

# Are ultrasound scans adequately assessing if post-menopausal bleeding (PMB) patients require hysteroscopy?

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## OBJECTIVES

National guidance advises that, in the investigation of PMB in secondary care, hysteroscopy is only required if a patient has an endometrial thickness (ET)  $\geq 4\text{mm}$  and specific Transvaginal Ultrasound (TVUS) features – namely, ‘a focal lesion or polyp, the patient is on tamoxifen or if bleeding is recurrent after a negative Pipelle’. Otherwise, an endometrial biopsy alone is adequate. The TVUS reports of patients in PMB were reviewed to assess whether the information required to implement this recommendation was routinely recorded.

## METHODS

The TVUS reports on a sample of 79 patients who attended PMB clinic at Noble’s Hospital, Isle of Man, were analysed over a one-year study period of 1st May 2021 to 30th April 2022. The reports were searched for descriptions of endometrial thickness, comment on regularity of the endometrium, and the presence of cystic spaces or polyps within the endometrium. If polyps were suspected, the use of colour flow Doppler (CFD) to identify feeder vessels was assessed.

## RESULTS

In 48 patients the endometrium measured 4mm or more. Only 14 patients met the criteria for hysteroscopy, yet 42 patients underwent the procedure. In five patients the endometrium was reported as irregular, in 12 it was reported as regular or smooth but in 31 no comment was made (Figure 1). Cystic spaces within the endometrium were reported in four cases, one in the group with irregular endometrium. In three of these, the cystic spaces were thought to be associated with polyps. In a further 6 women, polyps were suspected (Figure 2). At hysteroscopy, 9 endometrial polyps were found with 5 of these having been suspected. Colour Flow Doppler (CFD) was both used and reported inconsistently. Its use was implied by comments on vascularity in four cases, with one positive statement that a feeder vessel was seen and one case where the absence of a feeder vessel was noted. In five suspected polyps there was no evidence for the use of CFD (Figure 3). Population investigative flows are depicted in Figure 4.

## CONCLUSION

Our reporting of TVUS is inconsistent. A structured report with clear direction on reporting both positive and negative findings would improve this. The report should include endometrial thickness, the presence of cystic spaces and potential polyps. The use of CFD to assess potential polyps should become standard practice until we have established its role in their confirmation. Hopefully this will translate into a greater willingness to use endometrial biopsy as the first line investigation following TVUS except in those cases where the scan highlights the need for hysteroscopy.

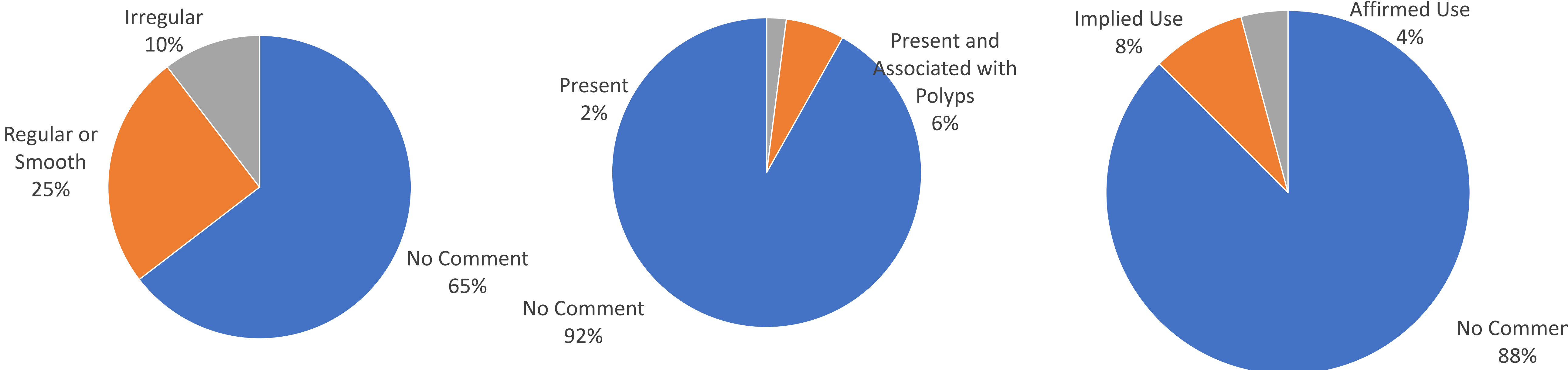


Figure 1: Endometrial Commenting on TVUS Figure 2: Presence of Cystic Spaces on TVUS Figure 3: Usage of Colour Flow Doppler Imaging

