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Postmenopausal Bleeding

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Dear Editor,

A 71 year old woman presented to the emergency department with a history of vaginal bleeding of 3 months duration. The bleeding was painless and had a sudden onset. She is para 1 and her last delivery was about 45 years ago. She never had a smear test and there was no history of contraceptive use or Hormone replacement therapy (HRT). She is a known diabetic on Metformin. There was no family history of any malignancies.

On examination, the patient was well and her BMI was 28. Examination of her breasts and abdomen was unremarkable. On speculum examination there was a 2cm fleshy mass coming out of the cervix and minimal bleeding was noted. Tissues from was sent for histology. The uterus was of normal size for her age and there was no adnexal mass. A transvaginal ultrasound revealed an endometrial thickness of 2 mm and the ovaries were not visualised. She was then scheduled for hysteroscopy and dilatation and curettage under general anaesthesia. Hysteroscopy identified a copper intrauterine device (IUD) surrounded by fibrous tissues embedded in the cervical canal (Figure 1). The IUD was then grasped and removed with hysteroscopy forceps. The hysteroscopy was again advanced into the uterine cavity and revealed an atrophic endometrium. Dilatation and curettage was performed and no endometrial tissues were obtained. Histology of the cervical tissues revealed chronically inflamed granulation tissues. There was no evidence of dysplasia or malignancy. The patient then became well and the bleeding resolved.

Postmenopausal bleeding (PMB) is a common problem in postmenopausal women, accounting for 5% of all gynaecology visits[1]. The abnormal bleeding can be due to multiple causes such as use of exogenous oestrogen, atrophic endometritis, endometrial hyperplasia, polyps or malignancies. Thorough clinical assessments and investigations are required to exclude any genital malignancies. Transvaginal sonography (TVS) is used as an intial step in the evaluation of postmenopausal bleeding[2]. TVS can reliably assess the endometrial thickness thus identify women, who present with PMB that have thin endometrium therefore they are unlikely to have endometrial cancer[3]. In addition, TVS can identify common benign pathology and helps in detecting rare causes of PMB such as a retained IUD[4]. Few cases reported retained IUD in association with PMB[4, 5]. Our patient did not give any history of IUD

use. Furthermore, TVS failed to demostrate any underlying pathology, which might have caused the abnormal bleeding. A decision for diagnostic hysteroscopy was then made to exclude any focal endmetrial lesions that were missed up with TVS.

In summary, retained IUD should be included in the differential diagnosis of PMB. If ultrasound examination revealed no abnormalities and the patient is symptomatic, hysteroscopy and curettage must be done to rule out other causes of the bleeding.

Declaration of Conflicts of Interest:
None declared.

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