Post-Coital Bleeding

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11.03.2023

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THIS IS MODERN MEDICINE

Investigation & Management of Postcoital Bleeding (PCB)

Introduction:

Affects 1 in 10 women.

"Non menstrual bleeding / spotting occurring immediately after sexual intercourse(SI)".

50 % presenting to primary care no obvious causes, 60% will resolve within 6/12.

Although cardinal sign of Cervical Cancer positive predictive value is low.

Those presenting in Primary care with PCB that will have cervical cancer is:
Only 1 in 44,000 - age between 20 – 24 yrs
1 in 2,400 – age 45 - 54 yrs

Nevertheless principal aim of investigating PCB - rule out cervical cancer.

History

- Age.
- Bleeding duration, frequency, amount.
- Menstrual history.
- Other gynae symptoms.
- Use of contraception.
- HPV vaccination.
- Cervical screening history.
- Sexual history.
- Medications.
- Risk factors smoking, immunosuppressed, HIV.

PCB - ASSESSMENT

Usually arises from contact of lesions on cervix, vagina and vulva.

Endometrial pathology usually IMB or heavy periods.

Can create great anxiety, most causes are benign.

Benign Lesions	Ectropion, cervical polyps, urogenital atrophy.
Infective Vulvovaginitis	Candidiasis, Trichomonas, Cervicitis (Chlamydia).
Vulval	Dermatoses lichen sclerosis/planus, eczema.
Malignancy	Cervical, vaginal, vulval, endometrial.
Other	Trauma, piercings, foreign bodies.

When to refer to secondary care

Table 1. Indications for referral to secondary care

Situation	Urgency of referral
Women presenting with symptoms of cervical cancer (e.g. unexplained postcoital bleeding or persistent vaginal discharge)	Within 2 weeks
Abnormal appearance to cervix or vaginal on speculum examination	Within 2 weeks

MOST INVASIVE CANCERS THAT CAUSE PCB ARE OBVIOUS ON SPECULUM EXAMINATION FINDINGS ***IRREGULAR MASS****,* ***ULCERATION****, CONTACT BLEEDING FRIABLE TISSUE.*

In context of PCB women should have a colposcopic assessment within 2 weeks if appearance of cervix is suspicious.

Public health England Cervical screening program 2020
NICE Suspected cancer recognition and referral Guideline NG12 - 2017

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Investigation and management.

