

HISTO, CYTO COLPOSCOPIC EVALUATION OF 30 CASES OF POST MENOPAUSAL BLEEDING

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SUMMARY

Cytology, colposcopy and colposcopic directed biopsy are complementary to each other and improve the accuracy in diagnosing the early malignant changes in the cervix. In 30 cases of post menopausal bleeding studied, 22 cases reported with leucorrhoea and 18 cases with post menopausal bleeding. In our study cyto colposcopic agreement was 80% and colpohistologic agreement was 92%. The commonest picture in pap smear was inflammatory (30% and TV infection). erosion cervix in colposcopy, and chronic cervicitis histologically. We had 6 dysplasias colposcopically and one frank malignancy. The colposcopic directed biopsy report showed one frank malignancy, one tuberculosis of cervix and four chronic cervicitis with Grade II dysplastic changes. Colposcopic biopsies showed better accuracy than random biopsies. If all the 3 procedures are combined, our chances of missing an early preinvasive lesion will be minimised.

INTRODUCTION

Cytology, colposcopy and cervical biopsy are different modes of screening for cervical cancer. The accuracy rate for cytology is 65%, for colposcopy 90% and cervical biopsy 80%. Combined use of these methods can detect early cases missed by one single method and also help us to avoid unnecessary cervical punch biopsies and cone biopsies. Colposcopy detects early malignant changes in cervix. The diagnosis is based upon the changes in the contour and colour tone of the surface epithelium, terminal vascular pattern and clarity of transformation zone. Presence

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of leucoplakia with or without red spots, ductal dysplasia, atypical vessels with increased intra capillary spacing on uncharacterised red zone, mosaic, fine coarse punctate vascular pattern are suggestive or early malignant changes in cervix. Colposcopy enables us to perform target cytological smears and biopsis from suspicious area.

MATERIAL AND METHODS

30 cases of post menopausal bleeding cases who attended the Gynaec OPD of Govt. RSRM hospital for a period of one year were selected for the study. In all cases, pap smear was taken fixed

with cytofix and stained with papanicolaou technique. The cervix was cleaned with saline and then with 2% acetic acid to remove mucous, and the cervix was visualised through colposcope. Colposcopic directed biopsies were taken from suspicious areas. The slides of pap smear were read by pathologist.

RESULTS

All the 30 subjects belonged to the age group 45-53 yrs. 7 cases had stormy perimenopause due to DUB (6 cases) and fibroid uterus (one case). 18 cases presented with post menopausal bleeding and 12 with leucorrhoea.

One patient presented with a mass of 6" x 4" on right side with post menopausal bleeding. One was taking Tomoxifen following mastectomy for breast cancer. She presented with a bulky uterus and post menopausal bleeding. 4 cases who had subtotal hysterectomy presented with leucorrhoea. 7 cases who had hysterectomy (3 abdominal and 4 vaginal) presented with leucorrhoea, bleeding p.v. 5 cases with III degree prolapse presented with decubitus ulcer and vaginal bleeding.

CLINICAL FINDINGS ARE TABULATED IN TABLE I

In all cases vaginal smear was done to rule out trichomonal vaginitis and moniliasis. 8 cases showed TV infection.

TABLE II PAP SMEAR FINDINGS

Most of the erosion cervix and endocervicitis showed inflammatory smears.

TABLE III COLPOSCOPIC FINDINGS

All 5 cases with inflammation showed TV infection. After a course of flagyl, inflammation regressed. We had one frank malignancy and 6 cases of dysplasia.

TABLE IV HISTOLOGIC FINDING (COLPOSCOPIC DIRECTED BIOPSY)

One case which was diagnosed as dysplasia Grade III colposcopically, Cx biopsy showed frank malignancy. For another colposcopic dysplasia Grade III, histopathologic report came as tuberculous cervicitis. Out of 4 subtotal hysterectomy cases, for 2, HP report came as chronic cervicitis, for one erosion cervix and for one chronic cervicitis with Grade II dysplasia change, the subject taking tomoxifen HP report came as chronic cervicitis with Grade II dysplasia.

DISCUSSION

In our study the cyto colposcopic agreement was 80% and colpohistologic agreement was 92%. According to Matingly et al (1973) the colpo biopsy correlation was 85%. In Veena Singh and Usha Luthra's study (1989) cyto colposcopic agreement was 78% inflammatory smear, 80% by Usha Saraiya et; al (1986) 84% by Ambiyee and Batra (1989).

The commonest colposcopic diagnosis was erosion cervix (45%) in our series. Veena Singh (1982) reported 36.8% and K. Patnik (1985) 32%. Frequency of detection of cancer cervix by smear was reported as 0.6 - 2.7 in 1000 by Usha Agrawal (1989) 1 - 1.75 in 1000 by Lulla and Khan (1980). We did not detect any malignancy or CIS in our 30 cases. We detected one frank malignancy colposcopically.

We had 6 cases of dysplasia colposcopically and 4 dysplasias histopathologically. Usha Agrawal (1989) reported 27.3% Grade I, 15% Grade II and 11.5% Grade III in her series.

Histologically we had 12 reports as chronic cervicitis and 4 cases with chronic cervicitis and dysplastic changes. Swarna Kumari (1987) has reported 12.7% chronic cervicitis, Veena Singh (1982) 12%, Veena Singh and Usha Luthra (1989) 11.6% and Usha Agrawal (1989) 16%. We had 3 cases of polyp and one tuberculous cervicitis. Veena Singh (1982) has reported 3.7%

TB Cervicitis and Swarna Kumari (1987) has reported 1.5% of polyp.

From the above study we come to know that the cause for post menopausal bleeding is not malignancy alone. We have to keep all other possible causes in mind when we examine the patient. Pap smear colposcopy and colposcopic

directed biopsy, if combined together, the accuracy rate becomes 95%. One limitation with colposcopy is that, we cannot locate and study the endocervical lesion which can be missed completely. Hence endocervical curettage also should be done whenever there is a necessity.

CLINICAL FINDINGS

TABLE I

S.No.	Per Speculum Exam	No.of Cases	Per Vaginal Exam	No.of Cases
1	Decubitus ulcer	5	III Oprolapse ut, cx atrophic =	5
2	Endocervicitis	5	Ut absent cx present =	2
3	Erosion Cx	10	Ut absent, cx present =	1
4	Polyp	3	Ut and cx present =	3
5	Unhealthy cx with red area	6	Ut absent Cx present =	1
6	TO Mass	1	Ut and cx present with TO Mass Rt side =	1

PAP SMEAR FINDINGS

TABLE II

1	Inflammatory	Specific	(TV) - 10 Cases
		Non Specific	- 15 Cases
2	Dysplasia -	Gr I - Nil	
		Gr II - 5	
		Gr III - Nil	
3	C I S and malignancy - Nil		

COLPOSCOPIC FINDINGS

TABLE III

Transformation	Zone	Typical - 12 Cases	Atypical - 18 Cases
Dysplasia	Gr I = 1 Gr II = 3 Gr III = 2		
Frank malignancy	= 10		
Erosion Cx	= 10		
Endo Cervicitis	= 5		
Polyp	= 3		
Inflammation	= 5		

HISTOLOGIC FINDING (Colposcopic directed Biopsy report)

S.No.	Findings	Cases
1	Frank Malignancy	1
2	Erosion Cervix	7
3	Chronic Cervicitis	9
4	Chronic Cervicitis with dysplastic changes	3
5	Polyp	3
6	Tuberculous Cervicitis	1
7	Atrophic Change	1
8	Hyperkeratosis and Parakeratosis	55

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