Case report

An unusual cause of postmenopausal bleeding: A case report

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Abstract:
A 55year old postmenopausal woman presented to the gynaecology clinic with a 1week history of vaginal bleeding. She was investigated to rule out local and systemic causes including genital malignancy. The investigations were negative for genital malignancy and her symptoms settled with medical and surgical management. A short literature review of this unusual cause of postmenopausal bleeding is discussed here.

Key words: Post menopause, malignancy.

Introduction:
Postmenopausal bleeding is a frequent medical problem with a prevalence rate as high as 10% in the general population. [1,2] The causes of postmenopausal bleeding include vaginal or endometrial atrophy, hormone replacement therapy (HRT), endometrial cancer, endometrial or cervical polyps, and endometrial hyperplasia .[3,4] The most frequent malignancy found in cases of post-menopausal bleeding is endometrial cancer. Other causes of malignant post-menopausal blood loss can be carcinomas of a woman's genital tract (vagina, cervix, fallopian tubes or ovaries) or metastases from other tumors.[5,6] Post-menopausal bleeding with a history of hysterectomy is rather uncommon.
In postmenopausal women, it is usually associated with atrophic vaginal wall which have an increased risk of rupture.[7] Here we report a case of coitus-induced postmenopausal blood loss, who had undergone vaginal hysterectomy 2 years back.

Case report:
A 55 years old postmenopausal woman was admitted into Z. H. Sikder Women's Medical College & Hospital on 2.4.19 with the complaints of per vaginal bleeding for 1week. The bleeding was moderate in amount, painless and intermittent in nature. Her last sexual intercourse had been 7 days earlier, at which time she had experienced lower abdominal discomfort and slight vaginal bleeding. She denied any unusual or aggressive sexual intercourse or use of sex toys.
She had no history of abdominal pain, fever, chills, night sweats, nausea, vomiting, weight loss, change in appetite or bowel habits. She had no history of any hormone replacement therapy.
The cause of the blood loss was initially interpreted as vaginal atrophy which was unsuccessfully treated with estriol cream in another hospital. She denied any history of smoking, alcohol or drug abuse and has no known family history of malignancy. She was para 6 and all were vaginal delivery at home. She was non diabetic and normotensive. Two years back, she underwent vaginal hysterectomy with pelvic floor repair because of second degree uterine prolapse with mild rectocele.
General examination revealed, she was 44kg, mildly anemic and her thyroid was normal and no palpable lymph nodes. Examination of the breasts were unremarkable. All hernial orifices were clear. CVS, CNS and RS examinations were within normal limit. She had no ascites, hepatosplenomegaly or palpable mass on abdominal examination.
On vaginal speculum examination, two crater shaped lesions were found in the right and left upper parts of the vagina, which indurated the surrounding tissue, with some necrosis. Rectal examination showed no abnormalities.
On laboratory results, hemoglobin was 10.5 g/dl (after 1unit blood transfusion), CA-125 was 16ng/dl, Serum CEA was normal, RBS was 5.1 mmol/l, serum creatinine was0.5mg/dl. Ultrasound of abdomen and pelvis showed nothing abnormality. A mammogram 1 year ago was reported as normal and her last pap smear was 1 year ago and was normal.
After preoperative investigations, examination under anesthesia and biopsy was decided upon in order to determine any malignancy. During the procedure vault revealed healthy but there were two tears measuring about 3×2 cm on right angle and 2×1 cm on the left angle of the

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vault. Biopsy was taken from both angles of vault. The tears were repaired with absorbable suture.

Vault was also inspected under acetic acid (VIA test). As it was negative, so no biopsy was taken from vault. The next day she was discharged with oral antibiotics. Three days after she came with the histopathology report, which revealed inflammatory cells of vagina only. And there was no further bleeding. We followed up her one month later and found her without any bleeding and happy.

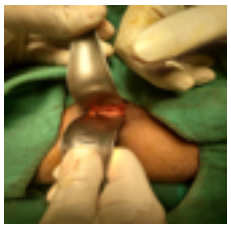

Figure1: Per operative view of the vault with right corner lesion

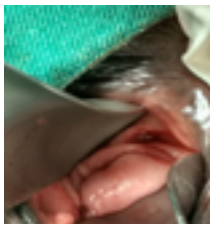

Figure2: Lesion in the left corner of the vault

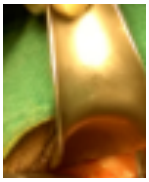

Figure3: repairing of the lesion

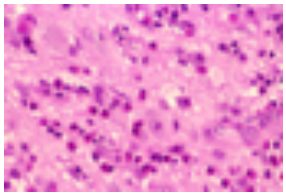

Figure 4: Histopathological examination of the tissue showed inflammatory cells of vagina.

Discussion:

Post-menopausal vaginal bleeding is a common complaint of patients seen in gynecological practice. It accounts for approximately 5% of all gynecological visits. Every case of post-menopausal bleeding is abnormal and should be investigated for any malignancy until proven otherwise.[8] Yuce et al. identified 12 cases of vaginal cuff evisceration resulting from coitus and 9 of these cases were post-vaginal hysterectomy.[9]

Postmenopausal bleeding of any amount necessitates a thorough investigation to rule out a genital malignancy. This case report illustrates an unusual cause in a postmenopausal woman, though such a history should not make the gynaecologist defer a thorough investigation for the vaginal bleeding.

The incidence of vaginal rupture after any type of pelvic surgery is 0.03 percent with the reported incidence of cuff dehiscence after a hysterectomy being higher after laparoscopic hysterectomy compared with abdominal or vaginal hysterectomies.[11,12] Among the 7286 hysterectomies collection by Hur, an incidence of 0.14% was reported (total and subtotal), with a peak rate of 4.93% after laparoscopic hysterectomy.[12] Another single institution case study (Iaco on 3593 hysterectomies) reports a rate of 0.28%, without the evidence of statistical difference between different routes of access (trans-abdominal & trans-vaginal).[13]

Conclusion:

Post-menopausal blood loss in a patient with a history of hysterectomy is uncommon and always needs further investigation to exclude all the probable causes including malignancyPost-menopausal blood loss in a patient with a history of hysterectomy is uncommon and always needs further investigation.Post-menopausal blood loss in a patient with a history of hysterectomy is uncommon and always needs further investigation.

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