

POSTMENOPAUSAL BLEEDING

Week 95

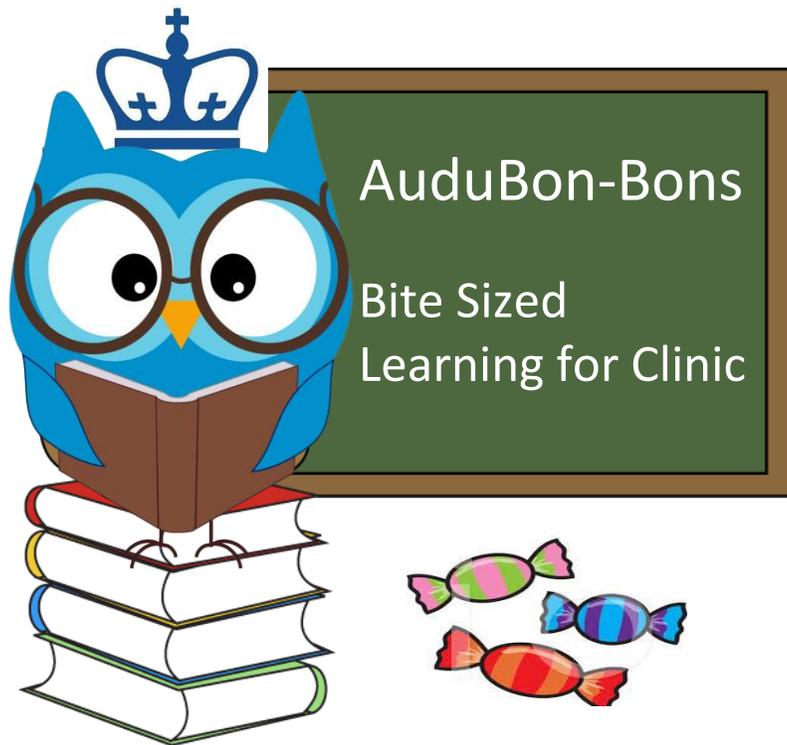
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Reading Assignment:

1. *ACOG Practice Bulletin #734*

The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women with Postmenopausal Bleeding

2. Pearls of Excellence: Evaluation of Postmenopausal Vaginal Bleeding



LEARNING OBJECTIVES



- To be able to define postmenopausal bleeding
- To understand the differential diagnosis for postmenopausal bleeding
- To know how to evaluate postmenopausal bleeding



CASE VIGNETTE

- Ms. Hydrangea, a 64 y.o. G3P2012 woman presents with new onset bleeding.



FOCUSED HISTORY

What elements of the patient's history are most relevant?

- **PMH:** Hypothyroidism
- **PSH:** Appendectomy, Right knee replacement
- **POBH:** NSVD x2, Surgical VTOP at 10 weeks gestation; all uncomplicated
- **PGYNH:** Menopausal since age 51. Denies history of STIs or abnormal paps. Up to date on pap with last pap at age 62. Has mutually monogamous female partner. Denies history of fibroids or cysts. **Denies dyspareunia. Never took HRT.**
- **MEDS:** Synthroid 150mcg daily
- **ALL:** NKDA
- **FH:** Mother had HTN and father had HLD. **Denies family history of cancers.**
- **SH:** Retired. Lives with wife. Adult children live nearby and visit often. Denies IPV. Drinks 3 glasses of wine each week. Denies tobacco or drug use. Accepts blood products.



PERTINENT PHYSICAL EXAM FINDINGS

What elements of the patient's physical exam are most relevant?

- VS WNL
- Gen: NAD
- Abd: Soft, ND, NT
- PE:
 - **Vulva: Moderately atrophic female genitalia. No lesions.**
 - **Vagina: Mildly atrophic mucosa. No discharge.**
 - **Cervix: Multiparous os. No lesions. No discharge. No CMT.**
 - **Uterus: NT. Anteverted. Not enlarged.**
 - **Adnexae: Not palpable.**
 - **Groin: No inguinal lymphadenopathy.**
- Rectum: No evidence of hemorrhoids or fissure, no masses on internal exam
- Ext: WWP, no edema

POSTMENOPAUSAL BLEEDING

How do we define postmenopausal bleeding (PMB)?

