

COMPREHENSIVE CLINICAL STUDY OF POSTMENOPAUSAL BLEEDING EXCLUDING CARCINOMAS

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Abstract

Background: Menopause:-Defined as the permanent cessation of menstruation resulting from loss of ovarian activity. Menopause normally occurs between the age of 45 to 50 yrs. The age of menopause varies with geographical, racial, nutritional factors. To evaluate and to know the incidence of various causes of post-menopausal bleeding excluding carcinoma. To study the management and prognosis of women with post-menopausal bleeding. **Materials and Methods:** Prospective study done over a period of six months from may2023 to november2023 and total of 50 cases were included in the study. The study was conducted on all postmenopausal women with bleeding registered to gynaecology out- patient department of NRI MEDICAL COLLEGE, CHINNAKAKANI who fulfilled the inclusion criteria, with abnormal uterine bleeding who attained menopause naturally, history and clinical examination were included. Women who were diagnosed carcinoma cervix were excluded. SPSS was used for analysis. **Result:** Most of the patients belonged to age group between 55-59 years comprising 54%, followed by 60-54 years 18%. This study included 50 cases of post-menopausal women with bleeding per vaginum and thorough evaluation was done to know the incidence of various causes for post-menopausal bleeding. In present study the duration of occurrence of bleeding from menopause varies from less than one year to more than five years. The maximum number of women had post-menopausal bleeding in between 1- 3 years (56%). Most of them reported with the complaints of bleeding per vaginum. Most common management was surgical in 70% followed by medical management in 20% cases. **Conclusion:** The patients with postmenopausal bleeding should be kept in long term follow up as well, early detection and treatment of hyperplasia, cancer cervix and endometrium in early stages have a very good cure rate, increase the survival rate and clearly reduces the mortality and morbidity of women.

INTRODUCTION

Menopause is the permanent cessation of menstruation due to loss of ovarian activity. It occurs at a mean age of 51 years. Post menopause-post menopause defined by WHO as dating from the final menstrual period regardless whether the menopause was induced or spontaneous.^[1]

Pre, Peri and Post-Menopause: Applied respectively to the periods immediately before, around and after cessation of menstruation. Clinical

impression has suggested that mothers and daughters tend to experience menopause at same age. Post-menopausal bleeding is not normal, so any episode of bleeding should be brought to the attention of gynecologist. Women on estrogen replacement therapy are more likely to experience post menopause bleeding.^[2]

Early menopause,^{[3,4]:} This was the period within 2 years after menopause. Senescence: After the age of 60 years. Some use 65 years as the cutoff age.

STAGE I: Earliest perimenopausal symptom (usually vasomotor instability or menstrual

irregularity) to menstrual cessation (menopause) lasts from 3 to 5 years.

STAGE II: Five years after menopause. This stage was further sub-divided into stage -II A and stage II B.

STAGE II A: "From the cessation of menstruation upto one year" with vasomotor instability and urethral syndrome.

STAGE II – B: From end of stage II A upto four years with atrophic symptoms, vaginitis, dyspareunia, Urinary symptoms, weight gain, Skin and hair changes

STAGE III: From 5 years after menopause upto an indefinite period; probably life time with atrophic symptoms, ischemic heart disease and early osteoporosis, cerebrovascular changes and Alzheimer's disease. Benign conditions are most frequent causes of Postmenopausal bleeding but endometrial cancer is the most serious potential underlying cause.

Risk factors of postmenopausal bleeding are conditions typically associated with chronic elevations of endogenous estrogen levels or increased estrogen action at the level of the endometrium or exogenous estrogen therapy. These include obesity, history of chronic anovulation, diabetes mellitus, estrogen-secreting tumors, exogenous estrogen unopposed by progesterone, Tamoxifen use, a family history of Lynch type II syndrome (hereditary nonpolyposis colorectal, ovarian, or endometrial cancer).^[5]

Post-menopausal bleeding defined by who as bleeding from the genital tract occurring after menopause. The average age of menopause is 45-52 years.^[2] Incidence of benign causes of post-menopausal bleeding is more approximately 10% the postmenopausal women develop post-menopausal bleeding and this alarming symptom in women makes them seek gynaecologists's opinion immediately and form a significant proportion of referrals due to suspicion of underlying malignancy.^[6]

Etiology of post-menopausal bleeding are- Genital tract causes like vulval lesion, vulval warts erosions, senile-vaginitis, atrophic vaginitis, vagina infections, senile cervicitis, atrophic cervicitis, cervical erosions, cervical polyps, pyometra of cervix, uterus, endometritis, endometrial polyps, fibroids DUB, ovarian tumors and medical condition like hypertension, bleeding disorders.^[7]

MATERIALS AND METHODS

Prospective study done over a period of six months from may2023 to november2023 and total of 50 cases were included in the study. The study was conducted on all postmenopausal women with bleeding registered to gynaecology out-patient department of NRI MEDICAL COLLEGE, CHINNAKAKANI who fulfilled the inclusion criteria, with abnormal uterine bleeding who attained menopause naturally, history and clinical examination were included. Women who were diagnosed carcinoma cervix were excluded.

Statistical Analysis

Data was coded and entered in Microsoft Excel and analysed using IBM SPSS software (Version 22.0). The frequency was updated in proportion and percentages. P<0.05 was considered the threshold for statistical significance.

