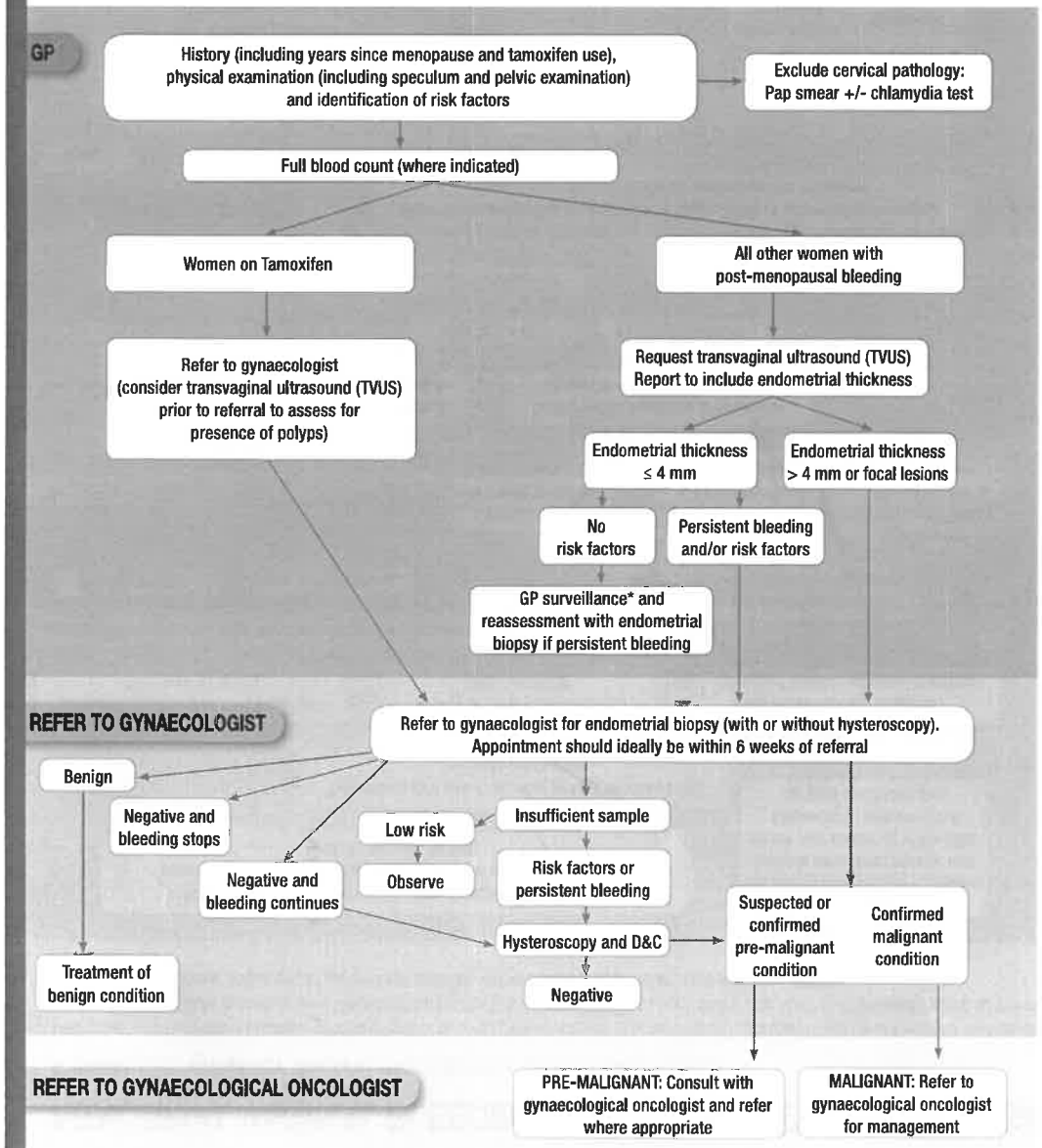
VAGINAL BLEEDING IN POST-MENOPAUSAL WOMEN

A diagnostic guide for General Practitioners and Gynaecologists

This guide was developed to assist general practitioners and gynaecologists in assessing post-menopausal women with vaginal bleeding, to maximise diagnostic accuracy for endometrial cancer. This is a general guide to appropriate practice to be followed subject to the clinicians' judgement in each individual case, and is based on the best available evidence and expert consensus (February 2011).

