proliferative endometrium. This is in contrast with studies done by Thomas Gredmark, Sonia K Vint *et al.* [10] where only 4% were responsible.

Endometrial hyperplasia (different grades)-Our study demonstrated 8.43% of endometrium responsible for postmenopausal bleeding had different grades of hyperplasia. Similar results with 13.46% were found in studies, 22.3% cases with hyperplasia of the endometrium were seen in study.

Secretory endometrium-Amongst our subjects 19.27% were reported as secretory phase endometrium on histopathology report when evaluated by endometrial biopsy for postmenopausal bleeding. This is in striking contrast with a study done by Thomas Gredmark, Sonia KV int *et al.* [7] where mere 1% were reported as secretory endometrium.

Polyps- 1.204% of the patients studied with complaint of postmenopausal bleeding had an endocervical/endometrial polyp as the cause. 2.8% cases of postmenopausal bleed with polyp and 0.96% cases with endocervical polyp. Strikingly contrast were the results of Jina R, Kar J, Sharma N *et al.* [12] with 10.7% patients with polyps as the etiological factor of postmenopausal bleeding.

Conclusion

PMB due to its social implications and a general unacceptability from our society is usually reported less and if reported is usually not followed up. We need to raise the awareness regarding this particular symptom and treat it with equal zest and vigour as done for other gynecological pathologies. Not many studies are available on PMB and furthermore probing in it will enhance our knowledge not just for malignancies and their prompt management but also for other pathologies associated with it.

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