

Etiological and clinical considerations of 120 cases of post-coital bleeding

Abstract

Postcoital bleeding represents a cardinal sign of different lower tract disorders, which occur also in the absence of cancer. The study was conducted on 120 patients, complaining of postcoital bleeding. The patients were divided into two groups, the 1st group with ages between 17-35 years comprising 79 patients and the 2nd group with the ages between 35-69 years with 41 patients. The 2nd group (aged between 35-69 years) was divided into two subgroups, namely menstrual patients (n=30) and menopausal patients (n=11). Our results shows that in women under the age of 35 years of age, the main cause of postcoital bleeding was vaginal ectropion, while in women over the age of 35 years, cervicovaginitis was present. In women who present postcoital bleeding, physical examination and complete personal pathologies overview should be involved in order to achieve a better treatment and management.

Keywords: postcoital bleeding, ectropion, cervicovaginitis, management

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Introduction

Usually vaginal bleeding not related to menstruation represent a disorder for any physician, being a source of questions both to provider and patient regarding the malignant potential⁽¹⁾.

Postcoital bleeding is represented by spotting or bleeding which is not related to menstruation, occurring during sexual intercourse^(2,3). The prevalence was estimated to be between 0.7 and 9% with an annual cumulative incidence of 6% in menstrual women⁽⁴⁾.

In the present article, the difference between the main cause of postcoital bleedings between women under the age of 35 years and women over the age of 35 years was assessed.

Methods

The study was conducted on 120 patients, who presented themselves to the gynecologist, with the main symptom of postcoital bleeding. The patients taken into the study were aged between 17 and 69 years, in which the informed consent was taken.

The study was achieved from March 2013 to August 2017 at Santerra Medical Center and "Sf. Apostol Andrei" SCJU Constanta, from Romania.

The patients were divided into two groups, the 1st group with ages between 17-35 years comprising 79 patients and the 2nd group, 35-69 years with 41 patients. The 2nd group (aged 35-69 years) was divided into two subgroups, namely menstrual patients (n=30) and menopausal patients (n=11).

In some cases, biopsy was taken and cytologic and human papillomavirus (HPV) tests were achieved. Furthermore, transvaginal echography was followed before uterine curettage.

Results

In the 1st group (79 patients, age between 17-35 years), in 25 (31.64%) patients the cause of bleeding was vaginal ectropion. In 30 (37.97%) patients there was no evidence of vaginal bleeding and in 4 (5.06%) patients bleeding was due to incomplete hymenal ruptures. In 5 (6.32%) patients, bleeding occurred due to a postcoital vaginal continuity solution. Of these, 2 did not require suture, the simple washing with H₂O₂ was sufficient, and in the other 3 cases colporaphy (i.e. the suture of the solution of continuity) was practiced. In 2 (2.53%) patients cervical squamous cell carcinoma was found.

In 2 (2.53%) patients, the bleeding was given by a stage IIA cervical cancer (1 case) or stage IIB (1 case). In 2 (2.53%) patients the cause of bleeding was endocervical polyps. And in 9 (11.39%) patients the cause of bleeding was cervicovaginitis (i.e. 5 with *Chlamydia trachomatis*, 2 with vaginal candidose (glabrata) and 2 with HPV infection -1 patient with strain 16 and 1 patient with strain 35).

In the first subgroup (at menstruation, n=30) from the 2nd group (41 patients, age between 35-69 years) there were no pathological bleeding events in 10 (33.33%) patients. In 5 (16.66%) patients the cause of bleeding was vaginal ectropion. In 3 (10%) patients the cause of bleeding was endocervical polyps. In 7 (23.23%) patients the main cause of bleeding was cervicovaginitis (i.e. *Chlamydia trachomatis* was detected in 2 cases and 5 cases with HPV). In 3 (10%) patients the main cause was exocervical in situ carcinoma. There was 2 (6.66%) cases of stage I endocervical cancer.

In the 2nd subgroup (at menopause, n=11), in 2 (18.18%) cases, the endometrial carcinoma was detected by fractional uterine curettage after transvaginal ultrasound. The histopathological examination revealed endometrial

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hyperplasia, one with a 0.9 cm endometrial thickness and the other with a 1.4 cm endometrial thickness (both measured by ultrasonography).

In the rest of the 8 (72.72%) patients, postcoital bleeding occurred due to postcoital continuity solutions. Of 8 cases, 7 cases presented a small solution of continuity due to atrophic vaginal mucus, friable and 1 case required vaginal suture followed by the introduction of a compressed squeeze into H₂O₂ intravaginally having a compressive hemostatic role. Interestingly, there was only 1 case of vaginal bleeding due to endocervical and concomitant endouterin polyposis.

Discussion

Some studies found that in women under the age of 35 years, the main cause of postcoital bleeding was *Chlamydia* affection, and in women over the age of 35 years, neoplasia⁽⁵⁾. While the postcoital bleeding is mainly caused by endometrial polyps, cervicitis is the results of *Chlamydia* or vaginitis along with trichomonas⁽⁵⁾.

In the case when the women have already an intrauterine contraceptive device, endometriosis rarely occurs as postcoital bleeding and the symptoms could appear because of the cervical intraepithelial neoplasia⁽⁵⁾.

Another study on 142 women having postcoital bleeding, 27 (19%) had cervical intraepithelial neoplasia, in which 15 (10.6%) patients of high-grade of cervical neoplasia⁽⁶⁾. Moreover, from 102 women with negative smear, 20 (19.6%) had cervical intraepithelial neoplasia and 10 (9.8%) women had high-grade of these disease. In the same report, there were no cases of invasive cancer or metastasis of the genital tract⁽⁶⁾.

In our study, in patients from the 1st group (17-35 years) the main cause of bleeding was ectropion, and those from the 2nd group (35-69 years) cervicovaginitis.

If in the 1st group, the main etiologic factor was vaginal ectropion, in the 2nd group, one of the etiologic factor was

HPV infection with high oncogenic risk strains (5 patients from 7) possible because of low clearance elimination of HPV after 35 years.

Lack of health education makes cervical cancer screening still ineffective, with 5 cases of cervical carcinoma detected, 2 cases of stage I neoplasm and 2 cases of stage II neoplasm at baseline 9 patients (7.5%) from a total of 120.

The main causes of postcoital bleeding are usually represented by benign conditions and only a small number of patients will probably develop invasive diseases.

Conclusions

Postcoital bleeding remains an extremely important symptom of serious gynecological disorders. Our study showed that in women under the age of 35 years of age, the main cause of postcoital bleeding was vaginal ectropion, while in women over the age of 35 years, cervicovaginitis was present. In women who present postcoital bleeding, physical examination and complete personal pathologies overview should be involved in order to achieve a better treatment and management. ■

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