

OVER-INVESTIGATING POST-MENOPAUSAL PATIENTS II

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Introduction: Menopause is the permanent cessation of menstruation secondary to loss of ovarian cyclic follicular activity.¹ The median age of menopause is 51 years in the UK.² Menopause is a retrospective clinical diagnosis in healthy women above 45 years old who did not have a menstrual period for 12 months without using hormonal contraception. In women without a uterus, menopause is diagnosed based on symptoms such as vasomotor symptoms.³ HRT is given to manage menopausal symptoms. HRT can be given as combined oestrogen and progesterone (in women who have a uterus) or as oestrogen only (in women without a uterus). Combined HRT can be given as sequential or continuous. **Sequential HRT** is given as a cyclic regime to produce monthly bleeding in perimenopausal women or in early menopause. **Continuous HRT** is prescribed for postmenopausal women, inducing amenorrhoea in around 6 months.⁴ Excluding malignancy and endometrial hyperplasia is reason that prompts referral for gynaecological assessment in cases with postmenopausal bleeding. Up to 80% of the postmenopausal women on continuous combined HRT will experience unscheduled bleeding in the first 6 months.⁴ Hysteroscopy and endometrial biopsy is the gold standard investigation for endometrial assessment.⁵

Aim: In this study we reviewed the cases referred to a tertiary centre for unscheduled bleeding on HRT to assess the use of resources in the Postmenopausal Bleeding (PMB) clinic, namely hysteroscopy, and the clinical outcomes.

Methods: Retrograde review of cases referred to PMB clinic at Oxford University Hospitals NHS Foundation Trust during the month of May 2022, spanning 1st to 31st May 2022. Review of cases was done via Electronic Patient Record system used at OUH; Millennium Cerner. **Inclusion criteria:** Postmenopausal or perimenopausal women (including confirmed POI), on HRT (regardless the duration) and the initial assessment in PMB clinic occurred during May 2022. **Exclusion criteria:** women not using HRT, pre-menopausal women, or initial encounter in PMB clinic done prior to May 2022.

Results: A total of 86 patients – referred for unscheduled bleeding on HRT – were seen for the first time in PMB clinic in May 2022. 77 women were postmenopausal (including a case of confirmed POI aged 34 at referral), while 9 cases were described as perimenopausal

HRT mode of administration:

82 cases were on ccHRT. Only 2 cases were on SeqHRT. In 2 cases, no clear documentation of the mode of HRT administration.

Continuous combined HRT cohort:

Age: Median age was 55 years (IQR 53 – 58 years)

BMI: 50 cases had BMI <30, 27 cases had BMI ≥30 and in 5 cases BMI was not documented.

Risk factors: only 2 cases had diabetes mellitus. None of the cases had history of PCOS or Tamoxifen use.

HRT duration: 56 cases used ccHRT for > 6 months, 10 cases used ccHRT for 6 months or less and in 16 cases documentation of ccHRT duration was unclear.

