

Hysteroscopy Findings in Women with Postmenopausal Bleeding

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Introduction:

Postmenopausal bleeding (PMB) is defined as uterine bleeding occurring after at least one year of amenorrhoea, without any contributory factor for amenorrhoea^{1,2}The prevalence of PMB varies depending on the characteristics of the population studied and use of postmenopausal hormone therapy.^{3,4} The best diagnostic strategy depends on the prevalence of endometrial cancer in the population, available resources, and patient’s preference. It is recommended that either transvaginal ultrasonography or office-based endometrial biopsy should be used as the first step of investigation for women with post-menopausal bleeding.

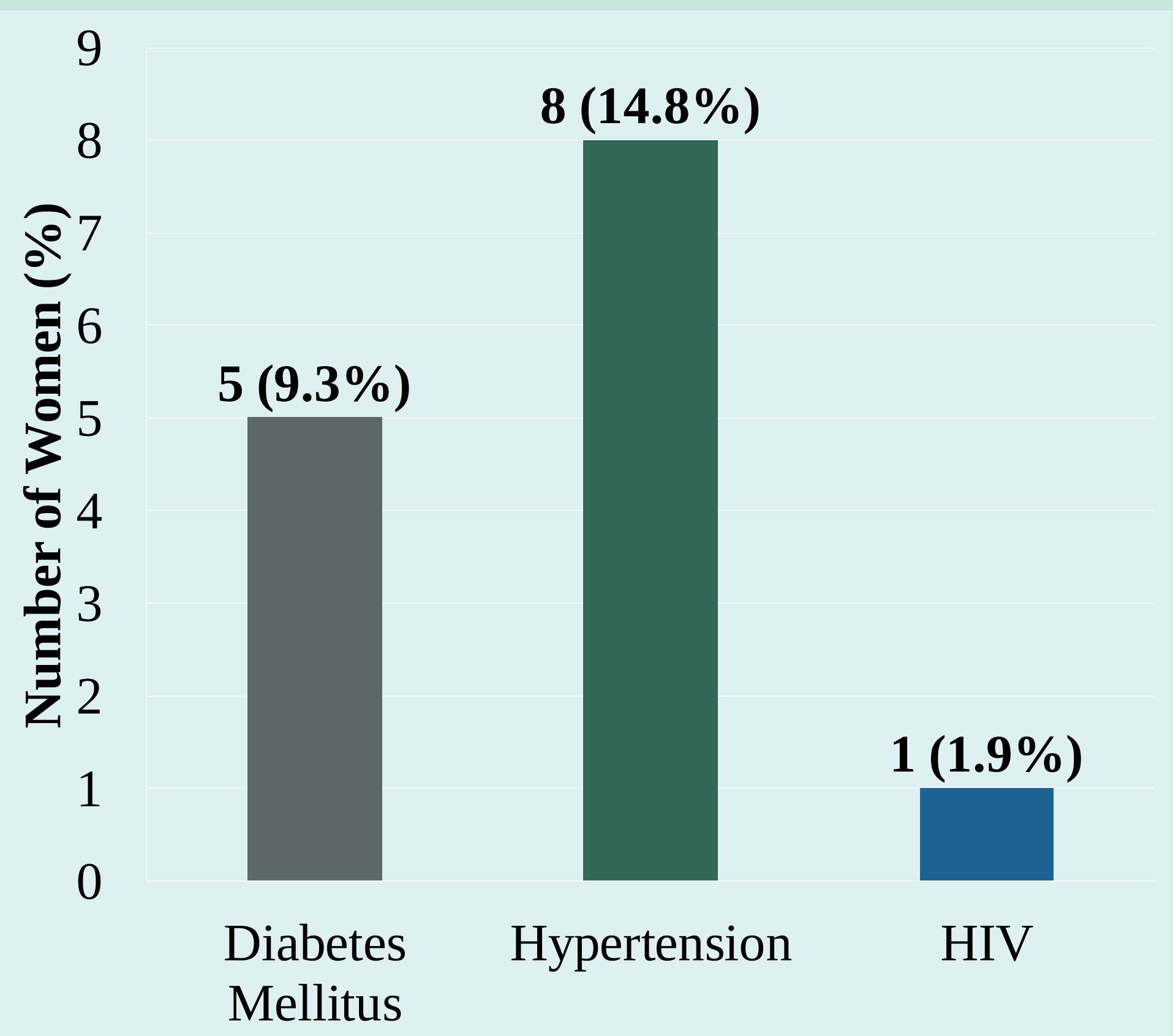
Objectives:

The aim of this study was to note the hysteroscopy outcomes in women with post-menopausal bleeding

Methods:

This was a retrospective study of women who presented to Barking, Havering and Redbridge Trust from May 2019 to October 2019, conducted for a duration of 6-months. A total of 54 women presenting with PMB were analyzed.

Comorbidities / Risk Factors



Results:

In a total of 54 women, the mean age at presentation was 55.5(+/-6.2) years and age of menopause 48.8(+/-3.7) years. The mean BMI was 28.5(+/-5.4) kg/m². Thirty-three (61.1%) women presented following first episode of PMB, eighteen (33.3%) after two episodes and three (5.6%) after the third episode. Forty-nine (90.1%) women were using hormone replacement therapy (HRT), of which, around half (53.1%) were on oral, the others used HRT patches. Evorel conti was the commonest HRT, taken by 15 (30.6%) women. Hypertension was the most frequent comorbidity reported by 8 (14.8%) women. Mean endometrium thickness was 7.24±3.59 mm. Hysteroscopy was performed in 46 cases while it was abandoned in remaining 8 cases (1 case refused, 3 had cervical stenosis, 1 pre-ablation and 3 had pain). There were 17 (31.5%) patients who initially presented with PMB had benign endometrial hyperplasia and were treated. No one had endometrial carcinoma. In 17 cases with benign endometrial hyperplasia, mirena was offered in all cases and inserted in 7. Sixteen out of 17 patients of endometrial hyperplasia were using HRTs.

