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Research Article

**FREQUENCY OF CARCINOMA OF ENDOMETRIUM AND  
CERVIX IN THE FEMALES SUFFERING FROM POST  
MENOPAUSAL BLEEDING**<sup>1</sup>Dr Naeem Akhtar Khokhar, <sup>2</sup>Dr Shabnam Naz Shaikh, <sup>3</sup>Dr Nusrat Aijaz, <sup>4</sup>Dr Tahira Parveen Awan, <sup>5</sup>Dr Farzana, <sup>6</sup>Dr Tahira Parveen Mahar<sup>1</sup>Sheikh Zayed Women Hospital Larkana.**Article Received:** January 2019    **Accepted:** February 2019    **Published:** March 2019**Abstract:**

**Objective:** The objective of this study is to find out the rate of carcinoma of endometrium and cervix in women presenting with post-menopausal bleeding, diagnosed by histopathologic interpretation.

**Study Design:** A descriptive, cross-sectional study.

**Place & Duration of Study:** The duration of this study was from 16 June, 2014 to 15 Dec, 2014. This study conducted at department of Obstetrics and Gynaecology at Sheikh Zayed Women Hospital Larkana.

**Patients and Methods:** All patients with age 45 years and above with any parity presented with post-menopausal blood stained vaginal discharge either bleeding were enrolled. A meticulous medical assessment carried out, that includes a history of anomaly oriented and clinical evaluation. The bleeding details like the mode of the start of post-menopausal bleeding, quantity & episodes number, post coital bleeding & any anomalous release noted down. The history of the personnel & family about the malignancies of the genital tract like Ca cervix and endometrium was focus of enquiry.

**Results:** The average age of the patients was  $62.610 \pm 6.960$  years. Mean parity of the patients was  $3.48 \pm 2.11$ . Majority of the patients 105 (81%) were presented with  $\leq 5$  parity whereas 24 (19%) were presented with  $> 5$  parity. Endometrial carcinoma was available in 16% (n: 21) patients and cervical carcinoma was present in 14% (n: 18) patients.

**Conclusion:** Histopathologic interpretation is the best marker for the identification of endometrium and cervix carcinoma in women having post-menopausal bleeding

**Keywords:** Endometrium Carcinoma, Cervical Carcinoma, Post-Menopausal Bleeding, histopathologic interpretation.

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**INTRODUCTION:**

Post-menopausal bleeding abbreviated as PMB is very acknowledged type which is any bleeding from the genital >one year after the last bleeding of menses period [1]. The females who are not receiving HRT (hormone replacement therapy), PMB is very common problem, representing 5-10% of all gynaecological outpatient attendances and is an alarming symptom [2]. About 90% of patients with endometrial cancer present with PMB, however 10% of patients with PMB have endometrial cancer [3].

In the most modern countries, greater than 60.0% patients are because of benign abrasions as atrophic vaginitis, uterine/cervical polyps, endometrial hyperplasia & endometritis [4]. Patient having obesity, hypertension, diabetes, delay in menstruation, nulliparous are at high risk [5].

In Pakistan where prevalence of malignancy is high in patients presenting with PMB. According to previous limited literature available there is wide variation in frequency of genital tract malignancy especially Ca endometrium and cervix in our country [6, 7]. The actual burden of this disease is also scares. The main causes of this variation are no presence of regular programs for screening, poorness, no qualification & ignorance about the health of females. Since malignancy being a serious and fatal disease and post-menopausal bleeding being a major indicator of genital tract malignancy, post-menopausal bleeding should be taken seriously and requires prompt and thorough investigations and intervention at early stages of malignancy [8-9]. So, the current research work has been planned to interrogate the prevalence and burden of disease in our target population.

**METHODOLOGY:**

A descriptive, cross-sectional study conducted from 16 June, 2014 to 15 Dec, 2014 at the department of Obstetrics and Gynaecology at Sheikh Zayed Women Hospital Larkana. 129 patients were taken

with post-menopausal bleeding presenting in indoor and outdoor department of Obstetrics and Gynaecology unit II, fulfilling inclusion and exclusion criteria. Institutional ethics committee approval was taken. Proper counselling of all the patients carried out & every patient gave the written willing to participate in the case work. A meticulous medical assessment carried out, that includes a history of anomaly oriented and medical assessment. Demographic information, bleeding details as the mode of the start of post-menopausal bleeding, amount & quantity of episodes, post coital bleeding & anomalous release will also be noted. The questions about the history of the family and personal problems or malignancies of genitals like Ca cervix and endometrium was asked. Complete physical examination with speculum examination along Pap smear, digital vaginal & rectal assessment carried out. Basic haematological interrogations carried out for all patients, the analysis of urine & ultrasound of pelvic to determine the final outcome variables. All the procedure was done under supervision of Consultant with at least five years of experience and assisted by researcher herself.

