

GYNAECOLOGY & OBSTETRICS UPDATE

Issue 73

November, 2008

Author

T.M.Malak

MB, BCh., M.Sc.,
Ph.D., DFFP,
MRCOG, FRCOG

Consultant
Obstetrician
Gynaecologist &
Urogynaecologist

Address
Esperance Private
Hospital
Eastbourne
Tel: 01323 414816/
410717/ 410929
Fax: 01323 730313

Web address

For Professionals
MarkMalak.com

For Patients
MrMalak.com

Finalist

**HOSPITAL
DOCTOR**

**AWARD
2005**

Postmenopausal Bleeding

Definition

Postmenopausal bleeding (PMB) is any unscheduled bleeding that occurs after 12 months of amenorrhoea in a women of postmenopausal age (The average age of menopause is 51). The duration or severity of the bleeding should not be a consideration. *Spotting or episodes of pink or brown discharge should be viewed as being as significant as frank bleeding.*

Causes

A benign cause is likely however PMB is the most common presenting symptom of endometrial cancer and PMB should always be regarded with suspicion and investigated promptly. *Therefore the PMB should be considered due to genital cancer until proved otherwise. Indeed the exclusion of malignancy is the primary aim of any investigation of PMB.* Endometrial cancer is diagnosed in 10% of women presenting with PMB but the incidence increase to 30% at the age of 80. There are other risk factors for endometrial cancer in addition to the increasing age:

- * Tamoxifen: The risk is higher with higher doses and increasing duration. Treatment for more than 5 years increases the risk by at least fourfold
- * Unopposed oestrogen: Orally or even locally. Prolonged use of unopposed local oestrogen, beyond its licensed use, may be associated with endometrial proliferation and eventually cancer. This is particularly true for the conjugated equine oestrogen vaginal cream (Premarin)
- * Obesity: It increases the incidence of endometrial cancer by three- to tenfold because of increased conversion of steroids to oestrogen (oestrone) in their peripheral fat and reduced sex hormone binding globulin
- * Diabetes: the increase in incidence of endometrial cancer may be mediated through elevated oestrogen levels, hyperinsulinaemia or insulin-like growth factor-I
- * Family history of cancers associated with hereditary non-polyposis colorectal cancer

Example of other causes: Vaginal atrophy (50%), Exogenous hormones (15%), Endometrial hyperplasia (7%), Polyps; endometrial or cervical (3%).

However no evident cause is found in 15% of cases.

Therefore the possibility of PR bleeding and/or haematuria should be considered.

Referral

Please see referral guidelines from the Department of Health (www.dh.gov.uk). In addition urgent referral (*within 2 weeks*) should be considered for patients with high risk factors (see above)

Reference: Trends in Urology Gynaecology & Sexual Health: September 2008

Department of Health's Referral Guidelines

GYNAECOLOGICAL CANCER

2-week role referral

- Lesion suspicious of cancer on cervix or vagina on speculum examination.
- Lesion suspicious of cancer on clinical examination of the vulva.
- Palpable pelvic mass not obviously fibroids.
- Suspicious pelvic mass on pelvic ultrasound.
- More than one or a single heavy episode of postmenopausal bleeding (PMB) in women aged > 55 years who are not on HRT.
- Postcoital bleeding (PCB) age > 35 years that persists for more than 4 weeks.
- HRT: unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT.

Urgent referral (4-6 week)

Indications for 'early' referral (i.e. within 4-6 weeks) but not 'urgent' referral.

- Any other women with postmenopausal bleeding not on HRT.
- Repeated unexplained postcoital bleeding.

NB. In women over 45 years with persistent abdominal pain or distension, ovarian cancer should be considered and a pelvic examination performed.