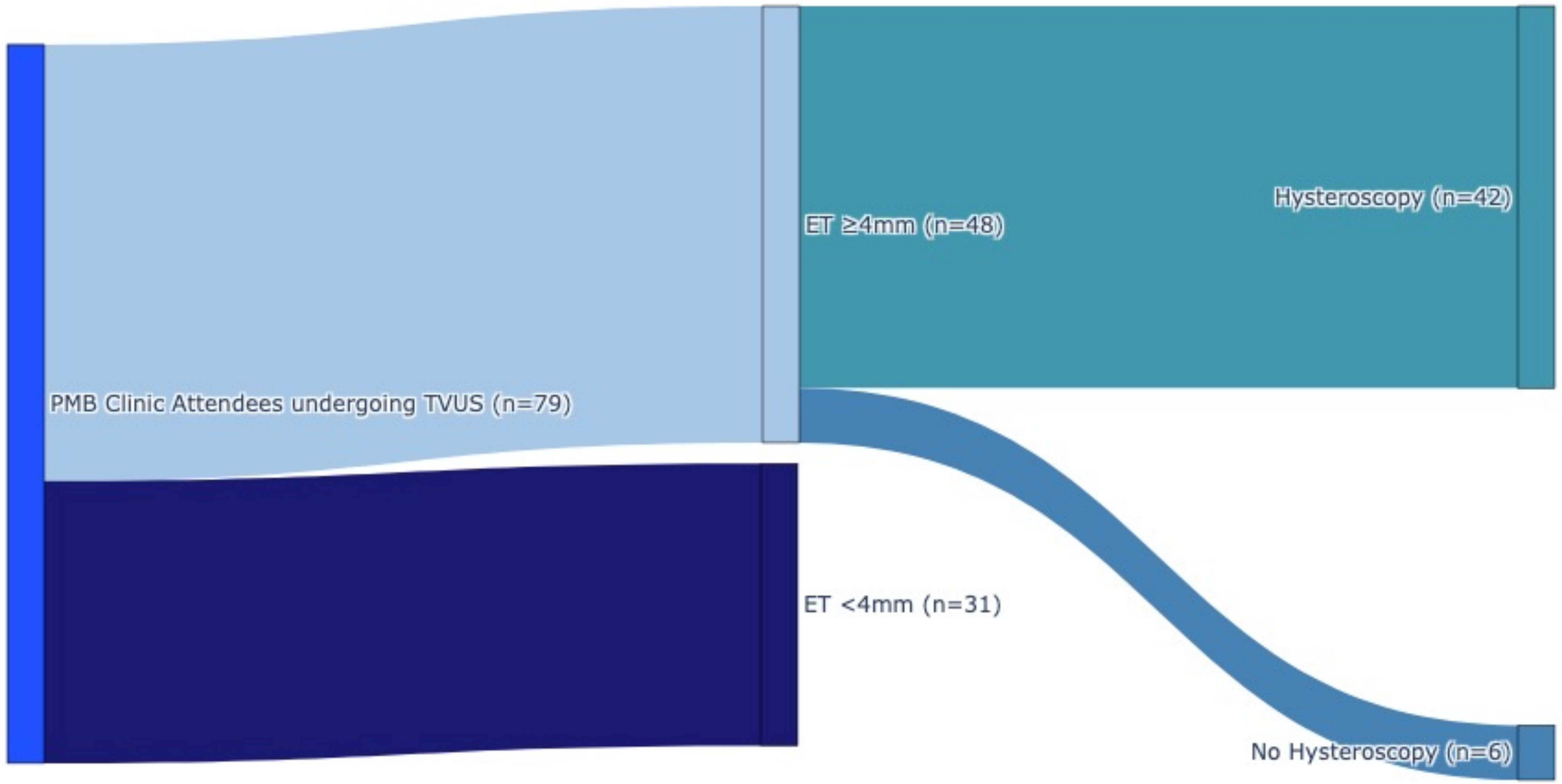


Figure 4: Sankey Diagram depicting diagnostic flow of PMB patients after receiving TVUS