

INTERMENSTRUAL BLEEDING GREATER THAN 35 YEARS OF AGE

Inter-menstrual bleeding in women of 35 years of age or greater has significant consequence in that it can be related to development of pre-malignancy or malignancy of the endometrium. Suspicion of endometrial pathology may be increased based on abnormal thickness of the endometrium on transvaginal ultrasound. However, external imaging cannot provide a histopathologic diagnosis. Histopathologic diagnosis is essential and can only be provided from actual tissue. The tissue is obtained either through endometrial biopsy in the office setting or through dilation and curettage performed at the hospital. D&C aided by hysteroscopy will address whether there are easily remediable causes for the patient's abnormal intermenstrual bleeding within the endometrial cavity including endometrial polyps or possibly submucous fibroids. The risks and benefits of endometrial biopsy are compared and contrasted with those of D&C and hysteroscopy. The additional benefits offered by hysteroscopy over endometrial biopsy are clear.

Should no easily remediable causes for abnormal bleeding be demonstrated within the endometrial cavity and endometrial pathology returns with benign findings, medical management can be offered. Should easily remediable causes for bleeding be located, most likely they could be treated at the time of the initial D&C and hysteroscopy. Should a premalignant lesion of the endometrium be demonstrated, cyclic progesterone therapy over a six to nine month course is implemented with repeat endometrial sampling thereafter. If malignancy is located consultation to a gynecologic oncologist is recommended with treatment individualized to the patient's circumstances.