RESULTS

As per table 1 most of the patients belonged to age group between 55-59 years comprising 54%, followed by 60-54 years 18%. [Table 1]

As per table 2 patients are classified on the basis of onset of menopause and 50-54 years were found to be most common age group comprising 54%, followed by 55-59 years 26%. [Table 2]

As per table 3 this study included 50 cases of post-menopausal women with bleeding per vaginum and thorough evaluation was done to know the incidence of various causes for post-menopausal bleeding. In present study the duration of occurrence of bleeding from menopause varies from less than one year to more than five years. The maximum number of women had post-menopausal bleeding in between 1-3 years (56%). Most of them reported with the complaints of bleeding per vaginum. [Table 3]

As per table 4 duration of bleeding was mostly for 1 month seen in 52% followed by less than 20 days in 24%. Around 8% had duration of bleeding for more than 6 months which may ne associated with some unknown gynaecological complications. [Table 4]

As per table 5 most of study subjects has anemia (62.2%) followed by hypertension in 17% cases and diabetes in 10% cases. [Table 5]

As per table 6 the most common management was surgical in 70% followed by medical management in 20% cases. [Table 6]

As per table 7 most common histopathological findings were benign (40%) and 20% were proliferative. Rest all are 10% atrophic, polyp etc. [Table 7]

Table 1: Distribution Based of the age

Age	No. of patients	percentage
45-49	3	6%
50 -54	4	8%
55-59	27	54%
60-64	9	18%
65-69	5	10%
70- 74	2	4%

total	50	
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Table 2: Distribution Based on age at onset of menopause

Age at menopause	No. of patients	percentage
45-49	6	12%
50-54	27	54%
55-59	13	26%
60-64	2	4%
>65	2	4%

Table 3: Distribution Based on the duration of menopause

Duration of menopause	No. of patients	percentage
Less than 1 year	5	10%
1-3 year	28	56%
3-5 years	10	20%
More than 5 years	7	14%

Table 4: In relation to duration of bleeding

Duration of bleeding	No. of patients	percentage
Less than 20 days	12	24%
1 month	26	52%
1 month to six months	8	16%
More than six months	4	8%

Table 5: Distribution as per associated with medical disorders

Medical Disorders	No. of Patients	Percentage
HYPERTENSION	17	27%
Diabetes mellitus	10	10%
anemia	23	62.2

Table 6: Based on method of the management

Mode of Management	No. of Patients	Percentage
MEDICAL MANGEMENT	10	20%
SURGICAL	35	70%
CERVICAL DILATATION & DRAINAGE OF PUS	5	10%

Table 7: Based on histopathological findings

Histopathological findings	No. of patients	Percentage
benign	20	40%
proliferative	10	20%
atrophic	5	10%
endometritis	5	10%
fibroids	5	10%
Endometrial polyp	5	10%

DISCUSSION

In the present study a total of 50 postmenopausal bleeding women were enrolled and evaluated and appropriate management and prognosis was studied. The cause of postmenopausal bleeding were commonly benign causes mostly local causes such as cervical & vaginal changes due to menopause, and secondly the malignant causes. In the malignant causes the most common malignancy documented in my study was ovarian malignancy. In present study the cause due to malignancy were seven. Out of seven malignant causes, four were ovarian malignancies out of which were 1) classical clear cell granulosa tumor, 2) left serous cystadenocarcinoma, 3) right ovarian adenocarcinoma ovary, 4) ovarian carcinoma, two were endometrial carcinomas and one was vaginal carcinoma. In women with postmenopausal bleeding, percentage of malignancy was 14%. This shows an indication to

screen all Indian postmenopausal women for malignancy of genital tract

Postmenopausal bleeding is a sinister complaint of postmenopausal women, it is commonly observed 5 to 10 years after attainment of menopause and the common age of presentation is 50 to 60 years aetiology of postmenopausal bleeding includes benign causes like proliferative or atrophic endometrium, endometrial or cervical polyp, endometrial hyperplasia which may be simple or complex with or without atypia, senile endometritis and atrophic vaginitis.

Most post-menopausal bleeding in my study are having benign causes associated with changes during menopause should be evaluated and careful examination to be done to differentiate between genital bleeding from urethral or rectal bleeding, bimanual examination and recto vaginal examination should be performed.

The corner stone of evaluation of postmenopausal bleeding is histologic sampling of endometrium and

endo and ectocervix. Abdominal and transvaginal - ultrasound remain the mainstay of non-invasive investigation reflecting and modifying the diagnosis.^[8] Hysteroscopic guided biopsy may be performed wherever available as it has more diagnostic value to the final diagnosis,^[9] patients with non- malignant causes of postmenopausal bleeding may be suitable for various forms of hormonal management.

In general, the basic picture of postmenopausal endometrium is atrophic.^[10] High circulating estrogens in the body is a precursor of endometrial hyperplasia and 32% of the women in our study had functional endometrium which is a cause of concern. Rathod et al observed a similar finding of 32.5% of functional endometrium in his study for which the women required long-term follow up.^[11]

CONCLUSION

Benign lesions are the commonest causes of postmenopausal bleeding in postmenopausal women. However strong suspicion of cancer cervix and endometrium should arise in the evaluating and treating minds so as to effect treatment at the earliest. The patients with postmenopausal bleeding should be kept in long term follow up as well, early detection and treatment of hyperplasia, cancer cervix and endometrium in early stages have a very

good cure rate, increase the survival rate and clearly reduces the mortality and morbidity of women.

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