



A RARE CASE OF POST MENOPAUSAL BLEEDING - A CASE REPORT

Obstetrics and Gynecology

Dr Shweta Somasikta Pani Post Graduate, Obstetrics And Gynecology Department, Kalinga Institute Of Medical Sciences, Bhubaneswar, Odisha, India

Dr Jyoshnamayee Panda* Professor, Obstetrics And Gynecology Department, Kalinga Institute Of Medical Sciences, Bhubaneswar, Odisha, India *Corresponding Author

ABSTRACT

We report a rare case of post menopausal bleeding i.e due to foreign body in uterine cavity
A 60 years old post menopausal female attended our gynecology opd with chief complain of bleeding per vagina, she had attended menopause 10 years back and her previous menstrual cycles were regular.
She was evaluated for post menopausal bleeding in a systematic manner and on diagnostic hysteroscopy a foreign body was found in her uterine cavity.

KEYWORDS

PMB(Post Menopausal Bleedin), DH (Diagnostic Hysteroscopy), ET (Endometrial Thickness), NILM (Negative For Intraepithelial Lesion OR Malignancy), TVS (Transvaginal Scan), OPD(Out Patient Department)

INTRODUCTION

Post menopausal bleeding is a gynecological complaint occurring in 5-10% of post menopausal women. The differential diagnosis include uro genital atropy, genital tract lesion, endometrial polyp, endometrial hyperplasia, malignancy, trauma or foreign body. patient may complain of spotting per vagina on and off or heavy bleeding p/v.

CASE REPORT

A 60 years, female presented to obstetrics and gynaecology opd with c/o post menopausal bleeding since 2 months. Her previous menstrual cycles were regular in duration and interval. She has attended menopause for last 10 years. She is P3L3, all VD, Unassisted home deliveries. She has no history of hypertension /DM/asthma or tuberculosis. She has no family history of endometrial, ovarian or breast cancer.

O/E Her general condition was fair, She was of thin built. she had no pallor. Her pulse was 80/min and regular. Her BP was 130/80 mm hg. On chest, CVS, and P/A examination no abnormality was detected.

On p/s examination cervix was healthy, vagina healthy and uterus has first degree descent. on p/v uterus small, av, mobile B/L fornix was free and non tender

Investigation

BLOOD GROUP	B POSITIVE
TLC	9000/UL
HB	10grams/dl
PCV	30%
HIV, Hbshg	negative
Pap smear	NILM

On ultrasound Of pelvis Uterus was normal in size, ET Was 3mm. B/L ovary small in size.

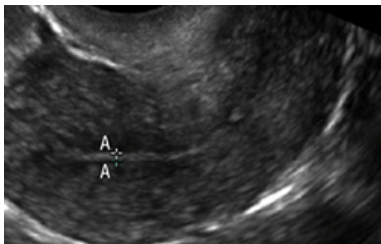


image 1 transvaginal scan showing uterus with endometrial thickness

On DIAGNOSTIC HYSTEROSCOPY

Endocervical canal –normal

Intrauterine cavity –shows a small foreign body floating inside cavity

Endometrial cavity smooth and thin
B/L ostia visualised
No sol or polyp inside cavity

A small foreign body came out through external os and found to be a rice husk Curattage done, but no endometrium can be taken out Foreign body taken out. It was a rice husk

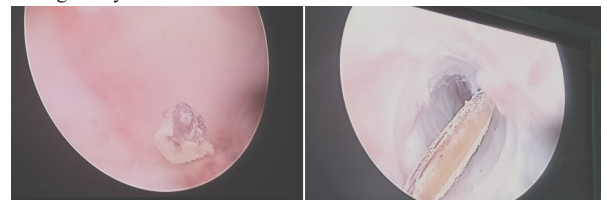


Image 2 Hysteroscopic View Of Intrauterine Cavity With Foreign Body

Image 3 Hysteroscopic View Showing Endocervical Canal With The Same Foreign Body

CONCLUSION

Foreign body inside uterine cavity in a post menopausal female is a very rare occurrence. Though rural people insert foreign body in uterus as a contraceptive but a rice husk in uterus of post menopausal female is a rarest occurrence.