# Summary of Post-Menopausal Bleeding assessment with Grapevine Gynocology.

# July 14, 2023 Appt w/ Sarah Jordan for Significant post-menopausal bleeding

Dr. Rotberg was on vacation, her partner Sarah Jordan covered.

Ordered vaginal ultrasound which had long lead time

**Assessment and Plan**

The following list includes any diagnoses that were discussed at your visit.

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| 1. Postmenopausal bleeding |
| • Provera 10 mg tablet (only in case bleeding does not stop.) -- not filled or used. |

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| Discussion Note |
| Reassured that bleeding appears to be decreasing Recommend ultrasound as ordered and followup with Dr. Rotberg. Discussed that endometrial cancer is not the most common cause of bleeding, but must be ruled out. If bleeding increases over weekend, she is to notify office and start Provera. |

# August 8: Appt with Dr Rotberg re: post menopausal bleeding.

Follow up with Dr. Rotberg, annoyed at long lead time for the ultrasound.

Did biopsy in the office. Labs showed proliferative tissue

Tissue Biopsy: Endometrium, biopsy: - Weakly proliferative endometrium - No evidence of hyperplasia or malignancy

**8/13/23 Note from Nicola Rotberg, MD:**

Roberta, The biopsy results were negative for precancer or cancer. They do indicate "proliferative" tissue which occurs with estrogen stimulation (which you should not have as you are menopausal). I would like to wait for the ultrasound results prior to discussing a treatment plan.

My response:

I understand the value in getting the ultrasound before discussing a treatment plan.  
  
Just trying to interpret the results so far...  
I'm very relieved to not have current signs of (pre)cancer and that the endometrium is only weakly proliferative.  
When I scanned for information on proliferative endometrial tissue post menopause -- sounds like this can have increased cancer risk in future, thus the need for the ultrasound test and having a plan (without panic).  
  
Interesting other snippet that I caught when scanning various OB/GYN sources: Proliferative endometrium likely stems from aromatization of androgens in adipose tissue. >> possibly meaning that hormones previously captured in fat got released prompting uterine endometrial growth? Might my current high stress levels be a factor in triggering some of this if there isn't a more direct cause?  
  
Looking forward to more information in 2.5 weeks...

Dr Rotberg: Yes, Proliferative does suggest an increase risk for endometrial cancer in the future. Aromatization is referring to estrogen in adipose tissue stimulating the endometrium. We can discuss further after your ultrasound.

# Aug 30, 2023: Ultrasound

Ultrasound, pelvis, transabdominal + transvaginal

**Note from Nicola Rotberg, MD:**

Roberta, The ultrasound identified a thickened lining likely due to a polyp (the radiologist suggested a cyst). I would recommend a hysteroscopy in the office or in the operating room to remove this abnormal tissue.

EXAM: US PELVIS AND TRANSVAGINAL HISTORY: Postmenopausal bleeding COMPARISON: None available. TECHNIQUE: Transabdominal ultrasound of the pelvis was performed. Transvaginal technique was used to better visualize the uterine contents and ovaries. Doppler with spectral analysis and color flow was performed of the ovaries. FINDINGS: Uterus: The uterus measures 5.7 x 2.0 x 2.2 to cm. Endometrium measures 6.4 mm. There is a 6 x 3 x 3 mm cyst structure at the endometrial-myometrial interface at the fundus. No associated vascularity. Ovaries/Adnexa: Right ovary is seen transabdominally only and measures 1.8 x 1.3 x 2.2 cm. No adnexal lesion. Blood flow is detected. Left ovary is not visualized. Other: The bladder is unremarkable. Trace free pelvic fluid. IMPRESSION: 1. 6 mm cyst at the fundal endometrial-myometrial border. 2. Endometrial thickness of 6 mm. 3. Nonvisualized left ovary. I have personally reviewed the images and, if necessary, edited the report. I agree with the report as now presented. Final signature: Elizabeth U Yutan, MD 8/30/2023 2:45 PM

# Oct 13th, 2023

Hysteroscopy at Grapevine by Dr Rotberg (new crew)

Not too uncomfortable, but had spotting for full 7 days.   
Spotting finally stopped but was still having abdominal discomfort on 8th day.

Pathology:

Clinical: Postmenopausal bleeding, endometrial tissue at hysteroscopy

A gross description The specimen is received in formalin, labeled with the patient's name, and consists of a collection device containing multiple pale tan and red-brown mucinous fragments measuring 1.9 x 0.9 x 0.15 cm in aggregate and entirely submitted in one cassette. bp Gross exam(s) performed at: QUEST DIAGNOSTICS PORTLAND-122ND AVE 5220 NE 122ND AVENUE, PORTLAND OR 97230-1074 Laboratory Director: RAYMOND C HARRY,MD

A diagnosis: Endometrium, biopsy: - Disordered proliferative endometrium - No evidence of malignancy

**Note from Nicola Rotberg, MD:**

Roberta, Are you able to schedule an appointment to go over these results. The tissue was non cancerous but is still not normal for post menopause.

# Articles:

* Long-term outcome of postmenopausal women with proliferative endometrium on endometrial sampling (<https://pubmed.ncbi.nlm.nih.gov/32640199/> )

Am J Obstet Gynecol. 2020 Dec;223(6):896.e1-896.e7. doi: 10.1016/j.ajog.2020.06.045. Epub 2020 Jul 5.