

ARTICLE FOR THE JANUARY 4<sup>TH</sup> EDITION OF TODAY'S HEALTH FOR THE EMPOWERED WOMAN.

## EVALUATION OF POST MENOPAUSAL BLEEDING

Postmenopausal bleeding is a very big concern among my patients and this topic was requested by a close friend and patient who was diagnosed and treated for early uterine cancer successfully. For simplicity I will use the abbreviation PMB in the rest of this article for Postmenopausal Bleeding. By definition PMB is any bleeding that occurs in a menopausal woman. Menopause is defined as cessation of menses for one year and can occur from age 38-58. It is usually accompanied by hot flashes, mood changes and insomnia. Many non gynecological providers who see women bleeding in this age group are tempted to treat them with hormones to "regulate" their cycles but they do so in the absence of a diagnosis and this approach can be dangerous because it does not address causation. PMB accounts for 5% of office visits and all postmenopausal women with unexpected bleeding should be evaluated for uterine cancer since this potentially lethal disease will be the cause of bleeding in approximately 10%. In the early menopause years causes other than cancer can be overgrowth of the glands that line the uterus (endometrial hyperplasia), cervical polyps that are usually non cancerous, and fibroids that line the uterus that are prone to bleeding. Endometrial hyperplasia is premalignant and is most often seen when a woman's estrogen level is high secondary to estrogen medications (prescription and otherwise), obesity (estrogen is made in body fat as well as the ovary), hypertension, and diabetes. One cannot assume that the bleeding that is reported is necessarily of uterine origin. It can be from the cervix, vagina, vulva, fallopian tubes, urethra, bladder, rectum or colon. However, 59% is due to thinning of the uterine lining which causes bleeding as blood vessels are exposed. It is almost as if one had very thin skin that would bleed with just a slight abrasion. However, only 10% is due to uterine cancer and this increases with age and is the most common genital cancer in women over the age of 45. There is also a very rare uterine cancer called sarcoma that only constitutes 3% of all uterine tumors but must be considered. As mentioned above other causes can be confused by the presenting patient but must be evaluated by the provider to include possible diverticulitis, inflammation of the urethra, diseases of bladder and bowel and possible genital tract trauma. Women on anticoagulant therapy with drugs such as coumadin and plavix frequently present with PMB. Rarely women who received pelvic radiation many years ago might present with vaginal bleeding from drying and inflammation of the tissues. So, it is evident that a diagnosis must be made before treatment can begin. The provider will ask: "when did the bleeding start?; what is the pattern of the bleeding?; are there associated symptoms such as pain, fever, or change in bowel or bladder function?; what is the medical history (any drugs taken)?" The answers to these questions will direct the provider to consider the following causes: tumor (malignant or benign), atrophy (drying effect), and medication. Next, the physical exam will determine the bleeding site, note for suspicious lesions, lacerations, or foreign

bodies, assess the size and contour of the uterus, evaluate for vaginal, cervical, and vulvar lesions. If it is determined that the source of the bleeding is uterine, an endometrial biopsy can be performed in the office without anesthesia in a five minute procedure. This test is highly sensitive, low cost and with low complications. The tissue is sent to the laboratory for an evaluation. Ultrasound can also be performed which measures the thickness of the uterine lining which should no be thicker than 4-5mm (1/4inch) in this age group. If the bleeding is heavy and persistent, a dilatation and curettage would be done under anesthesia in the operating room to obtain a better specimen and to visualize the lining of the uterus directly with a fiber optic camera. Bleeding polyps and fibroids can sometimes be removed at this time. Early cancers of the uterine lining that do not invade the muscle wall of the uterus and do not invade blood vessels or lymph channels can be treated with simple hysterectomy and do not require radiation or chemotherapy. Biannual pap smears of the vagina are necessary to rule out recurrence. In thirty years of practice I have not seen an early uterine cancer treated by hysterectomy recur. In conclusion, it must be remembered that most cases of PMB are self limited but that **EXCLUSION OF CANCER IS THE MAIN OBJECTIVE**. Benign lesions are treated as appropriate and malignant lesions are treated to standard guidelines. Early diagnosis makes for successful treatment so ANY and ALL bleeding in a woman who has ceased her menses for one year should be evaluated. It is not within the standard of care to treat undiagnosed bleeding in this age group with hormones. A woman who understands that PMB is not normal and seeks care is empowering herself to live a long and healthy life.