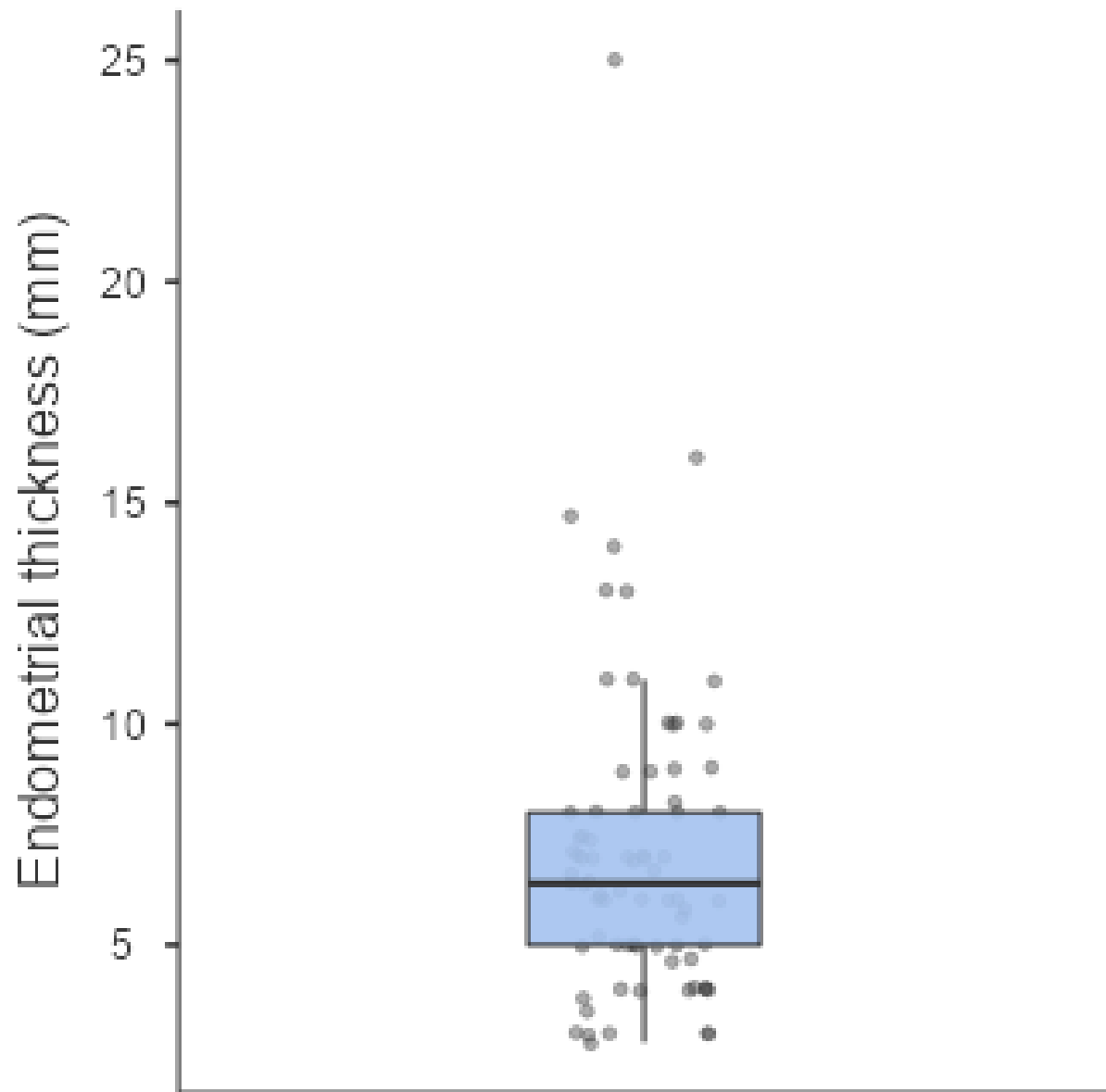
Endometrial thickness: In 76 cases, median ET was 6.4 mm (IQR 5 – 8 mm). In 6 cases, the endometrium was difficult to be assessed due to either fibroids, IUCD or atrophy. **17 cases had hysteroscopy despite having an ET of <5 mm.**

Hysteroscopy outcome:

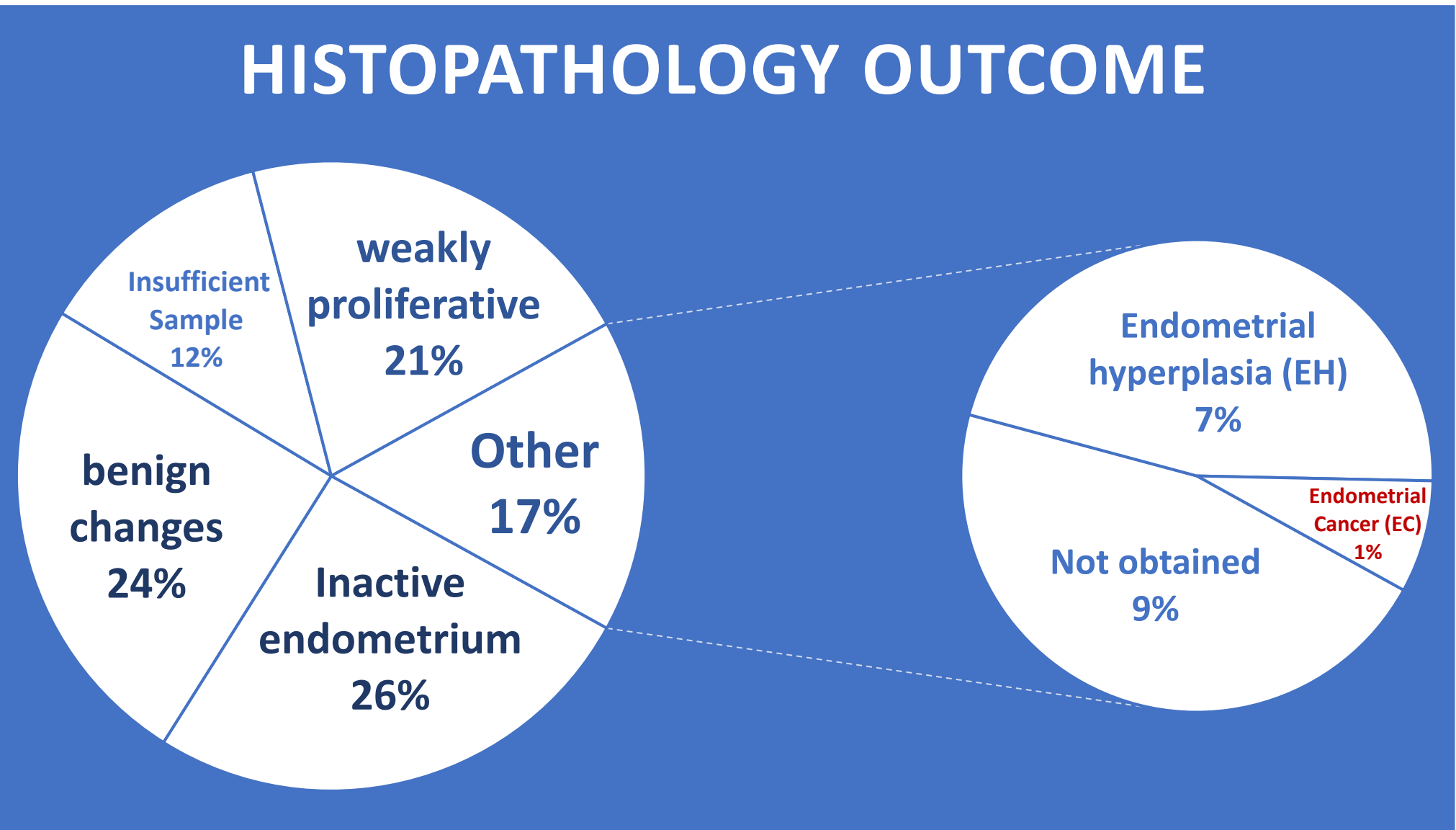
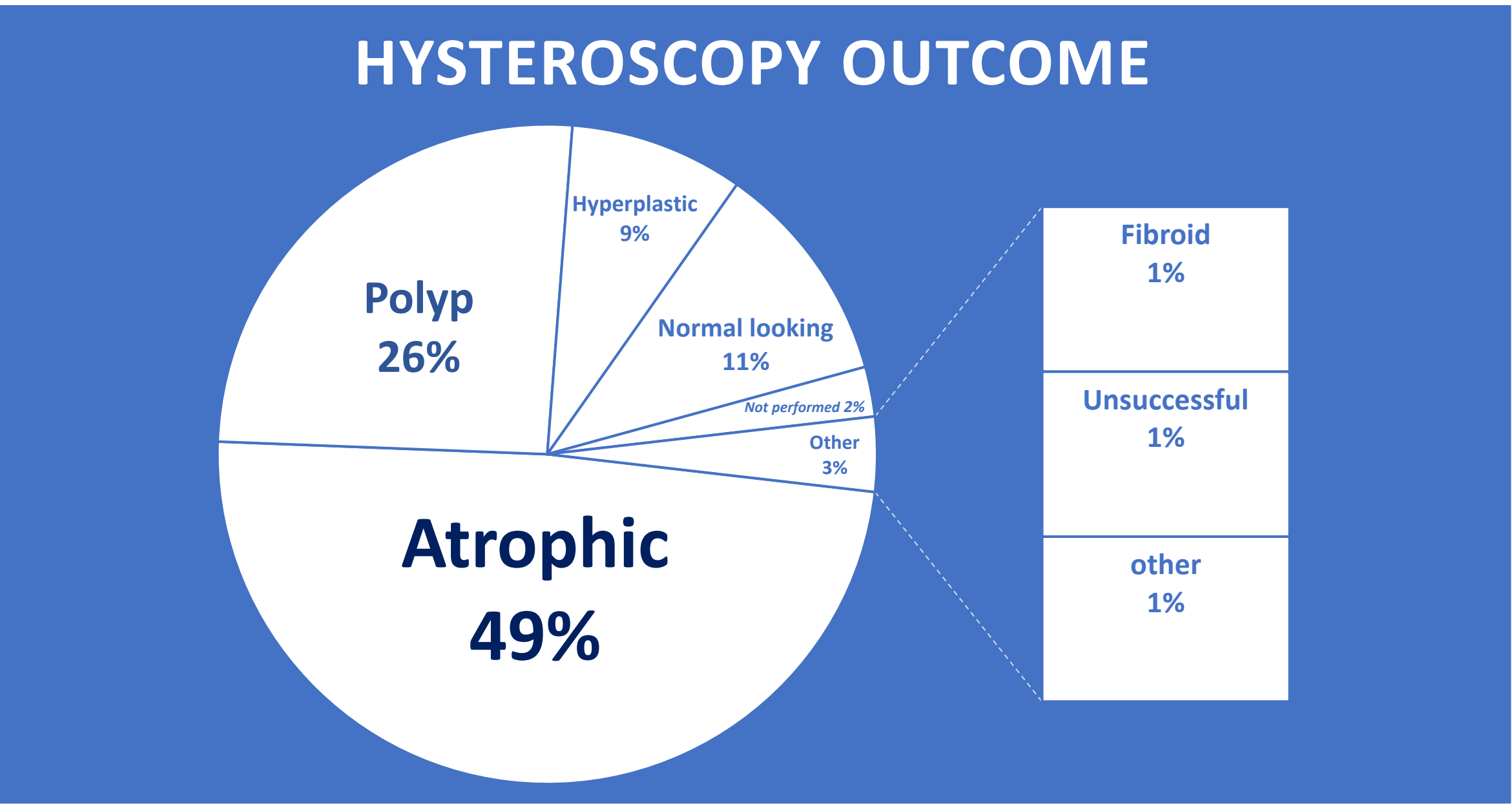
Hysteroscopy outcome	Cases n (%)
Atrophic	40 (48.8%)
Polyp	21 (25.6%)
Hyperplastic	7 (8.5%)
Normal looking	9 (11%)
Not performed	2 (2.4%)
Fibroid	1 (1.2%)
Unsuccessful	1 (1.2%)
Other	1 (1.2%)

