

Postmenopausal bleeding

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Recommendations

- In women with postmenopausal bleeding, a diagnostic evaluation is recommended including a gynecological examination, transvaginal ultrasound evaluation, cervical cytology test and endometrial biopsy.
- The main goal of the diagnostic evaluation is to exclude a malignant cause of postmenopausal bleeding (5-10 % of women with postmenopausal bleeding have endometrial cancer).
- Hormonal replacement therapy (HRT) can cause postmenopausal bleeding. Bleeding that occurs in the first 3 months after starting HRT can be observed before a diagnostic evaluation is required.

Search strategy

Search word "postmenopausal bleeding" in PubMed, Medline, The Cochrane Library (including the Cochrane Database of Systematic Reviews) and Up to Date (www.uptodate.com).

Search word "postmenopausal bleeding" in guidelines at Royal College of Obstetrics and Gynaecology (www.rcog.org.uk) and the American Congress of Obstetricians and Gynecologists (www.ACOG.org).

Definition

Uterine bleeding in postmenopausal women (>1 year after last menstrual bleeding).

Incidence

In a Scandinavian population, uterine bleeding occurs in an approximately 10% of postmenopausal women.⁽¹⁾ The incidence is highest in the first period of the menopause.

Etiology/pathogenesis

Most common causes of postmenopausal bleeding are:⁽²⁾

- vaginal atrophy (59 %)
- endometrial hyperplasia (10 %)
- endometrial polyp (9 %)
- uterine cancer (5-10 %)
- bleeding related to the use of HRT

Rare causes of postmenopausal bleeding include:

- uterine fibroids
- adenomyosis (often during HRT usage)
- cervical polyp
- cervical cancer

- vaginal cancer
- tubal- and ovarian cancer

Risk factors

- overweight (increases the risk of endometrial hyperplasia and endometrial cancer)
- HRT
- Oral oestrogen treatment

Diagnostic evaluation

A physical examination is recommended in women with postmenopausal bleeding within 4 weeks due to the high risk of endometrial cancer (5-10 %).

Primary evaluation

Primary evaluation of women with postmenopausal bleeding should include medical history, clinical examination, transvaginal ultrasound with evaluation of endometrial lining thickness, cervical cytology and endometrial biopsy.⁽³⁾

Secondary evaluation

In case of repeated bleeding episodes and normal findings on primary evaluation it is recommended to consider a follow up consultation including:

- vaginal ultrasound evaluation possibly combined with saline infusion into the uterine cavity (SIS/hydrosonography)
- repeated endometrial biopsy
- diagnostic hysteroscopy with endometrial biopsy
- dilatation and curettage (D&C)

The risk of endometrial cancer is low when the endometrial thickness is less than 4 mm.⁽⁴⁻⁷⁾ With non-representative/uncertain findings on endometrial biopsy, the cause of bleeding can be atrophic endometrial lining, however, malignancy should be excluded.

Differential diagnosis

Bleeding from the urinary tract or bowel.

Management

Local oestrogen treatment in women suffering from vaginal atrophy.⁽⁸⁾ Adjusting or discontinuing HRT when bleeding is related to HRT. Treatment is otherwise dependent on findings during the diagnostic evaluation. Recommended treatment of endometrial hyperplasia and endometrial polyp, see dedicated chapters in the guideline. Treatment of malignant conditions, see Guideline in gynecological oncology.

Complications

Depends on the cause of postmenopausal bleeding.

References

1. Astrup K, Olivarius Nde F. Frequency of spontaneously occurring postmenopausal bleeding in the general population. *Acta Obstet Gynecol Scand* 2004; 83:203.
2. www.uptodate.com Postmenopausal uterine bleeding.
3. van Hanegem N, Breijer MC, Khan KS, et al. Diagnostic evaluation of the endometrium in postmenopausal bleeding: an evidence-based approach. *Maturitas* 2011; 68:155-64.
4. Goldstein SR, Nachtigall M, Snyder JR, et al. Endometrial assessment by vaginal ultrasonography before endometrial sampling in patients with postmenopausal bleeding. *Am J Obstet Gynecol* 1990; 163:119–23.
5. Varner RE, Sparks JM, Cameron CD, et al. Transvaginal sonography of the endometrium in postmenopausal women. *Obstet Gynecol* 1991; 78:195–9.
6. Granberg S, Wikland M, Karlsson B, et al. Endometrial thickness as measured by endovaginal ultrasonography for identifying endometrial abnormality. *Am J Obstet Gynecol* 1991; 164:47–52.
7. Gull B, Karlsson B, Milsom I et al. Can ultrasound replace dilatation and curettage? A longitudinal evaluation of postmenopausal bleeding and transvaginal sonographic measurement of the endometrium as predictors of endometrial cancer. *Am J Obstet Gynecol* 2003; 188:401-8.
8. Suckling JA, Kennedy R, Lethaby A, et al. Local oestrogen for vaginal atrophy in postmenopausal women. *Cochrane Database of Syst Rev* 2006, 4. Art. No.: CD001500. DOI: 10.1002/14651858.CD001500.pub2.