Statistics: SPSS V.13 was in use for the entry & analysis of the collected information. The calculation of the average and  $\pm$  SD for the quantitative data carried out with the help of descriptive statistics. Frequency & percentage calculation carried out for outcome variables. The application of post stratification Chi Square Test performed to take P value  $\leq$  0.05 as most significant.

**RESULTS:**

Out of 126, mean age and parity of the patients were  $62.61 \pm 6.96$  and  $3.48 \pm 2.11$  years respectively. Majority of the patients 73 (56.60%) were of more than 65 years whereas 105 (81%) were of less than or equal to 5 parities while endometrial carcinoma was available in 16.0% (n: 21) patients and cervical carcinoma was available in 14.0% (n:18) patients. (Table-1)

Variables (n=129)		Percentages
Age ( $62.6 \pm 6.9$ )	$\leq 65$	56 (43.3%)
	$> 65$	73 (56.6%)
Parity ( $3.4 \pm 2.1$ )	$\leq 5$	105 (81.4%)
	$> 5$	24 (18.6%)
Endometrial Carcinoma	Yes	21 (16%)
	No	108(84%)
Cervical Carcinoma	Yes	18(14%)
	No	111(86%)

Table 1: Demographic profile of Participants (n=129)

Stratification carried out to know about the impact of age and parity on the findings of endometrial carcinoma. P-value was found to be non-significant. (Table-2)

Variables		Endometrial Carcinoma		Total	p-value
		Yes	No		
Age group (in years)	≤65	12 (57.1)	44 (40.7)	56 (43.4)	0.165
	>65	9 (42.9)	64 (59.3)	73 (56.6)	
	Total	21 (100)	108 (100)	129 (100)	
Parity	≤5	14 (66.7)	91 (84.3)	105 (84.3)	0.061
	>5	7 (33.3)	17 (15.7)	24 (18.6)	
	Total	21 (100)	108 (100)	129 (100)	

Table 2: Comparison of Age group & parity with respect to endometrial carcinoma.

Stratification was found the effect of age and parity on the outcome of cervical carcinoma. P-value was found to be non-significant. (Table 3)

Variables (n=129)		Cervical Carcinoma		Total	p-value
		Yes	No		
Age group (in years)	≤65	9 (50)	47 (42.3)	56 (43.4)	0.543
	>65	9 (50)	64 (57.7)	73 (56.6)	
	Total	18 (100)	111 (100)	129 (100)	
Parity	≤5	14 (77.8)	91 (82)	105 (81.4)	0.441
	>5	4 (22.2)	20 (18)	24 (18.6)	
	Total	18 (100)	111 (100)	129 (100)	

Table 3: Comparison of Age group & parity with respect to Cervical Carcinoma.

### DISCUSSION:

About 90% of patients with endometrial cancer present with PMB, however 10% of patients with PMB have endometrial cancer. [10] In the modern countries, greater than 60.0% patients are because of benign abrasions like atrophic vaginitis, uterine/cervical polyps, endometrial hyperplasia & atrophic endometritis. [11] In our study, endometrial carcinoma was found in 21 (16%) patients and cervical carcinoma was found in 18 (14%) patients. According to Jordonian figures cervical carcinoma was seen in 0.6% of cases of PMB while endometrial carcinoma was seen in 9% of cases<sup>3</sup>, according to Babylon study carcinoma of cervix was seen in 44.6 % of cases and endometrial carcinoma was seen in 44.4% of cases [12].

According to study conducted in Abbottabad in 2010, endometrial carcinoma was seen in 6% and cervical carcinoma in 20% of cases and one study conducted in Nawabshah in 2010 revealed

malignant changes on histopathology in 30% of patients with PMB, among them 14% of cases had carcinoma of cervix and 16% cases had carcinoma of endometrium, premalignant disorders in 14%, benign pathology in 48% and pathology remained undetermined in 8% of cases. [13] While atrophy is the very frequent reason of post-menopausal bleeding, identification algorithm for post-menopausal bleeding is prepared to identify cancer. Atrophy of Vagina, endometrium & genitals is similar for the sequence with the after menses hypoestrogenism [14]. Atrophy is the main reason behind the 60% to 80% reasons of post-menopausal bleeding, but hyperplasia endometrium & cancer are the cause of 10% patients [15].

The lingering reasons are credited to endometrium or/and cervical polyps (from 2% to 12%), exogenous oestrogen (15% to 25%), cancer of cervix (1%) & features as vaginal pain, anticoagulants & bleeding from non-gynaecological locations [16]. The reports

of the past gynaecologist of the patient, obstetric, clinical, operational/surgical, & history of the family are very important [17].

### CONCLUSION:

Histopathologic interpretation is the best marker for the identification of endometrium and cervix carcinoma in women having post-menopausal bleeding

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