Conclusion:

Our study identified no endometrial carcinomas in patients with PMB which could be due to small study sample. Endometrial hyperplasia was picked in 17/54 patients with PMB which is similar to existing findings.

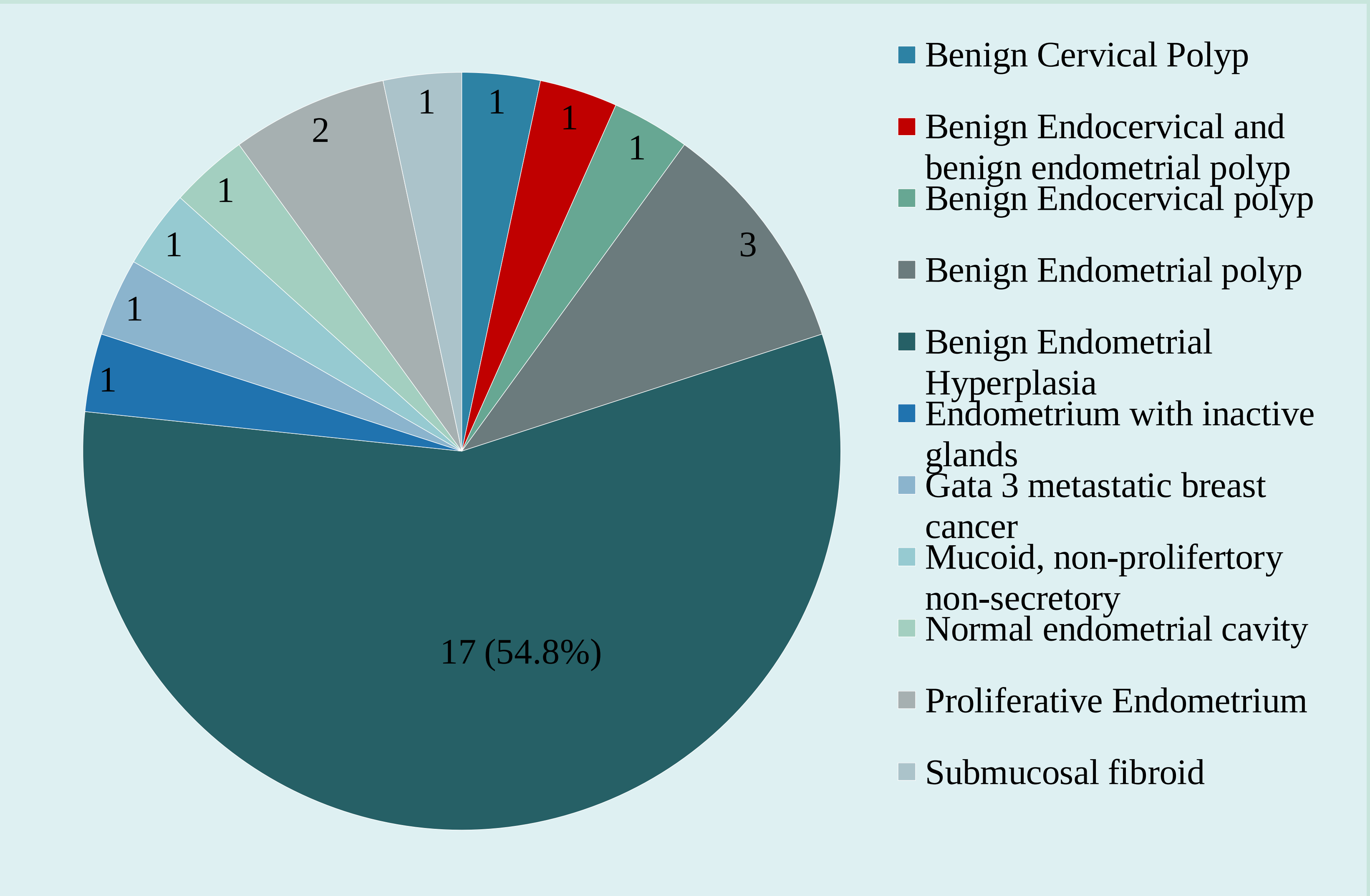
Recommendations:

1. All women on HRT with PMB should be evaluated.
2. All the women who present with PMB should be offered hysteroscopy guided endometrial biopsy.
3. Prospective long-term follow-up of women with endometrial hyperplasia can be done to note the natural history and risk factors

References:

- 1.Gallos ID, Alazzam M, Clark T, Faraj R, Rosenthal A, Smith P, Gupta J RCOG Green-top Guideline: Management of Endometrial Hyperplasia. 2016. https://www.rcog.org.uk/globalassets/documents/guidelines/green-top-guidelines/gtg_67_endometrial_hyperplasia.pdf
- 2.Rossouw JE, Anderson GL, Prentice RL, et al. Risks and benefits of estrogen plus progestin in healthy postmenopausal women: principal results From the Women's Health Initiative randomized controlled trial. JAMA 2002; 288(3): 321-33.
- 3.Astrup K, Olivarius Nde F. Frequency of spontaneously occurring postmenopausal bleeding in the general population. Acta Obstet Gynecol Scand 2004; 83(2): 203-7. 3.
- 4.ACOG Committee Opinion No. 734 Summary: The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding. Obstetrics and gynecology 2018; 131(5): 945-6.

Histology Findings



Hysteroscopy Findings (n=46)

