

## Investigation of Post-Menopausal Bleeding (PMB)

Post-Menopausal Bleeding (PMB) is a common presentation at the RWH. Endometrial cancer is present in approximately 10% of patients referred with PMB. The menopause is defined by the World Health Organisation as the permanent cessation of menstruation resulting from the loss of ovarian follicular activity. For the purposes of this guideline, an episode of bleeding 12 months or more after the last period is accepted as PMB.

Women on hormone therapy (HT) can also have abnormal bleeding and need to be investigated as below. For the purposes of this guideline,

Women on sequential regimens, bleeding is abnormal if it is:

- heavy or prolonged at the end of or after the progestogen phase, or
- if it occurs at other times (breakthrough bleeding).

Women on continuous combined regimens it is abnormal if it:

- occurs after the first six months of treatment, or
- occurs after amenorrhoea has been established.

### History

In addition to the usual clinical history attention should be given to the use of HT and its temporal relationship to bleeding, anticoagulant use, trauma, and a family history of non-polyposis colorectal cancer. The estimated lifetime risk of developing endometrial cancer in women with this family history is around 42% to 60%. Also note other risk factors, diabetes; women with hypertension; a past history of hyper-estrogenism (endogenous or exogenous). Examples of the latter include women with early menarche and late menopause.

### Examination

In addition to the usual examination, note the presence or absence of obesity, signs of lower genital tract cancer especially cervix, and possible benign causes of bleeding such as urethral caruncle, atrophy, cervical polyps, and genital trauma.

### Investigation

In addition to other indicated investigations, the following should be done

#### 1<sup>st</sup> visit

Cervical cytology  
Pipelle endometrial aspiration

Order Vaginal Ultrasound for assessment of endometrial thickness

### Patients on Tamoxifen

These patients have a three to six fold greater incidence of endometrial cancer. Accordingly, PMB in this setting needs careful assessment. Saline instillation at vaginal ultrasound should be considered if there is an appearance of endometrial thickening.

## Review visit

Pipelle	Endometrial thickness	Action
Abnormal histology	> 4mm	Hysteroscopy D&C
Abnormal histology	< 4mm	Hysteroscopy D&C
Normal histology	> 4mm	OP Hysteroscopy
Normal histology	< 4mm	Nil
Unsatisfact. sample	> 4mm	Hysteroscopy D&C
Unsatisfact. sample	< 4mm	Nil

## Recurrence

Patients with recurrent PMB are at an extra risk. Accepting that all investigations have a false negative rate, women with recurrent PMB should be re-investigated as above after 6 months. Patients with persistent PMB should be investigated earlier.

## Information for Patients

Clearly, as usual, the patients need to make informed decision on the risks and benefits of this protocol. If the patient is **not satisfied with this level of reassurance, further investigation is justified. This should include an endometrial biopsy to obtain a histological assessment.**

## Further Reading

Gull et al. *Can ultrasound replace dilatation and curettage? A longitudinal evaluation of PMB and TV USG measurement of the endometrium as predictors of endometrial cancer.* 2003 Am J Obstet Gynecol 188:2 401-408

Downes E *The predictive value of OP hysteroscopy in a menopausal Clinic*BJOG 1993 100:11 48-49

*Management of abnormal bleeding in women receiving hormone replacement therapy* C P Spencer, A J Cooper, and M I Whitehead **BMJ** 1997; 315: 37-42

*Consensus conference soc. of radiologists in ultrasound,* Goldstein et al. J Ultrasound Med 20:1025-1036, 2001

*Evaluation of PMB: A consensus statement.* Ultrasound Quarterly 18(1):61-69, March 2002

*Scottish Intercollegiate Guidelines Network: Investigation of Post-Menopausal Bleeding*  
<http://www.sign.ac.uk/guidelines/fulltext/61/>