

Simplifying the Diagnosis of Postmenopausal Bleeding

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Abstract

Objective: To simplify the diagnosis of cases with postmenopausal bleeding (PMB), the present study aimed to determine the accuracy of transvaginal ultrasonography (TVS) and saline infusion sonohystrographic (SIS) scan for diagnosing high risk endometrial lesions in cases with (PMB).

Methods: A cross sectional study of ٨٢ postmenopausal women with PMB examined using TVS and SIS and the results were compared with pathological diagnoses of the specimens obtained by means of D&C, hysteroscopy, and hysterectomy

Results: the sensitivity, specificity, PPV, NPV and accuracy of TVS in detecting high risk endometrial pathology (endometrial hyperplasia, polyps or malignancy) were ٨٤,٦٢%, ٧٩,٣١%, ٦٣,٦٣%, ٩٢,٠٠% and ٨٠,٧٢% respectively. For SIS the sensitivity, specificity, PPV, NPV and accuracy were ٨٨,٤٦%, ٨٦,٢١%, ٧٥,٠٠%, ٩٨,٠٤% and ٨٩,١٦% respectively. When all endometrial pathologies were examined together using the McNemar test, no statistically significant difference was observed between the TVS and SIS findings in low risk endometrial lesions and the final diagnosis of pathological specimens ($P = ٠,٠٠٤$). However, for the high risk endometrial lesions there was a statistically significant difference between the two techniques ($p=٠,٠٠١$). SIS was more specific but not more sensitive than TVS, the sequential combination of TVS and SIS had a higher specificity than TVS alone (٩١,٣٨% vs ٧٩,٣١%), without a significant decrease in sensitivity (٨٨,٤٦% vs ٨٤,٦٢%).

Conclusion: The use of SIS augments the capability of TVS to elucidate the cause of PMB and is more accurate than TVS alone in the evaluation of the endometrial cavity and focal endometrial lesions. A follow up without endometrial biopsy is suggested only for women who experienced PMB only once and had homogenous endometrium of less than ٥ mm on TVS and SIS.

Key Words: Transvaginal ultrasonography, Sonohysterography, Abnormal uterine bleeding, Endometrial pathology