- Any staining, spotting, or bleeding that occurs more than 12 months after a person's last menstrual period



DIFFERENTIAL DIAGNOSIS

What is the differential diagnosis of PMB?

- **Vaginal or endometrial atrophy**
 - Most common!
- Polyps
- Fibroids
- Endometrial intraepithelial neoplasia (EIN)
- **Endometrial cancer**
 - Vaginal bleeding is the presenting sign in >90% of postmenopausal patients with endometrial cancer
 - 1-14% of patient with PMB will be diagnosed with endometrial cancer



DIFFERENTIAL DIAGNOSIS

What are clinical risk factors for endometrial cancer?

- Age
- Obesity
- Use of unopposed estrogen
- PCOS
- T2DM
- Atypical glandular cells on screening cervical cytology
- Family history



EVALUATION OF POSTMENOPAUSAL BLEEDING

Trick Question: What assessment tool must be considered when evaluating postmenopausal bleeding?

- Transvaginal ultrasound OR Endometrial Biopsy
 - Trick question because either can be used, but one must be used
 - The initial evaluation does not require the use of both tests



EVALUATION OF POSTMENOPAUSAL BLEEDING

How do you decide to perform a TVUS or EMB as first approach?

- EMB is always a reasonable first approach
 - **First-line test for women who have a higher risk of cancer or hyperplasia based on clinical risk factors**
- TVUS is reasonable to be used as a first approach if
 - Initial episode of bleeding
 - Patient's probability of cancer or hyperplasia is low enough that no additional evaluation would be warranted after a normal ultrasound
 - Based on clinical risk factors



ENDOMETRIAL BIOPSY

What percentage of endometrial cancers is detected by in office EMB ?

- **83-98%**
- Ability to detect cancer is improved in setting of **global** endometrial pathology and less effective in setting of focal endometrial disease

If an adequate sample is obtained and findings are benign, do you need additional assessment?

- No

If you are unable to obtain an adequate sample, what is the next step?

- TVUS can be performed
- Other options include sonohysterography or hysteroscopy D&C
- Most frequent cases are inability to access endometrial cavity and recovery of insufficient tissue for evaluation
- Endocervical tissue alone does not indicate adequate endometrial sampling



TRANSVAGINAL ULTRASONOGRAPHY

How do you correctly measure endometrial thickness?

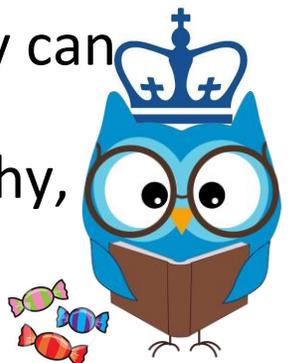
- Maximum anterior-posterior thickness of the endometrial echo on a long-axis transvaginal view of the uterus

What endometrial thickness has a greater than 99% negative predictive value for endometrial cancer?

- **Less than or equal to 4mm**

What are limitations of TVUS?

- An axial uterus, obesity, myomas, adenomyosis, or previous uterine surgery can contribute to challenges assessing the endometrial thickness
- If unable to identify clear endometrial lining, can perform sonohysterography, hysterothography, or endometrial sampling



