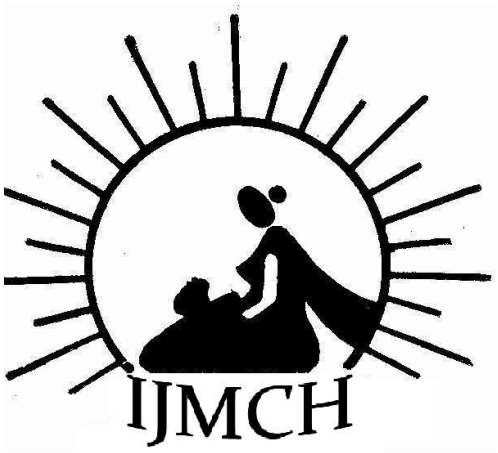
Volume 15 (4), 2013

Case Report – Post Menopausal bleeding in Cirrhosis Liver

Shyam Sunder Sud
Mini Bhatnagar
Nishi Sud

www.ijmch.org



INDIAN JOURNAL OF MATERNAL AND CHILD HEALTH

Post Menopausal bleeding in Cirrhosis Liver

Shyam Sunder Sud*, Mini Bhatnagar, Nishi Sud*****

***Associate Professor Department of OBG, **Assistant Professor Department of General Medicine, MMU Medical College, Mullana ***Consultant Gynaecologist, DDU Hospital, Shimla

Correspondence: Dr Shyam Sunder Sud

ABSTRACT: 68 Yrs Post Menopausal lady was diagnosed with cirrhosis Liver in March 2012 . She had post menopausal bleeding in August 2012. Her TVS revealed endometrial thickness of 14 mm and two small fibroid . Endometrial aspiriation cytology was done,it revealed proliferative endometrium ,no atypia. She was put on oral MPA to which she responded . Oral progesterone may be one of the acceptable treatment option in symptomatic postmenopausal cirrhotic patients with proliferative endometrium .

Key Words: Liver cirrhosis, postmenopausal bleeding,medroxy progesterone acetate

BACKGROUND: The treatment of post menopausal bleeding in cirrhosis liver poses several challenges.Cirrhosis liver is characterized by decreased functioning of Liver leading to decreased synthesis of coagulation factors and protein and causes thrombocytopenia..It also decreases the excretion of sex steroids, leading to increased plasma concentration of Estradiol..Estradiol causes increased Endometrial thickness and may, also lead to fibroid formation in uterus result ing in post menopausal bleeding. Management of this condition is challenging in view of poor overall health of the patient, ,thrombocytopenia and no literature available regarding medical management of post menopausal bleeding in diseased Liver

CASE REPORT

An 68 yrs multiparous post menopausal lady was diagnosed with cirrhosis liver on evaluation of her complaints of generalized fatigue and malaise .She was known hypertensive on Amilodipine for last 10 yrs.Her sugars were normal. Her B.M.I was 36 .Her S.G.O.T and S.G.P.T was 5 times the normal limits .Her serum albumin was decreased and globulins was increased . Her Prothrombin index was 65% which is abnormal. Her haemoglobin was 9.4 gm%, TLC was normal and there was thromboctopenia.On Ultrasound Liver span was 90mmX 123 mm (Normal 130 mm to 170mm) , margins irregular and consistency Hyperechogenic . Gall Bladder was Normal . Spleen was 113mm (enlarged) and Hilum showed enlarged Blood vessels.No acites was detected .Her PCR for hepatitis B and C which was negative .She was screen negative for hepatitis A , E and autoimmune Hepatitis . Trans juglar biopsy was done after infusion of 6 units of Fresh Frozen plasma . The sample was reported as inadequate for opinion .Endoscopy revealed grade 1 varices . She suffered one episode of Hepatic encephalopathy which was managed conservatively in ICU . She was put on oral lactulose ,Rifaxamin ,Vitamin B supplements . Clinical diagnosis of cirrhosis liver due to non alchohalic fatty Liver Disease was made.

One month after episode of hepatic encephalopathy she had post menopausal bleeding requiring 2-3 pads per day . Her Haemoglobin was 8.5gm%,Platelets 105000/dl ,P.T.I 71%. S.G.O.T/S.G.P.T were three times normal . TVS was done . Uterus was enlarged (12 by 8 cm). Endometrial thickness was 16mm . Two fibroids were seen . One intramural 1.8

by2cm.,other subserosal 4 by 3.9 cm . Fibroids were not distorting endometrial cavity .Billateral ovaries were small atrophic . No Free fluid was there . Estradiol estimation was done .It was increased to 85 pgm/dl (Normal is upto 35 in post menopausal women).Endometrial aspiration biopsy was done which showed proliferative endometrium ,no atypia or malignancy .

