

ULTRASOUND

LECTURE SERIES

Sonographic Evaluation of Postmenopausal Bleeding

Objectives

On completion of this presentation, the participant will be able to:

- Understand the value of ultrasound in postmenopausal patients.
- Understand normal transvaginal ultrasound appearances of the endometrium (EM) in postmenopausal women
- Understand ultrasound evaluation of postmenopausal bleeding (PMB), including sonohysterography when necessary.
- Understand the shortcomings of blind EM sampling in PMB in women.

Topics

1. Definition
 - Demographic data
 - Time frame for menopause
 - Natural history
2. Sonographic evaluation
 - Use of transvaginal sonography
 - Overall evaluation of the uterus
 - Endometrial thickness evaluation
 - Failure to visualize the EM echo
3. Etiologies of PMB
 - Endometrial polyps
 - Endometrial hyperplasia
 - Fibroids
 - Ovulation/ovarian cysts
 - Other
4. Sonohysterography

Steven R. Goldstein, MD

*Professor of Obstetrics and Gynecology
New York University School of Medicine
Director of Gynecologic Ultrasound
Codirector of Bone Densitometry
New York University Medical Center
New York, New York*

Review Questions

1. All of the following are true except:
 - A. In menopause, the EM becomes thin and atrophic.
 - B. Postmenopausal bleeding is “endometrial cancer until proven otherwise.”
 - C. The most common cause of PMB is from hyperplasia.
 - D. The postmenopausal EM has no epithelial stimulation by estrogen.
 - E. Atrophic mucosa is prone to punctuate superficial ulceration.
2. Suction piston biopsy:
 - A. Is the most reliable way to exclude EM cancer.
 - B. Was designed to date the EM as part of an infertility workup.
 - C. Is the least invasive way to exclude EM cancer.
 - D. Is effective at excluding cancer if more than 25% of the cavity is involved.
 - E. All of the above.
3. Sonohysterography:
 - A. Is a subset of transvaginal ultrasound.
 - B. Is contraindicated in cases of possible cancer.
 - C. Has been shown to upstage cancer if there is an intraperitoneal spill.
 - D. Requires negative gonorrhea and chlamydia cultures.
 - E. Should employ some patient sedation.
4. A meaningful EM echo on transvaginal ultrasound cannot always be successfully imaged. The biggest problems are presented by all of the following except:
 - A. Coexisting myomas.
 - B. Previous surgery.
 - C. Retroverted uterus.
 - D. Marked obesity.
 - E. Adenomyosis.
5. An incidental finding of a thick EM echo on transvaginal ultrasound (>8 mm):
 - A. Is “cancer until proven otherwise.”
 - B. Should have endometrial sampling.
 - C. Needs sonohysterography.
 - D. Is present in 10% to 17% of the population.
 - E. All of the above.