

CORTISONE WITHDRAWAL BLEEDING IN GYNAECOLOGY

(Report of Five Cases)

by

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The adrenal cortical steroids are being increasingly used for many clinical conditions, one of the commonest being rheumatoid arthritis. It is probably not generally appreciated that the cortisone therapy may be responsible for abnormal uterine haemorrhage, especially when the therapy is discontinued. Below is given a report of five cases that I have seen in different gynaecological units in England (Table I), and the importance of such bleeding in gynaecology is discussed briefly.

Discussion

It is interesting to note that all patients in this series are post-menopausal in age and when they sought advice of the gynaecologist, this was for post-menopausal haemorrhage. Thus in the list of aetiology of post-menopausal haemorrhage, cortisone withdrawal bleeding is a definite entity and must not be overlooked. Proper elucidation of the history of previous cortisone therapy is very

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important, as this would mean special pre- and post-operative management of such cases. To this is added the phenomenon of withdrawal bleeding.

On examination, the uterus appeared to be slightly enlarged and firm in all cases. Whether this is due to cortisone or not is debatable, as three of the patients are parous, and this may be explained on that basis. Nevertheless, one expects somewhat atrophic uterus at these ages.

The endometrium was proliferative in type in all cases. It is believed that cortisone enhances the action of oestrogens. Prolonged administration of cortisone suppresses the output of ACTH (adrenocorticotrophic hormone) from the pituitary, and when cortisone is withdrawn, ACTH forms and stimulates the adrenals which probably produces some oestrogens. This oestrogen formation is temporary and when this diminishes, withdrawal bleeding occurs.

A curettage should always be done in such cases to exclude co-incidental uterine malignancy. In the absence of malignancy, one may expect only oestrogen phase in the endometrial picture, as it is unlikely that the

TABLE I
Details of Five Patients who had Cortisone Therapy

Name, age and place where the patient was seen	Parity	Complaint	Indication for cortisone therapy and duration of treatment	Interval between stoppage of cortisone therapy and onset of uterine bleeding	Gynaecological findings	Histology of curettings
1. Mrs. P. K. 59 years Peterborough, Northants.	Para 2 + 0 Last child- birth 25 years ago	Postmenopausal bleeding	Rheumatoid arthritis— treated for four years	4 months	Uterus 3½", bulky, AV, mobile; cervix healthy. Adnexa not palpable.	'Proliferative endometrium'
2. Mrs. M. N. 62 years London.	Para 4 Last child- birth 20 years ago	Postmenopausal bleeding	Bronchial asthma—used cortisone intermittently for 3 years, last time at a stretch for one year	9 months	Uterus 4", bulky, firm, RV, mobile. Old tears of the cervix. Adnexa not palpable	'Proliferative endometrium'
3. Mrs. D. P. 60 years Barrow-in- Furness, Lancs.	Para 1 + Misc. 2	Postmenopausal bleeding	Rheumatoid arthritis— treated for two years	6 months	Uterus 4", bulky, firm, AV, mobile. Cervix healthy. Left ovary palpable via fornix	'Proliferative endometrium'
4. Miss J. K. 65 years Barrow-in- Furness, Lancs.	Nil	Postmenopausal bleeding	Rheumatoid arthritis— treated for three years	8 months	Uterus 4½" AV, firm, bulky, mobile. Cervix healthy. Culs—clear	'Proliferative endometrium'
5. Miss B. L. 57 years Margate, Kent.	Nil	Postmenopausal bleeding	Rheumatoid arthritis— treated for two years	5 months	Uterus 4", AV, firm, mobile. Cervix heal- thy. Adnexa not pal- pable	'Proliferative endometrium'

ovaries would be stimulated to such an extent as to bring about both oestrogen and progesterone cycles of the normal menstrual haemorrhage (ovulatory cycle).

In the two years during which these patients have been followed up, there have been no further episodes of bleeding. I believe this is because cortisone therapy was not reinstated during this period.

Conclusions

(1) Cortisone therapy may be responsible for abnormal uterine

haemorrhage.

(2) In a case of postmenopausal bleeding, when no obvious cause is found, the role of previous cortisone administration as a possible aetiological factor should be borne in mind.

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