The Royal Australian and New Zealand College of Radiologists®

Australian Government
Cancer Australia



RISK FACTORS

Risk factors for endometrial cancer include:

- History of chronic anovulation
- Exposure to unopposed oestrogen
- Polycystic ovary syndrome (PCOS) associated with chronic anovulation
- Exposure to tamoxifen
- Strong family history of endometrial or colon cancer (Lynch syndrome)
- Nulliparity
- Obesity (often with diabetes and hypertension)
- Endometrial thickness > 8mm

NB 'Natural' hormones

- There is no evidence of sufficient quality around the safety and efficacy of natural or bio-identical hormones. However, many of these preparations contain oestrogen and are likely to carry the same risks as other types of HRT. Bio-identical hormones come in the form of lozenges, troches or creams.

PRACTICE POINTS

Tamoxifen

- Endometrial biopsy should be used to assess women on tamoxifen experiencing vaginal bleeding, as TVUS has been shown to be neither sensitive nor specific for neoplasia in these women.

HRT

- Vaginal bleeding or spotting may be an expected side effect of HRT, thus routine evaluations of the endometrium are not essential in the first 6 months. However, if bleeding persists after the initial 6 months, evaluation should be undertaken. Bleeding outside the time of progestin withdrawal is deemed atypical for women using cyclic progestins, and requires investigation.

HISTORY

- All vaginal bleeding should be investigated.
- Dark, blood stained or 'unusual for the woman' discharge is a possible symptom of endometrial cancer. However, clear or yellow vaginal discharge is usually not indicative of a malignant aetiology.
- Review the patient's history, especially with regard to risk factors, pattern of bleeding, the relationship between bleeding and the use of HRT.

INVESTIGATIONS

Pelvic Examination

- All women presenting with post-menopausal bleeding should have a pelvic examination. The speculum examination should include the cervix and vagina, and inspection of the vulva.

Ultrasound

- Ultrasonography of endometrial thickness alone, using best quality studies cannot be used to accurately rule out endometrial hyperplasia or carcinoma.

Transvaginal Ultrasound (TVUS)

- TVUS is an initial screening tool for identifying high and low risk; it is not a diagnostic tool.
- TVUS should be performed by an experienced examiner using high quality ultrasound equipment and a standardised measurement technique.
- When a TVUS is ordered, GPs should request that the report includes the endometrial thickness. The GP should also indicate on the request form the menopausal status of the patient (eg. pre, peri or post).
- For patients on sequential HRT, TVUS measurements should take place during the first half of the cycle.

DEFINITIONS

Post-menopausal bleeding: spontaneous vaginal bleeding that occurs more than one year after the last episode of bleeding.

Endometrial Biopsy

- Invasive procedures should be undertaken (when possible) by the relevant specialist (gynaecologist, gynaecological oncologist).
- If a patient has post-menopausal bleeding and an endometrial thickness of greater than 4mm, an endometrial biopsy should be undertaken with an endometrial sampling device.
- Adequate samples from biopsies are more likely to be obtained if performed simultaneously with a hysteroscopy.

Diagnostic Hysteroscopy

- Diagnostic hysteroscopy is a highly specific, accurate, safe and clinically useful tool for detecting intrauterine abnormalities and to direct treatment at the specific pathology while avoiding unnecessary surgery.
- Undertaking a hysteroscopy at the same time as a biopsy increases the chance of an adequate sample.
- Hysteroscopy with biopsy is preferable as the first line of investigation in women taking tamoxifen.
- Patients recover significantly faster from outpatient hysteroscopy than from day case hysteroscopy, though this may not always be available as a diagnostic tool in all areas.
- Aerosol lignocaine on the cervix significantly reduces pain and discomfort.

Dilation and Curettage (D&C)

- If a D&C is undertaken, a concurrent hysteroscopy should be performed.

GP SURVEILLANCE*

Practitioners should ask their patients to come back for a follow up appointment if they notice any changes, have any concerns or experience further bleeding.

Ongoing repeat TVUS is not recommended for women in the absence of ongoing symptoms.