Endometrial aspiration biopsy

Brent Kvern MD
Family Medical Centre
UPCON January 2010
Post-menopausal bleeding

- any vaginal bleeding at least 12 months after last menstrual period

<table>
<thead>
<tr>
<th>Causes of bleeding</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Endometrial atrophy</td>
<td>60-80</td>
</tr>
<tr>
<td>Exogenous estrogens</td>
<td>15-25</td>
</tr>
<tr>
<td>Endometrial or cervical polyps</td>
<td>2-12</td>
</tr>
<tr>
<td>Endometrial hyperplasia</td>
<td>5-10</td>
</tr>
<tr>
<td>Endometrial cancer</td>
<td>10</td>
</tr>
<tr>
<td>Misc (cervical cancer, uterine sarcoma, trauma)</td>
<td>10</td>
</tr>
</tbody>
</table>
Endometrial Cancer

- Most common gynecological cancer
  - One in 10 of all cancer cases
  - Incidence & mortality rates increasing
    - Greatest increase in PMW
Groups at higher risk

- Breast cancer survivors on tamoxifen.
  - Tamoxifen produces subendometrial edema
    - difficult to obtain an accurate endometrial thickness by TVU

- Women with a genetic predisposition.

- Relationship between obesity and risk
  - 1.5 ↑ in risk with a 5 kg/m² ↑ in BMI
  - ↑ risk both pre and post menopausal
    > in post-menopausal women
Clinical exam

- Abdominal palpation
- Speculum examination
- Bimanual examination
Modalities for investigation PMB

- Transvaginal ultrasonography (TVU)
- Endometrial biopsy (EB)
- Hysteroscopy
- Saline infusion hystero-sonography
Exclude malignancy in all PMB

- Either EB or TVU – don’t need both initially.
  - If on Tamoxifen – sample endometrium
- If EB tissue “insufficient” perform TVU
- If TVU done first and endometrial thickness > 4mm → endometrial sampling indicated
  - Direct or blind
- When bleeding persists despite negative initial evaluation, re-assessment is indicated

August 2009 ACOG
A. Uterus

B. Piston withdrawal

C. Twirl sheath as catheter is moved in and out (catheter filling)
References


