

Postcoital bleeding

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1 Postcoital bleeding is a distressing symptom that affects 0.7%–9% of patients^{1,2}

Postcoital bleeding is nonmenstrual bleeding that occurs after penetrative intercourse and often coexists with intermenstrual bleeding.^{1,3} Cervical ectropion (19%–34%), cervical or endometrial polyps (5%–18%), infection (e.g., vaginitis, cervicitis), pregnancy and trauma are common causes in premenopausal patients, and atrophy is a common cause after menopause (Appendix 1, available at www.cmaj.ca/lookup/doi/10.1503/cmaj.230143/tab-related-content).¹

2 Careful inspection of the vulva, vagina and cervix to identify visible causes and bimanual examination for cervicitis should be undertaken

Screening for sexual abuse should also take place.¹ Cervical ectropion can be treated immediately in office with silver nitrate, and cervical polyps can be removed.³ If there is no visible cause, cervical cytology sample (beyond regular screening), vaginal and cervical swabs, and urine or serum β human chorionic gonadotropin should be collected as appropriate.^{1,3}

3 Transvaginal ultrasonography is indicated in the 50% of patients who have no identified cause on physical examination¹

Increased endometrial thickness, endometrial polyps or submucosal fibroids may be identified with transvaginal ultrasonography. When ultrasonography is normal, sonohysterography can be considered to exclude intrauterine lesions.⁴

4 Cervical or endometrial malignant disease should be excluded when no obvious cause is identified

Postcoital bleeding is attributable to cervical intraepithelial neoplasia and cervical cancer in 7%–18% and 3%–5% of affected patients, respectively.^{1,3} Abnormal cervical cytology or visible lesions on the vulva, vagina or cervix warrant urgent gynecology referral for colposcopy.^{1–3} Endometrial biopsy is recommended in patients older than 40 years or with 1 of irregular menstrual cycles, obesity or pertinent family history.^{3,4}

5 Spontaneous resolution within 6 months occurs in 60% of patients with postcoital bleeding without identified cause^{1,3}

Referral to gynecology is appropriate at any stage but especially if all above investigations are normal and postcoital bleeding has not resolved in this time frame.

References

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