

## CONCISE NOTES ON POSTMENOPAUSAL BLEEDING

Causes include vulvovaginal and endometrial atrophy (80%). Up to 10% of cases are due to endometrial cancer or hyperplasia. Most of the remaining 10% are due to endometrial polyps, a few due to exogenous oestrogen therapy and very few due to cervical cancer.

### Important 'red flags' include

- Greater than one episode of bleeding
- Obesity (BMI > 30) especially if Diabetic
- On HRT / Oestrogen
- Family history of endometrial cancer
- Family history of Hereditary non-polyposis colorectal cancer syndromes
- History of breast cancer
- History of Tamoxifen therapy
- History of PCOS

### Investigation

1. **Needs referral to a gynaecologist**
2. Bring cervical smear up to date
3. Bimanual and speculum examination (can be deferred if gynae seeing soon)
4. Pelvic (ideally transvaginal) ultrasound scan for all women who have a uterus;
  - If endometrial thickness on scan is less than 5mm, it is reasonable to manage conservatively initially as the risk of cancer is less than 1%. The patient should be advised that further episodes of PMB need medical attention
    - **The thinnest sonographic endometrium I have seen that was subsequently a malignancy was 2.2mm**
  - If ET 5mm or more the patient needs an endometrial biopsy
  - The gold standard for this is Hysteroscopy D and C but a Pipelle biopsy may be a good initial investigation by a trained doctor aware of its pitfalls.