She was put on 10 mg of oral Medroxyprogestrone per day . Her vaginal bleeding stopped after one week .Since ,the medroxy progesterone acetate is metabolized by liver so an attempt was made to decrease the dose as progesterone also can cause adverse effects in cirrhotics[1] . After 15 days her dose was decreased to 5 mg/day . No bleeding occurred . One month later dose was decreased to 2.5 mg/day .TvS was done which revealed Endometrial thickness of 11mm . Her dose was increased to 5mg/day . She remained asymptomatic for 5 months and TVS still reveals E.T of 9 to10 mm. Her Hepatic and Haematological parameters have remained same.She may require long term therapy of oral progesterone to prevent premalignant and malignant changes.

DISCUSSION: Cirrhosis of Liver is characterized by development of fibrosis in Liver ,to a point, where there is architectural distortion with formation of regenerative nodules[2]. This results in decreased hepatocellular function and alteration in blood flow [#].Loss of hepatocellular function leads to jaundice ,coagulation disorder, hypersplenism and portal hypertension[2-3]. Incidence post menopausal bleeding in cirrhotic females is not known. Decreased hepatocellular mass leads to decreased excretion of Estradiol ,which may be normally formed in body fat in post menopausal women [3].This leads to increased plasma concentration of E2 [1-4] .It may lead to increased Endometrial thickness [5-6].

In view of Anemia, coagulopathy,thrombocytopenia,abnormal Liver function test[1] , treatment options decrease.

There is limited literature on this subject. In view of post menopausal status ,it is not advisable to give depot medroxyprogestrone acetate as it is known to cause osteoporosis . Oral medroxy progesterone acetate can be tried .The dose at which it should be given is not known since the drug is also excreted by the Liver [1] .No data exists regarding the effect of oral medroxy progesterone acetate on Cirrhosis of Liver. Besides it causes tachypnoea and pulmonary vosadilatation further aggravating tachypoea seen in cirrhotics[1].

Cirrhosis liver is one of the growing diseases in the World . Its Incidence is 1-3 % [7].With epidemic of obesity ,more and more patients are identified with nonalcoholic fatty Liver disease .The incidence of nonalcoholic fatty liver disease is 6-12%. Out of these 10-12% may end in cirrhosis.The incidence of post menopausal bleeding in above sub group of patients is not known. Nor is the management of such patients been elucidated .Obesity also contributes to increased endometrial thickness [5]

Osuga etall had successfully halted intractable uterine bleeding in post menopausal morbidly obese patient with endometrial ablation who had medical complications which contraindicated invasive surgery[8].

CONCLUSION: Cirrhosis liver presents with alteration of metabolic profile. It may render some patients unfit to undergo major surgical procedure. It is not known how to manage symptomatic post menopausal bleeding, medically, in cirrhosis Liver. Medroxy progesterone acetate in low dose can be considered as an alternative.

REFERENCES

1. Allen R ,Moya J.L , Avila S Villa J .Implication of Estradiol and progesterone on pulmonary vasodilatation in Cirrhotic patients .J Endocrinol 2002;25:4-10.
2. Mark Ghany,J.H Hoofnagle. Liver and Biliary tract diseases,Harrisons principal of internal medicine2012 :2520 -2522.
3. Violi F,Leo R, Vezza E . Bleeding time in cirrhosis :Relation with degree of Liver Failure and clotting abnormalities.J Hepatal ;1994:20:531-6 . Becker U,Glund C,Farholt .
4. Sex harmones in post menopausal women with alcoholic and non alcoholic liver disease. J Hepatal 1991;13:25-32 .
5. Pomipili M, Rapaccini G L ,Caturelli I. Gallbladder emptying ,plasma levels of estradiol and progesterone in liver cirrhosis. Dia Dis Sci 1995;40;428-34 .
6. Andolf E,Dadlander K,Apenberg P .Ultrasonic thicknessof the Endometrium correlated to body weight in asymptomatic postmenopausal women.Obstet Gynaeco:l1993;82;936-40.
7. Clark J.M .The epideminolgy of non alcoholic fatty liver disease in adults. J Clin Gastroentral 2006:40;S 5-10.
8. Osuga Y,Okagaki R, Ozaki S , Matsumi H ,Fujii T . Successful emergency endometrial ablation for intractable uterine bleeding in in a post nenopusal women complicated with liver cirrhosis and morbid obesity; Surg Endosco 2001 :15: 898.

Synopsis: There is no literature available regarding medical management of sick cirrhotic patients with menopausal bleeding. This case report explore the option of using medroxy progesterone acetate in these cases .