

# POST MENOPAUSAL GENITAL BLEEDING

(A clinical review of 150 cases)

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## SYNOPSIS

The purpose of this paper is to appraise the magnitude of the problem of post menopausal bleeding in Singapore. From January 1968 to December 1970, 150 patients who had resumption of genital bleeding 6 months or more following the cessation of menstruation were studied; 39.3% had a malignant lesion and 44.7% a benign lesion. No apparent cause was found in 16%. The most common age group at which bleeding occurred was between 51 to 55 years. The average onset of menopause was 49 years. Cervical cancer was the most common malignant lesion while functional endometrial change was the most common benign cause.

## INTRODUCTION

Postmenopausal bleeding is generally considered to be more sinister than premenstrual bleeding and it is said to be the presenting feature in about 70% of uterine carcinomata. The object of this retrospective study is to appraise the magnitude of the problem of postmenopausal bleeding in Singapore.

## MATERIAL AND METHOD

The term "menopause" as used here means the final episode of normal uterine bleeding. Patients who had resumption of genital bleeding 6 months or more following the cessation of menstruation form the basis of the present study. The total number of cases reviewed is 150 and they were seen in the University department of Obstetrics and Gynaecology, Kangas Kerbau Hospital between January, 1968 to December 1970.

## RESULTS AND DISCUSSION

### 1. Incidence

The number of cases analysed is 150. This represented 6.9% of 2174 diagnostic D & C done in the University department during the period under review.

### 2. Aetiological Groups

Of the 150 cases, 59 (39.3%) were found to have a malignant lesion, whilst a benign condition

TABLE I

Aetiological Group	No. of Cases	%
Malignant cause	59	39.3
Benign cause	67	44.7
Unknown	24	16.0
TOTAL	150	100.0

was found in 67 patients (44.7%). In 24 patients (16%) no apparent cause could be discovered in spite of meticulous investigations.

### 3. Age Group

TABLE II

Age	Malignant	Benign	Total
41-45	2	3	5
46-50	3	19	22
51-55	11	37	48
56-60	17	13	30
61-65	14	9	23
66-70	5	4	9
70+	7	6	13
TOTAL	59	91	150

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The age of the patients at the time of consultation is shown in Table II. The age range was 41-81 years and the most common time for the bleeding to occur was in the 51-55 age group. In patients with benign lesion, the average age was 55.4 years. The condition was seen much less frequently after the age of 60. In the malignant group, the average age was 60.2 years and the numbers were fairly constant up to the age of 65 and declined thereafter.

#### 4. Parity

TABLE III

Parity	Malignant	Benign	Total
0	10	12	22
1	11	5	16
2	8	9	17
3	5	9	14
4	5	12	17
5	7	6	13
6	3	9	12
7	3	8	11
8+	7	21	28
TOTAL	59	91	150

#### 5. Age at the Menopause

TABLE IV

Age	Malignant	Benign	Total
40	3	3	6
41-45	9	13	22
46-50	25	38	63
51-55	15	27	42
56+	6	6	12
Not stated	1	3	4
TOTAL	59	90	149

Table III shows the parity of the patients. 14.7% of 150 patients were nulliparous. There was a higher proportion of nulliparae among the malignant group. Of the 59 patients with malignant lesions, 16.9% were nulliparae, compared with 13.2% in patients with benign lesion. Endometrial cancer was more common in nulliparous than multiparous. Thus, 7 out of 10 nulliparae were found to have endometrial cancer whilst 6 out of 49 multiparae were found to have the disease.

There were 149 cases of naturally occurring menopause and one case of artificial menopause from surgery. The age at natural menopause is shown in Table IV. The age range was 36 to 60 years. The average of natural menopause of patients in the series was 49.0 years and there was very little difference in patients with malignant and benign lesion (49.2 and 48.8 years respectively). It should be noted that the absolute accuracy of these figures is very difficult to ascertain as many elderly women could not remember the exact age when menopause set in.

Of the 13 cases of carcinoma of uterine body, the average age of natural menopause was 52.2 years. Though the number of cases is too small for statistical evaluation, the observation supports the view that there is a higher risk of developing endometrial cancer with a late menopause.

#### 6. Menopause-to-Bleeding Interval

TABLE V

Interval in Years	Malignant	Benign	Percentage Malignant
1	1	18	5
1-4	10	41	20
5-9	14	11	56
10-19	25	15	63
20+	8	4	67
Not stated	1	2	—

The interval of amenorrhoea is shown in Table V. With increasing postmenopausal year span, there was greater likelihood of finding malignant lesion. Thus, more than 60 per cent of the cases with malignancy had an interval of amenorrhoea of 10 years or more.

