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BEYOND POST MENOPAUSAL BLEEDING: A CASE SERIES ON THE DIVERSE CLINICAL SPECTRUM OF ENDOMETRIOID ENDOMETRIAL CARCINOMA IN POST MENOPAUSAL WOMEN

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ABSTRACT Endometrioid Endometrial Carcinoma is the most common histological subtype of endometrial cancer and classically presents with postmenopausal bleeding. However, atypical presentations are increasingly encountered and delay the diagnosis. This retrospective case series describes five postmenopausal women with histopathologically confirmed endometrioid endometrial carcinoma who presented with diverse clinical features. No consistent correlation was observed between presenting symptoms and stage of disease. The series highlights the heterogenous clinical spectrum of endometrial carcinoma in postmenopausal women and emphasizes the importance of thorough evaluation of even subtle symptoms for early diagnosis and timely management

KEYWORDS : Endometrial carcinoma, Post Menopausal bleeding, atypical presentations,

INTRODUCTION

Endometrial carcinoma is the most common gynecological malignancy in developed countries and its incidence is steadily increasingly in developing regions due to rising life expectancy, obesity and metabolic risk factors. Endometrioid endometrial carcinoma (EEC) accounts for nearly 80–85% of all endometrial cancers and predominantly affects postmenopausal women.

Postmenopausal bleeding is considered the hallmark symptom and is reported in approximately 90% of cases. Nevertheless, a significant minority of patients present with atypical manifestations such as vaginal discharge, pelvic discomfort, or incidental detection of advanced masses on imaging. Such presentations may lead to delayed diagnosis and advanced disease at presentation.

The menopausal milieu, characterized by hormonal quiescence, metabolic comorbidities such as obesity, diabetes, hypertension and reduced gynecological surveillance contributes to atypical presentation and delayed diagnosis.

This case series highlights the diverse clinical presentations of endometrioid endometrial carcinoma in postmenopausal women and emphasizes the importance of maintaining a high index of suspicion even in the absence of classical symptoms.

AIM OF THE STUDY:

To describe the spectrum of clinical presentations of endometrioid endometrial carcinoma in postmenopausal women.

MATERIALS AND METHODS:

This retrospective case series was conducted in the Department of Obstetrics and Gynecology at a tertiary care teaching hospital between January 2024 to January 2025. Five postmenopausal women diagnosed with histopathologically confirmed endometrioid endometrial carcinoma during the study period were included.

Inclusion Criteria

- Postmenopausal women
- Histopathologically confirmed endometrioid endometrial carcinoma

Exclusion Criteria

- Non-endometrioid histological types
- Premenopausal women

Clinical history, presenting symptoms, comorbidities, imaging findings, histopathology reports, staging and treatment details were collected from hospital records.

CASE SERIES

CASE 1:

A 68-year-old multiparous postmenopausal woman presented with postmenopausal bleeding for 1.5 years. She had associated hypertension and diabetes mellitus.

Ultrasonography showed irregularly thickened polypoidal endometrium. Endometrial biopsy confirmed endometrioid endometrial carcinoma grade 1 limited to endometrium (FIGO Stage IA1).

The patient underwent Total abdominal hysterectomy and bilateral salpingo oophorectomy and had an uneventful post-operative recovery (Figure1 &2).

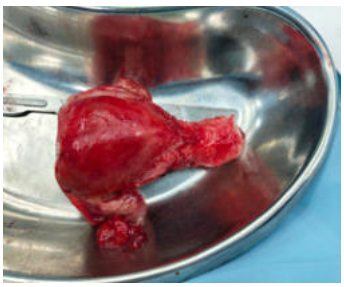

Figure 1: Post operative

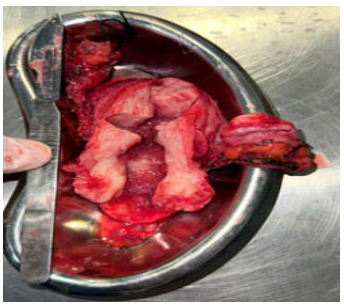

Figure 2: Cut section of the specimen

Case 2:

A 54-year-old obese postmenopausal woman presented with intermittent spotting per vagina for 5 days. She was a known diabetic, hypertensive with a history of cerebrovascular accident with hemiparesis Pelvic ultrasonography revealed bulky uterus with endometrial thickness of 14 mm. Hysteroscopy showed thickened polypoidal endometrium. Endometrial sampling confirmed endometrioid endometrial carcinoma grade 2 less than 50% myometrial invasion corresponding to FIGO stage IA2.

