GYNAECOLOGY & OBSTETRICS UPDATE

Issue 59 | July, 2007

Author

T.M.Malak

MB, BCh., M.Sc., Ph.D., DFFP, MRCOG, FRCOG

Consultant Obstetrician Gynaecologist & Urogynaecologist

Address
Esperance Private Hospital
Eastbourne
Tel: 01323 414816/ 410717/ 410929
Fax: 01323 730313

Web address
For Professionals
MarkMalak.com
For Patients
MrMalak.com

Finalist

HOSPITAL DOCTOR AWARD 2005

Recurrent Postcoital Bleeding (PCB)

This one of the cases that is reported in the **MPS (Medical Protection Society) Casebook**: Ms M, a 28-year-old surveyor, had a normal cervical smear in 1990. In 1993 she saw Dr K, due to an episode of PCB. Dr K took a smear and swabs for culture. All were normal. 2/12 later the PCB had settled. Ms M saw Dr J, 3/12 after this for a repeat prescription of the pill. She mentioned she'd had further PCB. Dr J noted this and the previous normal results, taking no action. 6/12 later Ms M received another contraceptive prescription. There was no mention of PCB. In late 1995 Ms M saw Dr J again, due to further PCB. No further action was taken. In early 1997 Ms M went back to Dr J with a two-week history of 'breakthrough bleeding and low abdominal pain'. Dr J took a smear, swabs for culture and prescribed antibiotics and an anti-inflammatory analgesic. Ms M's pain and PCB persisted and she was soon back to see Dr K, who arranged an ultrasound scan of abdomen and pelvis. A few days later, Ms M went to casualty with abdominal and pelvic pain and was treated for PID. Six days later Ms M's smear was reported as showing severe dyskaryosis and was referred to colposcopy clinic It transpired that Ms M had Squamous cell carcinoma of the cervix. She received aggressive chemotherapy and radiotherapy. She died three years after its completion.

MPS Expert opinion Ms M's treatment fell below a reasonable standard. Unexplained vaginal bleeding is a relative contraindication to use of the combined oral contraceptive. It was felt that earlier attention to the symptom, with a smear and referral for assessment, should have occurred by early 1996 at the latest. Another expert was confident that an earlier smear, in 1994 or 1995, would have shown evidence of severe dyskaryosis

Learning points The 2 experts concentrated their comments on early smears. However a smear can be negative even in the presence of severe abnormal cells or cancer. Together with early smears the following are, in my opinion, the main learning points:

* It is essential to attempt to provide an explanation of the cause of PCB and not to be attributed as a "normal" side effect of the pill.
* PCB management includes analysis of the duration of the symptom, examination of cervix and taking a smear and swabs. Referral depends on the results and the age of the patient. See the indication for urgent and early referral according to the Department of Health's Referral Guidelines for Suspected Gynaecological Cancer. The guidance should be followed even if the smear is normal
* In a case such as this, the guidance is early referral (within 4-6 weeks) for investigation in any woman with 'repeated, unexplained post-coital bleeding' as early as 1994.
* This case shows the importance of re-evaluating the cause of recurrent, unexplained symptoms, even where they have previously been investigated.

GYNAECOLOGICAL CANCER

Department of Health's Referral Guidelines

Urgent Referrals

- Lesion suspicious of cancer on cervix or vagina on speculum examination.
- Lesion suspicious of cancer on clinical examination of the vulva.
- Palpable pelvic mass not obviously fibroids.
- Suspicious pelvic mass on pelvic ultrasound.
- More than one or a single heavy episode of postmenopausal bleeding (PMB) in women aged > 55 years who are not on HRT.
- Postcoital bleeding (PCB) age > 35 years that persists for more than 4 weeks.
- HRT: unexpected or prolonged bleeding persisting for more than 4 weeks after stopping HRT.

Early Referral

Indications for 'early' referral (i.e. within 4-6 weeks) but not 'urgent' referral.

- Any other women with postmenopausal bleeding not on HRT.
- Repeated unexplained postcoital bleeding.

NB. In women over 45 years with persistent abdominal pain or distension, ovarian cancer should be considered and a pelvic examination performed.

Reference

Medical Protection Society Casebook: August 2004

Department of Health's Referral Guidelines for Suspected Cancer: www.dh.gov.uk