



ORIGINAL RESEARCH PAPER

Gynaecology

THE ROLE OF HYSTEROSCOPY USED AS A DIAGNOSTIC TOOL IN THE EVALUATION OF POSTMENOPAUSAL BLEEDING AND ITS MANAGEMENT STRATEGIES.

KEY WORDS: Hysteroscopy, Postmenopausal Bleeding.

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ABSTRACT

Objectives:

- 1) To study the role of hysteroscopy as a diagnostic tool in the evaluation of postmenopausal bleeding.
- 2) To plan management strategies according to the findings in the hysteroscopy procedure.

Materials and Methods

Type of the study: It is a retrospective analysis from June 2012 to June 2017.

Setting: In department of obstetrics and gynecology in Radhakrishna Multispeciality Hospital and IVF centre.

- The present study includes 1600 cases of postmenopausal bleeding from June 2012 to June 2017.
- Exclusion criteria-women with history of HRT.
- Local causes such as bleeding from vagina or cervix
- known case of bleeding disorder.
- patient on anticoagulant therapy.
- The study includes 1600 cases with history of postmenopausal bleeding for which hysteroscopy was performed and also the patient who required operative treatment was done in same setting.
- The HPE findings are divided into 4 categories- Normal, Atrophic endometrium, Endometrial hyperplasia & Endometrial carcinoma.

Results:

- 1280 cases were found to have normal or atrophic endometrium for which they were followed up accordingly.
- 306 cases were found to have simple hyperplasia medical treatment given for them as first line of management and followed up.
- 14 cases with endometrial cancer for which stage wise management was done.

Conclusion

- Hysteroscopy in postmenopausal bleeding patients is a very good diagnostic tool for diagnosing Endometrial carcinoma and to prevent unnecessary surgery in women with normal HPE and simple hyperplasia.
- Hysteroscopy along with directed endometrial biopsy proved to be useful diagnostic aid in cases of postmenopausal bleeding.

INTRODUCTION

WHO Defines Postmenopausal bleeding as an episode of bleeding 12 months/more after LMP. Postmenopausal bleeding (PMB) occur in 10% of postmenopausal women. 10% of Postmenopausal bleeding constitutes Endometrial cancer. 90% of the patients with Endometrial cancer presents with Postmenopausal bleeding. 70% of the patients with Postmenopausal bleeding are harmless cause. 30% of the patients with Postmenopausal bleeding have Cancer. Before proceeding to neoplasia, the need for a screening program is debatable. The most widely investigation used is TVS. Curettage was considered as a diagnostic tool; however, it is a blind procedure. Now D&C is replaced by Hysteroscopy.

OBJECTIVES:

- 1) To study the role of hysteroscopy as a diagnostic tool in the evaluation of postmenopausal bleeding.
- 2) To plan management strategies according to the findings in the hysteroscopy procedure.

MATERIALS AND METHODS:

Type of the study : Retrospective cohort study
 Study period : June 2012 - June 2017
 Study place : In department of obstetrics and gynecology in Radhakrishna Multispeciality Hospital.

The present study includes 1600 cases of postmenopausal bleeding from June 2012 to June 2017.

Exclusion criteria- 1) Local causes such as bleeding from vagina or cervix. 2) Women with history of HRT. 3) Known case of bleeding disorder. 4) Patient on anticoagulant therapy.

Evaluation of the patients with postmenopausal bleeding

Clinical history, clinical examination, All routine investigation, TVS,

Hysteroscopy procedure was performed. The patients who required operative treatment was performed in same settings. For patients to whom endometrial sample was taken, HPE was sent.

RESULTS:

TABLE 1: Distribution of study subjects according to the age of Postmenopausal bleeding.

Age of attaining menopause (years).	No of women with Postmenopausal bleeding.	%
45-49	49	3.06
50-54	151	9.43
55-59	818	51.1
60-64	302	18.8
65-69	129	8.06
70-74	101	6.31
>75	50	3.12

TABLE 2: Distribution of study subjects according to duration of menopause

Duration of menopause	No of cases	%
1-4 yrs	592	37
5-8 yrs	400	25
9-12 yrs	288	18
13-16 yrs	256	16
17-20 yrs	48	3
>20 yrs	16	1

TABLE 3: Transvaginal Ultrasound for Endometrial thickness (ET) Measurement in study groups.

ET TVS (mm)	No of women with PMB	%
<5mm	1024	64
5-12mm	256	16
>12mm	320	20

TABLE 4: Correlation of Clinical findings with Histopathological examination.

Hysteroscopic appearance	No of cases	%	HPE findings
White featureless endometrium	1024	64	Atrophic endometrium
Endocervical polyp	99	6.1	Benign cervical polyp
Endometrial polyp	95	5.93	Benign adenomatous polyp
Extensive polypoidal endometrium	33	2.06	Adenomatous endometrial hyperplasia
Submucous myoma	29	1.81	Fibromyoma
Irregular endometrium growth	294	18.3	Simple hyperplasia
	6	0.3	Proliferative
	6	0.3	Secretory
	14	0.8	Endometrial carcinoma

TABLE 5: Management of the 1600 studied cases.

Treatment	No of cases	%
Medical treatment	294	18.3
polypectomy	194	12.1
Myoma resection	29	1.81
Surgical treatment	59	3.6
No treatment	1024	64

DISCUSSION:

In Ben-Yehuda¹ et al study, demonstrated that the use of curettage was considered the most precise diagnostic procedure in postmenopausal women. Subsequent study showed that the procedure fails to diagnose one in every ten lesions of the endometrial cavity (Word² et al., study). Various Literature showed false negative rates of 2 & 6%.

About 96% attained menopause in >50 years of age in our study. Maximum number of patients had 1 to 4 years duration of menopause. Minimum had >20years in our study which was similar to Agarwal et al Study.

20% in our study has ET>12mm.

In Karlsson⁶ 1995, Endometrial cancer was not even found in single patient with ET<4mm. similar studies which showed same results were Epstein⁹ 2001, Gull¹⁰ 2003, Sunitha¹¹ 2009, including our study. S ts ts

Majority of patients 64% who's histopathological report came as atrophic endometrium and least was endometrial carcinoma. 18% showed endometrial hyperplasia.

No treatment was required in 64% of the patients. Among 36 patient's who was for treatment, 15% agreed for medical management. In 6% of patient's surgical treatment was mandatory. In 12% polypectomy done, In 1% Myoma resection done. There were few patients who didn't agree for medical treatment and opted for surgical management.

CONCLUSION:

- Hysteroscopy can be considered as the simple, safe, effective and first line gold standard method for the evaluation of the patients with postmenopausal bleeding.
- Hysteroscopy in PMB patients is a very good diagnostic tool for diagnosing Endometrial carcinoma. Hysteroscopy along with directed endometrial biopsy proved to be useful diagnostic aid in cases of PMB.
- Hysteroscopy is useful for excluding those patients with abnormal uterine bleeding who show no signs of intrauterine pathology & prevent unnecessary surgery.

Summary:

In the recent years, Blind dilatation and curettage is almost replaced by the hysteroscopy guided D and C.

Hysteroscopy is considered gold standard in evaluating the underlying pathology. Hysteroscopy now advanced in such a

stage that both diagnostic and if required operative procedures can be done in same setting. It requires expertise to perform the same. Proper patient evaluation and selection is very important in these conditions.

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