A STUDY OF 50 CASES OF POST-MENOPAUSAL BLEEDING

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SUMMARY

50 cases of post menopausal bleeding undergoing hysterectomy were studied. The time lapse from last menstruation in the majority (76%) being before 10 years. The association with the age group of less than 60 years (80%) and multiparity (94%), had been established. The causes of bleeding was found to be benign (58%) and malignant (42%), of which carcinoma cervix forms the majority (32%) followed by carcinoma body of uterus (8%) and ovarian carcinoma (2%). High incidence of false preoperative diagnosis even after histopathology was established revealing more liberal use of hysterectomy amongst these patients.

Introduction

The vaginal bleeding occuring six months or more after the last menstruation at 45 years or more is known as post menopausal bleeding (PMB). All these cases of abnormal vaginal bleeding in the post menopausal age have to be fully investigated after detailed history and examination, in view of high prevalance of malignancy of genital tract in this group of patients. Previously an alarmingly high proportion of malignant to benign causes of PMB has been reported (Kraubold, 1962; Klingenbern, 1963; Procope, 1971; Keirse, 1973). Although more recent publications (Gambrell, 1974; Kintis, 1982) have shown a fall in the incidence of PMB due to malignancy, there still exists however a great variation in different reported series.

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Materials and Methods

50 patients complaining of PMB who underwent hysterectomy, in our unit between 1983 and 1988 have been analysed. A correlation between the initial diagnosis and post-hysterectomy histopathological diagnosis has been made, thus confirming or refuting the initial diagnosis, as the pre-operative histological examination was often inconclusive or unsatisfactory.

Results

The patients' age ranged between 50 and 73 years. Majority were in the 50-59 years age group (80%), while 16% in the age group 60-69 years and only 4% was in the age group 70 years and above. Only 1 patient, who was later diagnosed to have

endometrial carcinoma was unmarried. Post-menopausal bleeding was common in parous women and the incidence showed a direct relationship with the number of childeren. As many as 62% patients were para-5 and above, while only 3 cases (6%) were nulliparous women. The majority (76%) of the patients were within 10 years of amenorrhoea before abnormal bleeding occurred.

The initial clinical diagnosis was erroneous in a few cases owing to inconclusive and unsatisfactory histological diagnosis preoperatively.

After post-operative histopathological report, 21 cases of post-menopausal bleeding (i.e. 42%) were found to be due to cancer in the genital tract. Of these, 16 were due to carcinoma cervix, 4 due to endometrial carcinoma and 1 due to ovarian carcinoma.

Discussion

This study reveals that PMB is mainly a problem in the patients under 60 years (80%) and there is a definite relationship with the cases with amenorrhoea less than 10 years (76%). This can be explained by analysing the diagnosis of the cases which shows that the majority of benign lesions were Fibromyoma and DUB, whereas commonest malignancy was carcinoma of cervix (82%) which are rarely seen in late post menopausal age. The correlation with high parity could be attributed to many cases of carcinoma of cervix (32%).

The patients can be divided into 2 groups; benign 29 cases (58%) and malignant 21 cases (42%). The incidence of undetermined cause of PMB has been reported varying from 18.4% to 38.4% (Kintis, 1982; Brewer and Miller, 1953). This is not so in our review due to selective study of cases undergoing hysterectomy and post-operative re-biopsy.

The commonest pathology in benign group was leiomyoma of uterus (22%). After menopause the myometrium atrophies and the uterine wall becomes thinner but leiomyoma shrinks less and thereby the tumour that was intramural before menopause, migrates itself into submucosal position, become ulcerated and bleed, (Mattingly, 1985). The malignant change in leiomyoma though rare should be kept in mind in a PMB case.

The post menopausal endometrium does not always shows simple atrophic pattern (10%) but often shows and estrogenic (6%) and progestogenic effect (6%) which could be attributed for uterine bleeding (Novak 1944; Procopes, 1968). Adenomatous hyperplasia of endometrium though only seen in one case, much higher incidence (10.5%) have been reported (Kintis, 1982).

