Postmenopausal uterine bleeding

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Summary

The purpose of this study was to evaluate the incidence of the etiologic factors of postmenopausal uterine bleeding and the recurrence rate of uterine bleeding before total hysterectomy. Six hundred and twenty-eight patients (mean age 52.2) with postmenopausal uterine bleeding were studied. Atrophic endometrium was found in 522 cases (83.1%), carcinoma of the endometrium in 70 cases (11.1%), proliferative endometrium in 29 cases (4.6%) and secretory endometrium in 7 cases (1.1%). The recurrence rate of uterine bleeding was very high in carcinoma of the endometrium, moderate in proliferative endometrium and low in secretory and atrophic endometrium.

Introduction

The problem of postmenopausal uterine bleeding is of particular interest because this bleeding may reflect the presence of endometrial hyperplasia or adenocarcinoma. Unopposed estrogen users had a significantly higher incidence of abnormal vaginal bleeding, curettage, hysterectomy, and endometrial cancer [1]. On the other hand, in many cases, there is a close relationship between endometrial hyperplasia and endometrial neoplasia [2].

The purpose of this study was to evaluate the incidence of the etiologic factors of postmenopausal uterine bleeding and the recurrence rate of uterine bleeding before total hysterectomy.

Methods

Six hundred and twenty-eight patients, with normal gynecologic examinations (normal size of uterus and ovaries), ages ranging from 45 to 56 (mean 52.2) and with postmenopausal uterine bleeding were studied prospectively and retrospectively.

Results

Atrophic endometrium was found in 522 cases (83.1%), carcinoma of the endometrium in 70 cases (11.1%), proliferative endometrium in 29 cases (4.6%) and secretory endometrium in 7 cases (1.1%).

Without total hysterectomy the recurrence rate of uterine bleeding after 1-3 weeks was as follows: 13% in atrophic endometrium, 92% in carcinoma of the endometrium, 55% in proliferative endometrium and 16% in secretory endometrium.

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Discussion

Continuous estrogen stimulation of the endometrium, without the parallel action of progesterone, can lead to a progression of changes from benign proliferation to cystic hyperplasia and varying degrees of anaplasia - including carcinoma in situ, microinvasive and invasive adenocarcinoma. In postmenopausal women, according to age, symptoms and indications, endometrial biopsy may reveal anything from a very scanty, basal, atrophic endometrium to an endometrium that is moderately proliferative [3, 4]. Spontaneous postmenopausal bleeding may occur in the presence of any of these patterns. Hyperplastic endometrial tissue with uterine bleeding is an indication of excessive endogenous estrogen production or excessive exogenous intake of estrogen and the role of estrogen in the etiology of endometrial cancer is known [5]. As a conclusion of our study we can say that the recurrence rate of uterine bleeding is very high in carcinoma of the endometrium, moderate in proliferative endometrium and low in secretory and atrophic endometrium.

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