

Endometrial thickness (ET) in patients with unscheduled bleeding on continuous combined HRT (CC HRT)

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OBJECTIVES

Initiation of CCHRT is a recognised cause of post-menopausal bleeding (PMB). As a result, in Cheshire and Mersey, a guideline is being proposed to guide initial management of those presenting with unscheduled bleeding on CCHRT in primary care. An ET of $\geq 4\text{mm}$ has been proposed as a cut off for direct referral from scan to rapid access clinic. This study aimed to calculate the normal range of ET in women on CC HRT, who present with unscheduled bleeding.

METHODS

The ET of women presenting in Noble’s Hospital, Isle of Man PMB clinic who were also taking CC HRT were examined over a one year period, 1st May 2021 to 30th April 2022. Clinic attendees with spontaneous PMB acted as controls.

Mean, median and interquartile ranges were calculated and differences between the two groups were analysed for significance using Student’s T-test. Kernel Density Estimation figures to visualise ET distribution were generated using a Python Seaborn library.

RESULTS

Of the 80 patients on CC HRT, 42 (52.5%) were <55 years with six <50 years. Length of treatment varied widely (19 less than six months, seven between 6 and 12 months, 52 more than 12 months and three were unclear). The indication for referral was recorded as ‘unscheduled bleeding on HRT’ in 63 patients but in only five of those cases was it recorded that the patient was on CC HRT.

For both women on CC HRT (median 4.85, Q1 3.25, Q3 7.45, IQR 4.2) and those with spontaneous PMB (median 5, Q1 3, Q3 8, IQR 5), the distribution of ET was positively skewed (Figure 1). Mean ET for those not taking CC HRT was 6.53 ± 0.38 , whilst mean ET for those taking CC HRT was 5.31 ± 0.31 – this was a significant difference ($p=0.04$) between the two groups (Figure 2).

Forty-nine women on CC HRT had an ET $\geq 4\text{mm}$; no woman was found to have an abnormality when biopsy was performed, compared to six women who had a significant endometrial abnormality in the group of 168 women with spontaneous PMB.

CONCLUSION

Much of the literature on ET in patients on HRT relates to women on standardised treatments seen within the setting of menopause clinics. This sample represents a real life, unselected group of women on a wide range of preparations including both oral or transdermal oestrogen and progestogens, oral tibolone and the IUS for delivery of a progestogen. There is no clinically significant difference between ET in women on CC HRT and those with spontaneous bleeds. More than 50% of women would however be referred to a rapid access clinic. In our population many are under the age of 55. These women are at low risk of serious endometrial pathology. Urgent work is required to determine if a different ET cut off might be appropriate and to consider alternative referral pathways.

Figure 1: Distribution of ET in PMB Clinic Attendees

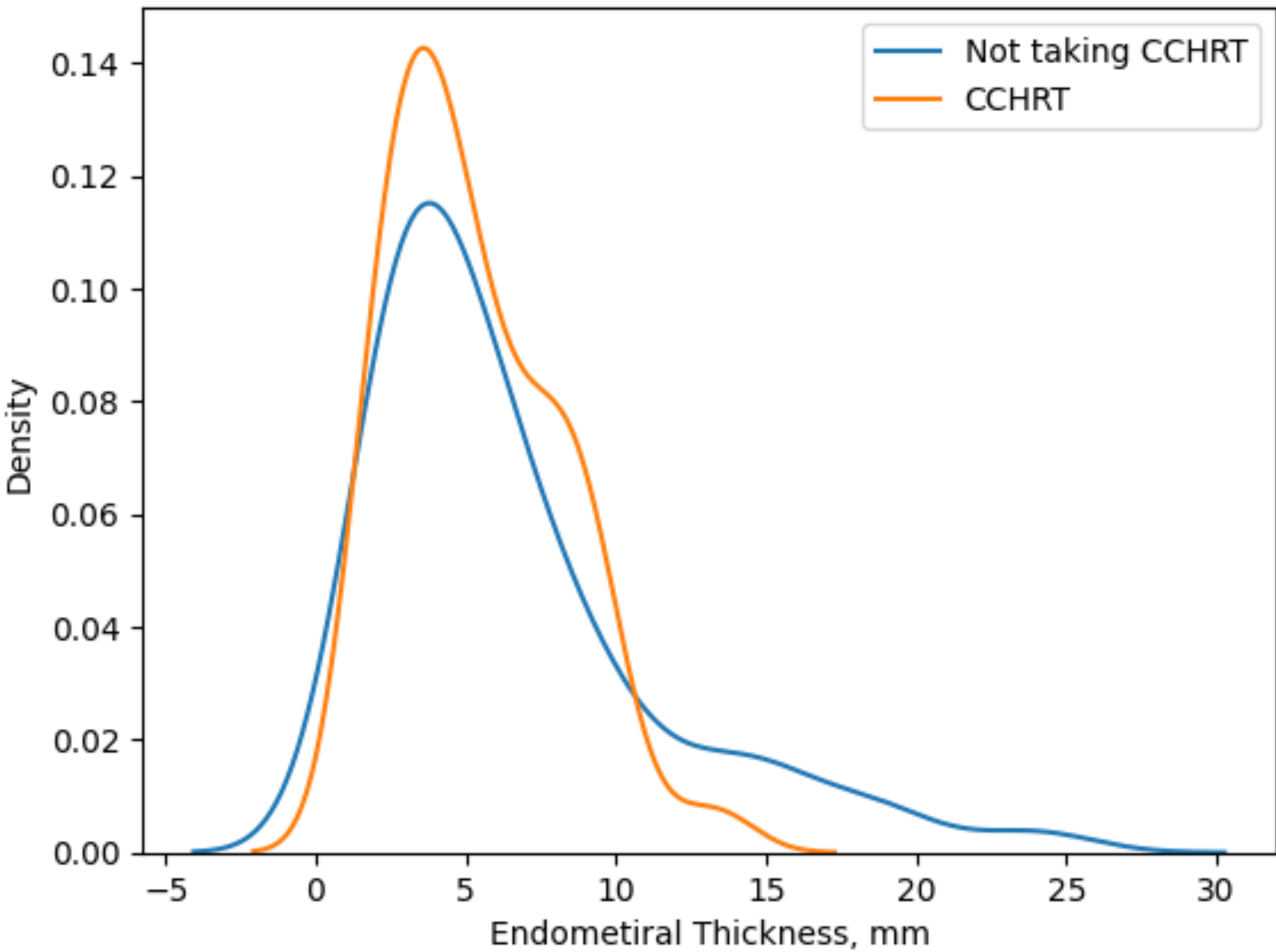


Figure 2: Mean Endometrial Thickness