Postmenopausal blødning

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Anbefalinger

- Kvinner med postmenopausal blødning anbefales utredet med gynekologisk undersøkelse, transvaginal ultralydundersøkelse, cervix cytologi og endometriebiopsi
- Hovedmålet med utredningen ved postmenopausal blødning er å utelukke malign årsak til blødningene (5-10 % av kvinner med postmenopausal blødning har endometriecancer)
- Hormonell substitusjonsbehandling kan forårsake postmenopausal blødning. Blødning som oppstår de første 3 månedene etter oppstart med hormonell substitusjonsbehandling kan observeres før eventuell utredning

ICD 10 kode

N95.0 Postmenopausal blødning

Søkestrategi

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Søkeord "postmenopausal bleeding" i guidelines hos Royal College of Obstetrics and Gynaecology (www.rcog.org.uk) og the American Congress of Obstetricians and Gynecologists (www.ACOG.org).

Definisjon

Blødning fra genitalia hos postmenopausale kvinner (> 1 år etter siste menstruasjon).

Forekomst

Blødning forekommer hos omlag 10 % i en skandinavisk populasjon av postmenopausale kvinner (II).⁽¹⁾ Forekomsten er høyest den første tiden etter menopause.

Etiologi/patogenese

De vanligste årsakene til postmenopausal blødning er:⁽²⁾

- atrofiske slimhinner (59 %)
- endometriehyperplasi (10 %)
- endometriepolypp (9 %)
- cancer corporis uteri (5-10 %).
- blødning relatert til bruk av hormonell substitusjonsbehandling

Sjeldne årsaker til postmenopausale blødninger:

- myomer
- adenomyose (oftest under hormonell substitusjonsbehandling)
- cervixpolypp
- cervixcancer
- vaginalcancer
- tube- og ovarialcancer

Risikofaktorer

- overvekt (øker risiko for endometriehyperplasi og endometriecancer)
- hormonell substitusjonsbehandling
- peroral østriolbehandling

Utredning

Kvinner med postmenopausal blødning anbefales undersøkt innen 4 uker på grunn av høy risiko for endometriecancer (5-10 %) (II).

Primær utredning

Primær utredning av en kvinne med postmenopausal blødning bør inkludere anamnese, klinisk undersøkelse, transvaginal ultralydundersøkelse med evaluering av endometrietykkelse, cervix cytologi og endometriebiopsi (II).⁽³⁾

Sekundær utredning

Ved gjentatte blødninger med normale funn ved primærutredning anbefales at følgende videre utredning vurderes(II):

- gjentatt vaginal ultralyd eventuelt kombinert med installasjon av saltvann i livmorhulen (væskesonografi)
- gjentatt endometriebiopsi
- diagnostisk hysteroskopi med biopsitagning
- fraksjonert abrasio

Risikoen for endometriecancer er lav ved endometrietykkelse < 4 mm.⁽⁴⁻⁷⁾ Ved ikke-representative/usikre funn på endometriebiopsi kan årsaken til blødning være atrofisk endometrieslimhinne, men cancer bør utelukkes.

Differensialdiagnoser

Blødning fra urinveier eller tarm.

Behandling

Lokal østriolbehandling ved vaginal slimhinneatrofi (II).⁽⁸⁾ Justering eller seponering av hormonbehandlingen ved blødning relatert til hormonell substitusjonsbehandling. Behandling for øvrig avhenger av funn under utredningen. For anbefalinger av behandling ved endometriehyperplasi og endometriepolypp, se egne kapitler i veilederen. For behandling av maligne tilstander, se Veileder i gynekologisk onkologi.

Komplikasjoner

Avhenger av årsaken til den postmenopausale blødningen.

Referanser

1. Astrup K, Olivarius Nde F. Frequency of spontaneously occurring postmenopausal bleeding in the general population. *Acta Obstet Gynecol Scand* 2004; 83:203.
2. www.uptodate.com Postmenopausal uterine bleeding.
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