The carcinoma of cervix is the commonest (32%) malignancy reported with cervix to body of uterus cancer ratio of 4:1. This is in contarary to the western figure (Kintis, 1982) of higher incidence of endometrial carcinoma and ratio of 1:2. The scope for pre-operative screening is better with carcinoma cervix as most cases except one with genital prolapse, was diagnosed before operation and incidence of false positive was nil. The commonest presentation of endometrial carcinoma is abnormal uterine bleeding, the majority (75%) being post menopausal (Mattinguly, 1985). As shown in this study that curretage is not infalliable in establishing the presence of absence of endometrial carcinoma. Though 2 cases were clinically diagnosed as endometrial cancer, in one, the post-operative diagnosis was leiomyoma.

In another nulliparous single woman who was clinically diagnosed as having haematometra, pre-operative currettage revealed only blood clots with scanty endometrial tissue. The post-operative histopathological report was however endometrial carcinoma. The third case of endometrial carcinoma was preoperatively diagnosed as mucous polyp. The ovarian tumours associated with PMB are functioning feminizing tumour or malignant variety involving the uterus.

The unusually high incidence (42%) of malignancy among PMB cases can be explained by selective study of only cases undergoing hysterectomy thereby excluding minor benign problems. However considering all cases of PMB the reported incidence of malignancy in our country is 14-25% (Burthankur and Gogoi, 1983; Patel, 1983). Several western studies have shown a marked fall in the incidence of malignancy in last few decades from 48.7% (Kranbold, 1962) to 3% (Gambrell, 1974) and (Kintis, 1982). Payne et al (1959) has shown high rate of malignancy in early PMB - 17% within 6 months. This simulates our study though not supported by others having, 86% after 5 years (Kintis, 1982). The mortality in this series was 1 case i.e. 2%.

TABLE - I
AGE DISTRIBUTION

Age (In Years)	No. of Cases	Percentage
50 - 59	40	80%
60 - 69	8	16%
70 & above	2	4%
Total	50	100%

TABLE - II
PARITY DISTRIBUTION

Parity	No. of Cases	Percentage
Nullipara	3	6%
Para - 1 & 2	4	8%
Para - 3 & 4	12	24%
Para - 5 and above	31	62%
Total	50	100%

TABLE - III
INTERVAL AFTER MENOPAUSE

Period of Amenorrhoea (yrs)	No. of Cases	Percentage
Less than 5	16	32%
5 - 9	22	44%
10 - 14	3	6%
15 - 19	5	10%
20 - 24	2	4%
25 & above	2	4%

TABLE - IV
INITIAL DIAGNOSIS VERSUS POST-HYSTERECTOMY HISTOPATHOLOGICAL DIAGNOSIS

Initial Diagnosis	No.of cases	Post-hysterectomy Diagnosis	No.of cases
DUB	9	a) Proliferative endometrium	3
		b) Secretory endometrium	3
		c) Microleiomyoma	2
		d) Adenomyoma	1
Fibroid Uterus	12	a) Leiomyoma	8
		b) Adenomyoma	2
		c) Endometrial Carcinoma	1
		d) Normal uterus	1
Mucous polyp	1	Endometrial Carcinoma	1
Severe Dysplasia	1	Chronic cervicitis Adenomatous hyperplasia of endometrium	1
Cancer Cervix	15	Squamous cell carcinoma	15
Carcinoma Body of uterus	2	a) Adenocarcinoma	1
		b) Leiomyoma	1
Ovarian tumour	2	a) Granulosa cell tumour	1
		b) Mucinous cyst adenocarcinoma	1
Haematometra	1	Endometrial carcinoma	1
Prolapse with decubitus ulcer	6	a) Atrophic endometrium with chronic cervicitis	4
		b) Squamous dysplasia	1
		c) Squamous cell carcinoma	1
Traumatic Ulcer due to ring pessary in prolapse	1	Atrophic endometrium with non-specific cervicitis and vaginitis.	1

TABLE - V
INCIDENCE OF CANCER IN POST-MENOPAUSAL BLEEDING

Histopathological Diagnosis	No. of Cases	Initial Diagnosis	No. of Cases
Squamous cell carcinoma	16	Cancer Cervix	15
		Prolapse with decubitus ulcer	1
Endometrial carcinoma	4	Cancer body of uterus	1
		Fibroid uterus	1
		Mucous polyp	1
		Haematometra	1
Granulosa cell tumour of ovary	1	Malignant ovarian tumour	1

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