There was one patient with cervical cancer who presented with bleeding within 1 year of amenorrhoea. Payne *et al* (1959) showed in their

series of 698 patients that malignancy was present in 17% of those who had a clear span of 6-12 months amenorrhoea prior to onset of bleeding. Thus, bleeding in early postmenopausal period should be viewed with grave suspicion and the patient should be investigated promptly and thoroughly.

7. Duration of Bleeding

TABLE VI

Duration of Bleeding in Weeks	Malignant	Benign	Total
1	13	38	51
1-4	14	34	48
5-12	11	5	16
13-26	7	5	12
27-52	7	2	9
52+	5	7	12
Not stated	2	0	2
TOTAL	59	91	150

The interval between the onset of bleeding and consultation at hospital is tabulated in Table VI. Sixty-six per cent of patients sought advice within a month of onset of bleeding. However, 22 per cent had bled for 3 months or more prior to consultation. The exact reason for the delay could not be ascertain, but the fact that large number of patients had only slight bleeding might be the explanation to a certain extent.

8. Type of Bleeding

TABLE VII

Type of Bleeding	Malignant	Benign	Total
Slight	34	49	83
Moderate	8	21	29
Heavy	8	16	24
Not stated	9	5	14
TOTAL	59	91	150

Arbitarily, the type of bleeding was classified into 3 groups: slight, moderate and heavy. Slight bleeding was present in more than half of the cases and it bears no relationship to the seriousness of the lesion. Many advanced cases of malignant disease presented with only blood stained discharge.

9. Causes of Bleeding

TABLE VIII

		No. of Cases	%
<i>(a) Malignant Causes</i>			
Vulva	Carcinoma	2	( 1.33)
Vagina	Malignant melanoma	1	( 0.66)
Cervix	Carcinoma in situ	1	( 0.66)
	Squamous cell carcinoma	40	(26.64)
	Adenocarcinoma of endocervix	1	( 0.66)
Uterus	Adenocarcinoma	11	( 7.26)
	Adenoacanthoma	2	( 1.33)
Ovary	Mucinous cystadenocarcinoma	1	( 0.66)
TOTAL		59	(39.30)
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		No. of Cases	%
<i>(b) Benign Causes</i>			
	Hormone withdrawal	3	( 2.00)
Vulva	Condyloma accuminata	1	( 0.66)
Vagina	Senile vaginitis	2	( 1.33)
Cervix	Chronic cervicitis	1	( 0.66)
	Endocervical polyp	10	( 6.66)
Uterus	Endometrial polyp	4	( 2.66)
	Fibromyoma	2	( 1.33)
	Functional endometrial changes	41	(27.30)
Ovary	Benign teratoma	1	( 0.66)
	Pseudomucinous cystadenoma	2	( 1.33)
	No curetting	24	(16.00)
TOTAL		91	(60.70)

A single diagnosis was accepted for each patient. Where there were more than one abnormality, the most likely condition was recorded.

(a) *Malignant Causes*

Of the 59 cases with malignancy, carcinoma of cervix was the most common, accounting for 42 cases. There were 40 cases of squamous cell carcinoma, one case of adenocarcinoma and one case of carcinoma-in-situ. 24 patients with squamous cell carcinoma were found in advanced stages (Stages III and IV) of the disease when first seen and half of them had bleeding per vagina for 3 months or more before seeking medical advice. This suggests that many of our postmenopausal women still disregard abnormal vaginal bleeding either due to ignorance or premenstrual familiarity with vaginal loss. Earlier diagnosis should therefore be the emphasis. There should be increased effort in the education of lay public through health education and increased alertness of the medical personnel to send women especially over the age of 40 years who have abnormal bleeding for immediate full gynaecological investigation.

(b) *Benign Causes*

TABLE IX

Functional Endometrial Changes	No.
Proliferative	18
Cystic endometrial hyperplasia	10
Atrophic changes	8
Secretory	5
TOTAL	41

Of the benign lesions, functional endometrial change was the most common, occurring in 41 patients. All stages of endometrial activity were

found and proliferative change was the most frequent. However, it should be noted that the original reports were made by different pathologists and the frequency of various conditions is only an approximate one.

Though many authors considered oestrogen withdrawal bleeding to be the most common cause of postmenopausal bleeding, it could only be elicited in 3 cases in this series. The low incidence might be a true reflection locally as many of our patients do not complain of menopausal symptoms and thus do not require oestrogen therapy.

No curetting was found in 24 patients. Despite meticulous investigations, no cause could be found to account for the bleeding. None of the patients were readmitted for further bleeding. Of the 24 patients, seven had a diastolic blood pressure of 100 and over, while 21 of the 67 in the benign group had a blood pressure in the same range. This finding is in agreement with Taylor and Miller who found no association between hypertension and post menopausal bleeding. There are other explanations for the source of bleeding in this group, e.g. vascular fragility, telangiectasia of the endometrium, emotional disturbance causing vasodilatation and reactivation of ovarian function.

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