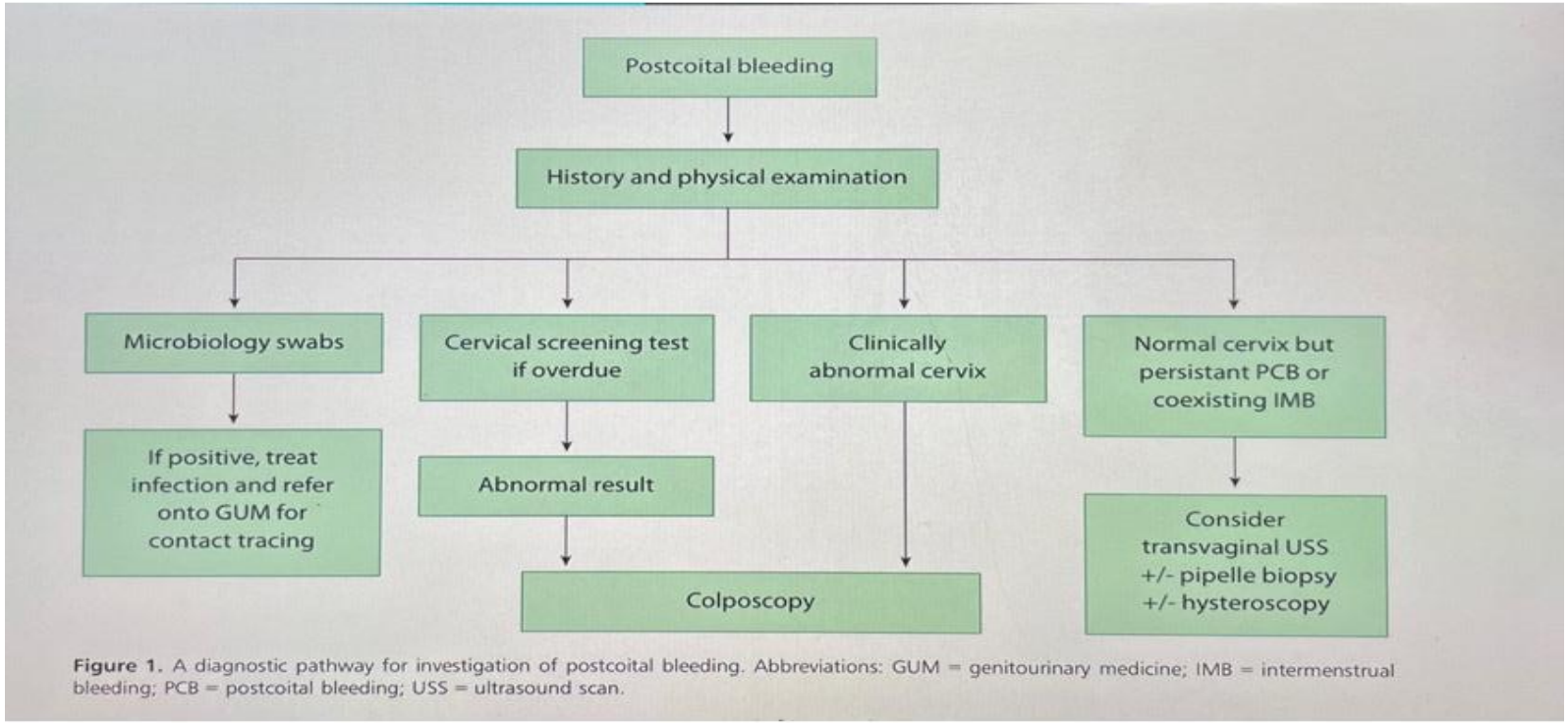


Figure 1. A diagnostic pathway for investigation of postcoital bleeding. Abbreviations: GUM = genitourinary medicine; IMB = intermenstrual bleeding; PCB = postcoital bleeding; USS = ultrasound scan.

In younger women PCB cervicitis common, secondary to STI, Chlamydia commonest affecting up to 7% under age 25 yrs.

Cervical Ectropion (don't use term erosion)

Normal physiological finding - eversion of cervix resulting friable, mucus secreting glandular epithelium of endocervix exposed to ectocervix.

Red disc appearance.

Seen after menarche, pregnancy, women taking OCP – cervical remodeling secondary to oestrogen.

Eventually exposure to vaginal milieu – squamous metaplasia – squamous epithelium.

Asymptomatic, increases mucovaginal discharge, PCB

Inform/ reassure women physiological, nothing to worry about, change COCP to POP, cautery

Recurrence high if continue on exogenous hormones.

CHECK SMEAR HISTORY / IF UNSURE SEND FOR SECOND OPINION.

Cervical polyps

Usually asymptomatic found coincidentally.

Common peri-post menopausal.

Often friable bleed on contact.

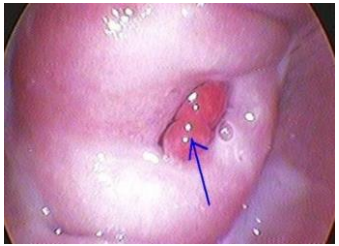
Thought to arise from chronic inflammation or atypical hormonal stimulation.

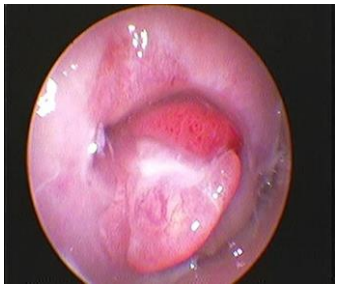
Symptomatic polyps and those with co-existing cervical abnormal cytology should be removed.

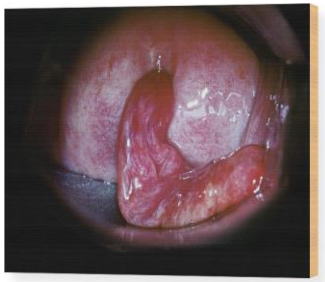
Most easily removed OPD – not painful.

Can be associated with endometrial polyps and hyperplasia in up to 55% post menopausal women.

Risk of malignancy / dysplasia low up to 1.7% so can be managed expectantly.







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Vulval and vaginal lesions

Urogenital atrophy, oestrogen deficiency – very common
-dryness, irritation, decreased lubrication, superficial dyspareunia, trauma, PCB.

On examination – pale, atrophic flat vaginal skin with contact bleeding , fissuring.

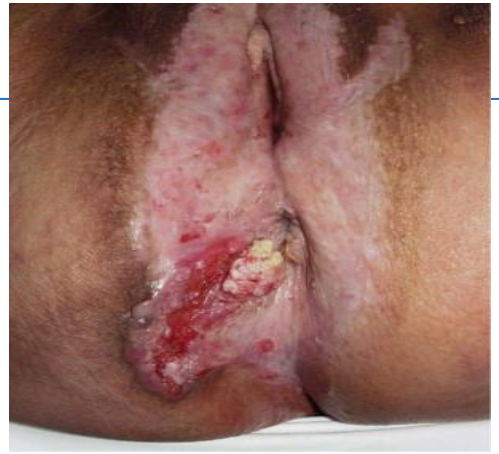
Rx - topical oestrogen, lubricants, moisturisers.