The patient underwent surgical staging with Total abdominal hysterectomy and bilateral salpingo oophorectomy and lymphadenectomy. she remains on regular follow up.

Case 3
A 52-year-old post-menopausal woman diagnosed incidentally during a routine health checkup. Ultrasonography revealed endometrial thickness of 19.5mm with cystic spaces. We performed hysteroscopic biopsy revealing multiple polyps and biopsy confirmed as Endometrioid endometrial carcinoma with invasion of cervical stroma staging it as FIGO IIA1. She underwent Total abdominal hysterectomy and bilateral salpingo oophorectomy pelvic, para-aortic lymphadenectomy followed by combined Chemotherapy and Radiotherapy and is on regular follow up.

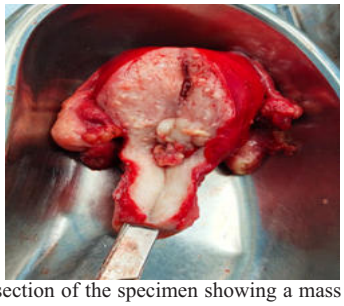

Figure 3: Cut section of the specimen showing a mass invading the cervix

Case 4:
A 54-year-old postmenopausal nulliparous woman presented with persistent white discharge per vagina for 6 months. Magnetic resonance imaging demonstrated 6*4*5 endometrial mass.

Endometrial biopsy was performed and histopathology confirmed endometrioid carcinoma, grade 3 with more than 50% myometrial invasion with a stage of IIC.The patient currently is on adjuvant chemoradiotherapy.

Case 5:
A 58-year-old postmenopausal woman presented with persistent foul smelling watery vaginal discharge, lower abdominal pain for 6 months. She was a known diabetic and hypertensive. MRI revealed a large heterogeneous endometrial mass invading cervix, pelvic, para-aortic lymph nodes and abdominal deposits. Endometrial biopsy confirmed advanced endometrioid endometrial carcinoma FIGO Stage 1VC. She is on palliative treatment.

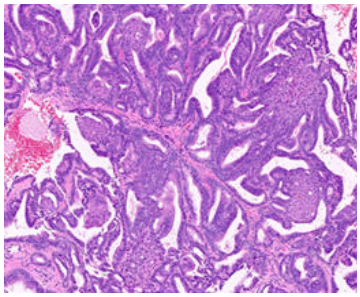

Figure 4:

DISCUSSION:
Endometrioid endometrial carcinoma is typically associated with postmenopausal bleeding. However, atypical presentations are increasingly recognized. In this series, only two out of five patients presented with classical bleeding symptoms, while the remaining patients presented with vaginal discharge or incidental ultrasonographic findings.

Previous studies have reported postmenopausal
bleeding as the presenting symptom in nearly 90% of patients, while approximately 10% present with nonspecific symptoms such as discharge or pelvic discomfort. The present series highlights that atypical presentations may occur across all disease stages, including early and advanced disease.

Watery vaginal discharge is an important but often overlooked symptom in postmenopausal women and may represent tumor necrosis or serous exudate from the endometrial cavity. Similarly, persistent leucorrhea should not be attributed solely to atrophic vaginitis without proper evaluation.

Incidental detection of endometrial carcinoma is becoming increasingly common with widespread use of ultrasonography. Endometrial thickness greater than 4 mm in postmenopausal women warrants further evaluation by endometrial sampling.

Another important observation in this series is the absence of correlation between presenting symptoms and disease stage. Patients with minimal or incidental symptoms were found to have advanced disease, while classical bleeding presentations were associated with early-stage tumors.

These findings emphasize the need for careful evaluation of all postmenopausal symptoms and early endometrial assessment in suspicious cases.

	Age	Presentation	Comorbidities	FIGO Stage	Rx
1	68	Post menopausal bleeding	DM, HTN	I A1	TAH + BSO
2	54	Spotting PV	DM, HTN, CVA, Obesity	I A2	TAH + BSO+ LND
3	52	Incidental detection	None	II A1	TAH+ BSO+ LND+ CTRT
4	54	White discharge PV	None	II C	CTRT
5	58	Foul smelling watery discharge PV	DM, HTN	IV C	Palliative treatment

CONCLUSION :
Endometrioid endometrial carcinoma in postmenopausal women demonstrates significant clinical heterogeneity and may not always follow textbook presentations. Even subtle symptoms such as vaginal discharge or minimal spotting should prompt thorough evaluation. Early diagnosis through timely imaging and histopathological assessment remains essential for improving outcomes and reducing disease-related morbidity.

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