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Abnormal uterine bleeding in a perimenopausal woman: ultrasound features suggestive of endometrial pathology

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Case presentation

A 47-year-old premenopausal woman was referred for abnormal uterine bleeding. She reported a 4-month history of prolonged and heavy menstrual bleeding associated with dysmenorrhoea and anaemia. Cycles were irregular, lasting up to 22 days and requiring nocturnal sanitary protection. Obstetric history included one previous Caesarean section, and cervical cytology in 2024 was normal.

Previous imaging

An earlier ultrasound reported an endometrial thickness of 16 mm and an endometrial cyst of 18 mm.

Technique

Transvaginal ultrasound with Doppler and 3D Glass Body reconstruction. Findings were described using IETA terminology.

Ultrasound findings

B-mode — thickened, heterogeneous endometrium with cystic areas and irregular architecture.

Doppler — increased, disorganized vascularity.

3D — distortion of the endometrial surface and abnormal vascular patterns (Figure 1).

IETA — abnormal endometrial morphology with increased vascularity, raising suspicion for significant endometrial pathology.

Management — endometrial sampling was recommended.

Teaching point

This case highlights the value of standardized ultrasound terminology (IETA) and advanced imaging techniques in the assessment of abnormal uterine bleeding in the perimenopausal woman.

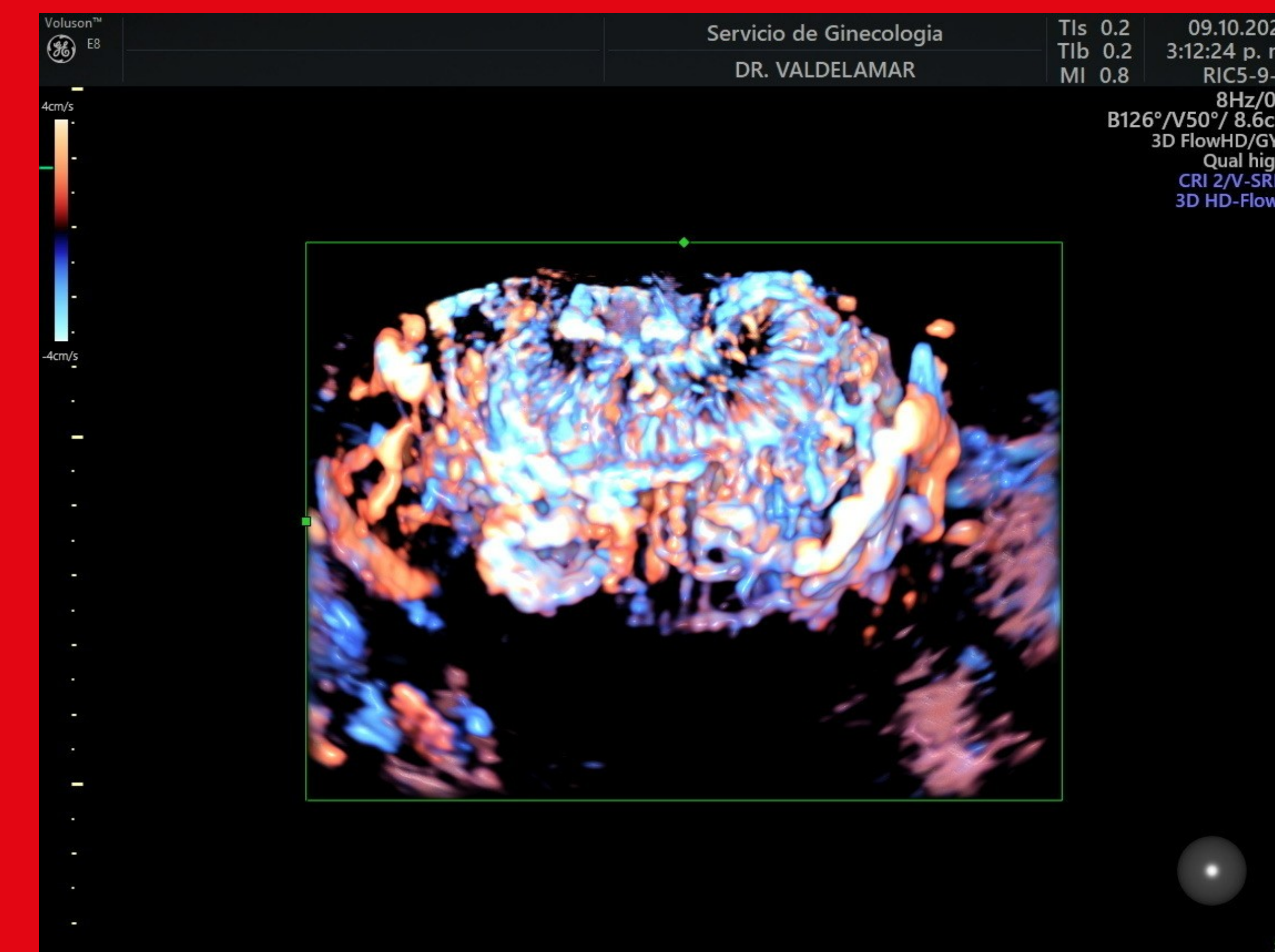


Figure 1. 3D Glass Body power Doppler reconstruction of the endometrium showing heterogeneous thickening, an irregular surface and increased, disorganized vascularity — an IETA abnormal pattern.

Key messages

16 mm

endometrium with an 18 mm cystic area

IETA

abnormal morphology with increased vascularity

3D

Glass Body Doppler maps the vascular pattern