Histopathology outcome:

Hysteroscopy outcome	Cases n (%)
Inactive endometrium	21 (25.6%)
benign changes	20 (24.4%)
Insufficient sample	10 (12.2%)
weakly proliferative	17 (20.7%)
Not obtained	7 (8.5%)
Endometrial hyperplasia (EH)	6 (7.3%)
Endometrial Cancer (EC)	1 (1.2%)



Endometrial thickness on ultrasound scan in ccHRT cohort



Sequential HRT cohort:

2 cases were documented as SeqHRT users.

Case A: 48Y, on SeqHRT >1 year, ET 6 mm (cut-off ≥ 7 mm in SeqHRT), Hysteroscopy showed a polyp with other normal endometrium, confirmed on histopathology.

Case B: 50Y, on SeqHRT for 3 months, ET 11 mm, cervical polyp on examination, histopathology showed benign proliferative endometrium.

Endometrial carcinoma patient:

Only one patient in our study had confirmed endometrial adenocarcinoma on histopathology.

57 years old.

HRT started 4 years earlier (*in perimenopausal stage*).

Patient was not bleeding at time of review in PMB clinic, she bled only if misses

Estrogen, now takes Uterogestan every day.

Stopped periods last year (2021).

BMI >30. No other risk factors.

ET on USS **11 mm**

Endometrial cavity **multiple polyps** seen arising from right uterine wall, fundus, and posterior wall. TruClear polypectomy done.

Histopathology: Grade 1 endometrial adenocarcinoma. MMR-deficient endometrioid endometrial carcinoma arising on a background of atypical hyperplasia.

Conclusion:

- Only one case of endometrial cancer was identified amongst 86 cases seen in the PMB clinic in May 2022
- The majority of the cases are confirmed ccHRT users (95.3%)
- In the ccHRT cohort, 10 cases (11.6%) were referred to PMB clinic despite using ccHRT for 6 months or less
- In the ccHRT cohort, 16 out of 17 cases who showed ET <5 mm had further hysteroscopy.

Recommendation:

Further discussion regarding exact duration cut-offs for accepting referrals and ET cut-offs for pursuing a Hysteroscopy.

Consider auditing **endometrial pipelle biopsy** against **Outpatient hysteroscopy**.

References:

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