ORIGINAL ARTICLE

ETIOLOGIES OF POST MENOPAUSAL BLEEDING IN TERTIARY HOSPITAL

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ABSTRACT

OBJECTIVE:
Evaluation of the frequency of common etiologies of post menopausal bleeding in women coming to Isra University Hospital Hyderabad.

BACKGROUND:
To ensure the absence of serious complication like malignancy and endometrial hyperplasia, Postmenopausal bleeding requires complete assessment and evaluation.

RESULTS:
The most proportion of patient were found in age of between 50 – 60 years. About 5.3 % of patients were grand multiparas .the most common etiology in our study s endometrial hyperplasia 46.2 %.

CONCLUSION:
Our current study demonstrate that the high prevalence of endometrial hyperplasia, these patients needs careful evaluation in order to avoid serious complication like endometrial carcinoma.

KEYWORDS: Post Menopausal Bleeding, Endometrial Hyperplasia

INTRODUCTION:

Postmenopausal bleeding is defined as bleeding that's occurs after twelve months of amenorrhea in a women of age in whom menopause is expected. (1)

According to a retrospective study carried out in Singapore published in Singapore MEDJ 1995, abnormal bleeding is one of the most common presenting complaints encountered in a gynecological clinic. (2-3) Amongst them, post menopausal bleeding ranks the most sinister as it often associated

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with malignancy. [4] Post menopausal bleeding is not a normal physiological phenomenon. Any bleeding should be considered abnormal in postmenopausal women except for those with predictable withdrawal bleeding taking hormone replacement therapy. [5]

According to a study carried out in Lahore, Pakistan published in ANNALS, about 10% of women with postmenopausal bleeding have a primary or secondary malignancy. The study of 50 cases with postmenopausal bleeding at Lady Willingdon2 Hospital Lahore Pakistan showed that 36 % of patients were found to have malignancy, out of which endometrial carcinoma was 28 % and carcinoma cervix was 8 %.This study showed a very high prevalence of malignancy. Study showed that among benign causes endometrial hyperplasia was the commonest one and was found in 26% of cases, endometrial polyp was found in 8 % .Another study carried out at Fauji Foundation Hospital Rawalpindi the overall incidence of genital tract malignancies was 16 % this is much less then found in the study mentioned above .Non malignant causes were found in 84 % of cases and atrophic vaginitis was the most common finding followed by endometrial polyp 5.1 %, cervical polyp 2.6 % decubitus ulcer at uterovaginal prolapse 1.9 % .At People Medical College and Hospital Nawabshah a study was conducted on 50 cases of postmenopausal bleeding to see the prevalence of malignancy in women with postmenopausal bleeding. They found malignancy in 30 % of cases and benign causes were seen in 48 % of patients. In their study the most common benign cause of post menopausal bleeding was endometrial polyp (12%). [6-9] With review of these studies this becomes clear that there is discrepancy in data of different studies carried out in different parts of the country and these studies are not recent, as we know the postmenopausal bleeding has been changed in western world in recent years, so there is no recent data over this important issue for our population.

This study is designed to know the current prevalence of common etiologies of post-menopausal bleeding among women of age 50 – 70 years attending the outpatient department of Isra University Hospital Hyderabad

METHODS AND MATERIAL

OBJECTIVE: To evaluate the frequency of common etiologies of post menopausal bleeding in women coming to Isra University Hospital Hyderabad.

SETTINGS: The study will e conducted in the department of Obstetrics and Gyeanacology at Isra University Hospital Hyderabad from January 2019 to July 2019. The sample technique was Non Probability consecutive sampling. All women presenting with spontaneously post menopausal bleeding after one year of menopause with intact uterus and ovaries of age ranging from 50 to 70 years and irrespective of parity will be included in study. Women were excluded those having genital tract trauma, Women having coagulation disorder Women with radiotherapy or chemotherapy induced menopause, Women with medical co-morbidities like liver disorder or congestive heart failure, Women on medication such as digitalis and spironolactone and Women with diagnosed genital tract carcinoma. The study has been approved by the ethical review committee of Isra University Hospital and a certificate of approval has been issued by the institute .Women who fulfill the inclusion criteria will be included from the outpatient department of Isra University Hospital after taking the informed consent from them. Details of patients regarding age, parity, interval between last menstrual period and onset of including the speculum and bimanual vaginal examination. Trans abdominal ultrasound will be arranged for measurement of endometrial thickness, presence of focal mass, cystic spaces and fluid in the endometrial cavity will be noted. All the information will be entered in

predesigned proforma and analyzed by using SPSS version 15.0 . mean + SD will be calculated for age and duration of menopause . frequency will be calculated for common etiologies of PMB and for parity. Effect modifiers like age, duration of menopause will be dealt by through stratification. Chi square test will be applied post stratification. P value equal to less than 0.05 will be taken as significant .result will be checked at 95 % confidence interval.