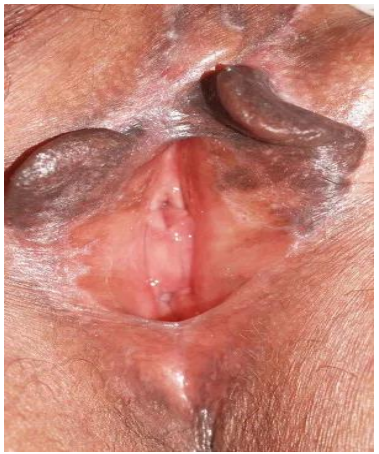
Vulval Dermatoses Lichen Sclerosis (LS) /Planus, contact dermatitis, eczema.

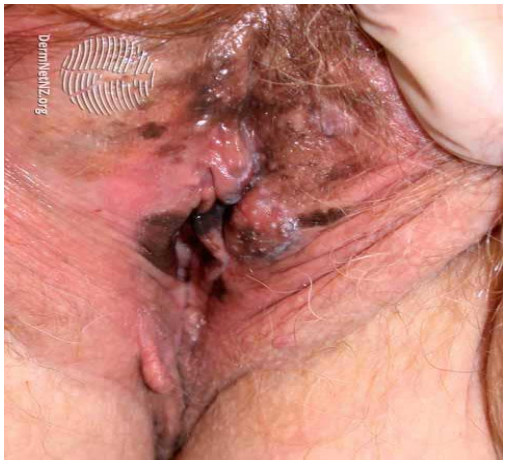
Avoid soaps/irritants.

Referral for biopsy if pigmented , ulcerated, eroded areas.

L.S – 4.0 to 6.7% risk of squamous cell carcinoma - annual review.







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Cervical cancer

290 cases/ year in Ireland.

Peak incidence 30 -34 years.

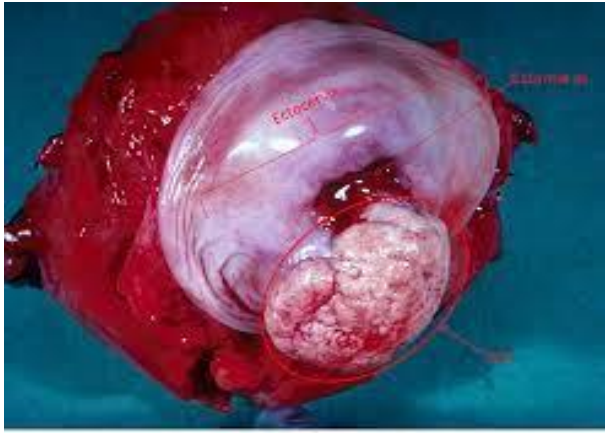
Prevalence of CIN with PCB estimated at 3-18%.

Incidence is falling- national screening and vaccination (25% decrease since 90's)

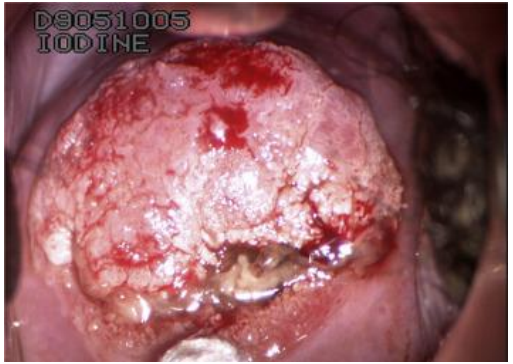
High risk subtypes Human Papilloma virus(HPV)account for nearly all cervical cancers

HPV 16 & 18 account for 70% cancers.

70% women will contract HPV in lifetime most will clear it. Persistence increases risk of dysplasia /carcinoma.



Surgical excision of the cervix with a fungating squamous cell carcinoma



How common are gynaecological cancers?

Cancer	No. case per year UK	No. case per year Ireland	How many cases fulltime GP will see
BREAST	50,000	3500	
ENDOMETRIAL	8000	450	1 every 3-5 years
OVARIAN	7000	400	1 every 3-5 years
CERVICAL	3000	300	1 every 10 years
VULVAL	1000	60	1 in career
VAGINAL	250	10	Prob never

NICE
National Institute for Health and Care Excellence

February 2021

Irish Cancer Society

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Summary

- Very common symptom.
- Rarely associated with malignancy.
- Require a thorough history and examination.
- Smears should only be done if due / part of national screening programme.
- Women with previous negative screening are greatly reduced risk cervical cancer.
- Negative smear doesn't exclude malignancy and should not delay referral to colposcopy / gynaecologist if clinical suspicion.

Thank you

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