TRANSVAGINAL ULTRASONOGRAPHY

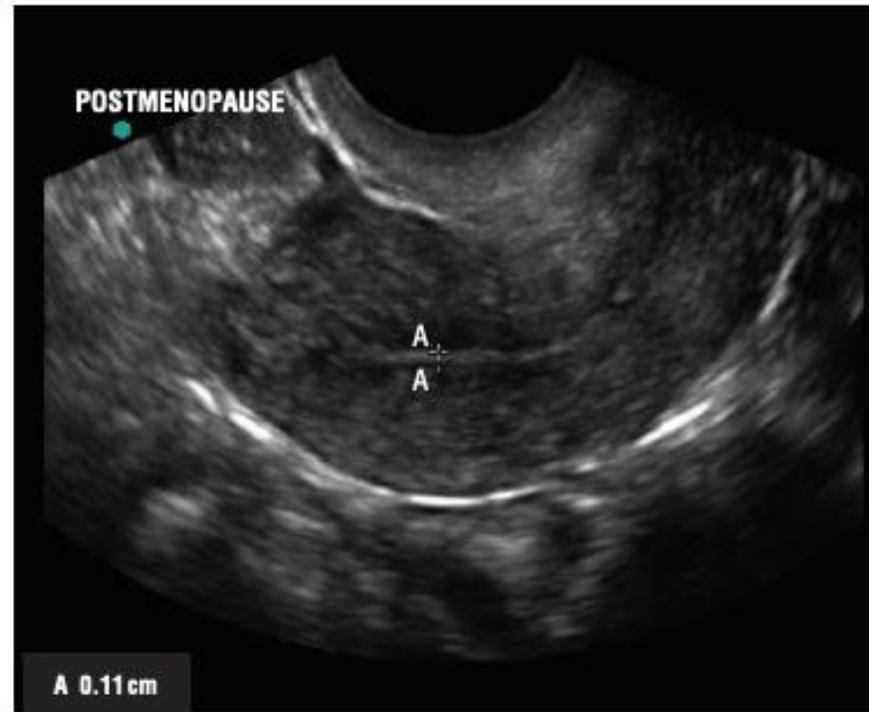


Figure 1. Measurement of endometrial thickness. The endometrial thickness measured at its thickest portion as the distance between the echogenic borders (calipers) perpendicular to the midline longitudinal plane of the uterus. ↵



SOCIAL DETERMINANTS OF HEALTH

Obesity carries a relative risk of 2-5 for type I endometrial cancer.

Non-judgmental body-positive counseling will help your therapeutic relationship when discussing healthy eating and exercise.

Table 1. Risk Factors for Type I Uterine Corpus Cancer ↵

Factors Influencing Risk	Estimated Relative Risk*
Older age	2-3
Residency in North America or Northern Europe	3-18
Higher level of education or income	1.5-2
White race	2
Nulliparity	3
History of infertility	2-3
Menstrual irregularities	1.5
Late age at natural menopause	2-3
Early age at menarche	1.5-2
Long-term use of unopposed estrogen	10-20
Tamoxifen use	2-3 [†]
Obesity	2-5
Estrogen-producing tumor	>5
History of type 2 diabetes, hypertension, gallbladder disease, or thyroid disease	1.3-3
Lynch syndrome	6-20 [†]

Remember to address healthy weight counseling at every well woman visit!



Epic .Phrase

.BBonPMBcounseling

Description: Postmenopausal Bleeding Counseling

We discussed the differential diagnosis for postmenopausal bleeding including vaginal or endometrial atrophy, polyps, fibroids, endometrial intraepithelial neoplasia, or endometrial cancer. Given the potential risk of EIN or endometrial cancer, I recommended prompt evaluation with EMB or TVUS. We reviewed the risks and benefits of each assessment tool and with shared decision making, we will proceed with *** for initial assessment.



CODING AND BILLING

- **ICD-10 Codes**

- 095.0
 - Postmenopausal bleeding

- **CPT Code**

- 58100
 - Endometrial sampling (biopsy) with or without endocervical sampling (biopsy) without cervical dilation, any method (separate procedure)



EVIDENCE

- American College of Obstetricians & Gynecologists; **ACOG Committee Opinion No. 734: The Role of Transvaginal Ultrasonography in Evaluating the Endometrium of Women With Postmenopausal Bleeding.** [Obstet Gynecol. 2018 May;131\(5\):e124-e129. doi: 10.1097/AOG.0000000000002631.](https://doi.org/10.1097/AOG.0000000000002631)
- American College of Obstetricians & Gynecologists; **Practice Bulletin No. 149: Endometrial cancer.** [Obstet Gynecol. 2015 Apr;125\(4\):1006-26. doi: 10.1097/01.AOG.0000462977.61229.de.](https://doi.org/10.1097/01.AOG.0000462977.61229.de)
- Dijkhuizen FP1, Mol BW, Brölmann HA, Heintz AP. **The accuracy of endometrial sampling in the diagnosis of patients with endometrial carcinoma and hyperplasia: a meta-analysis.** [Cancer. 2000 Oct 15;89\(8\):1765-72.](https://doi.org/10.1093/annonc/ndaa000)
- Savage A. Pearls of Excellence; **Evaluation of Postmenopausal Vaginal Bleeding.** Initial Approval August 2014. Revised March 2019. Accessed July 2020. <https://www.excellence.org/list-of-pearls/evaluation-of-postmenopausal-vaginal-bleeding/?categoryName=&searchTerms=postmenopausal+bleeding&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending>