RESULTS:

Out of 197 patients most of PMB bleeding patients were between ages of 50 to 60 years. Maximum number of patients were in 5th decade and mostly were grand multiparus (50.3%). The most common etiology of PMB in our study is endometrial hyperplasia (46.2%) and mean interval of LMP and PMB were 6.5 years. In our study time lapse between onset of bleeding and hospitalization was 5.0±0.7 weeks. For post stratification test we divided patient in two age group < 60 and more than 60 in relation to causes of postmenopausal bleeding that show significant outcome with p-value of 0.00.**(table 4)**.

Table 1: shows the statistical analysis (frequency) of the age of study participants.

Table 2: shows the frequency of causes of post menopausal bleeding in patients those who attended Isra university Hospital clinics.

Table 3: shows the parity of patients.

Table 1: AGE GROUP (n= 197)

Age Group	Frequency	Percentage
F50 – 60	123	62.4%
61 – 70	56	28.4%
71 – 80	18	9.1 %

TABLE 2: CAUSES OF POST MENUPAUSAL BLEEDING

Causes	Frequency	Percentage
Cervical polyp	28	14.2 %
Endometrial polyp	36	18.3 %
Endometrial hyperplasia	91	46.2%
Endometriosis	42	21.3 %

TABLE 3 : PARITY OF PATIENTS

Parity	Frequency	Percentage
NULLIPARUS	24	12.2 %
PRIMIPARA	3	1.5%
MULTI PARA	71	36.0%
GRAND MULTIPARA	99	50.3 %

TTABLE: 4 POST STRATIFICATION TEST (CHI SQUARE)
P VALUE = 0.000

N= 197 < 60YRS (94) >60YRS(103)	CERVICAL POLY	ENDOMETRIAL POLYP	ENDOMETRIAL HYPERPLASIA	ENDOMETROSIS
< 60 YEARS	20	22	30	22
>60 YEARS	8	14	61	42

DISCUSSION

Postmenopausal bleeding is a sinister complaint of postmenopausal women. At our current study the mean age of presentation was 58.6±9.3 years which is similar to other many studies. [2, 6-8]

A wide range of benign causes were observed related to cervix, vagina and uterus that are consistent with other studies. However Amongst the benign causes Endometrial Hyperplasia is the most common etiology in our study followed by endometriosis as in many other studies. Other study shows that women 18–90 years the overall incidence of endometrial hyperplasia was 133 per 100,000 woman-years, was most common in women ages 50–54, and was rarely observed in women under 30. Simple and complex hyperplasia incidences peaked in women ages 50–54. The incidence of atypical hyperplasia was greatest in 60–64 year old women, and was similar to the peak age-specific incidence of endometrial carcinoma. 4 Decreases in the incidence of endometrial hyperplasia over time were observed, particularly for atypical endometrial hyperplasia, however, in few studies the commest cause were chronic cervicitis. [8-11]

Chronic cervicitis has also been seen as the predominant cause in few studies. The differences might be based on unlike patterns of diseases according to geographic or ethnic differences or easily as of separate choice criteria in the midst of a choice of examine populations. In orderliness to simplify these differences larger, multicentre studies would be required. Atrophic endometritis requirements no treatment; on the other administer atrophic vaginitis requirements to be treated with neighborhood oestrogen creams, pessaries, medication and oestradiol vaginal rings. Fibroids of innumerable sizes were seen in four patients. They more often than not telescope after menopause but if they enlarge or are linked with blood loss be supposed to be disinterested payable to possible cruel change. [12] Endometrial polyp must be aloof to check spiteful change.clear-cut hyperplasia know how to be treated with medicines but nonconforming hyperplasia requires surgical management. Cervical causes built-in decubitus boil owed to uterine prolapse, cervical polyp, carcinoma in situ and carcinoma cervix. Cervical polyp are frequently tiny in extent which bottle be avulsed. [13-14]

In our setup none of patient were diagnosed as endometrial carcinoma although seen in many other studies. At People Medical College and Hospital Nawabshah a study was conducted on 50 cases of postmenopausal bleeding to see the prevalence of malignancy in women with postmenopausal bleeding. They found malignancy in 30 % of cases and benign causes were seen in 48 % of patients. In their

study the most common benign cause of post menopausal bleeding was endometrial polyp (12 %).

In our study time descend between onset of blood loss and hospitalization was 5.0±0.7 weeks which is appreciably drop than the reported time slip of 19.2 weeks. It may be right and proper to the detail that the complete our patients are insincere allowed for free remedial treatment, for that reason they are quickly referred by leading thought doctors to our division for investigations and management by the consultant gynecologist. The shorter time interval is a important sentence as it would declare been of fundraiser to extra patients presenting with PMB in phase I & II of endometrial carcinoma. at hand is no sanction for showing all-purpose people for endometrial carcinoma. PMB is mainly regular presenting symptom and a alarm signal for endometrial carcinoma, as a result it helps women to get an experimental health advice.

CONCLUSION

Our current study demonstrate that the high prevalence of endometrial hyperplasia, these patients needs careful evaluation in order to avoid serious complication like endometrial carcinoma.

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CONFLICT OF INCIDENCE

No conflict of interest declared by the authers.

AUTHORS' CONTRIBUTION

NZ - Principal Investigator
UB - Co Author
ZB - Manuscript Writing