MATERIAL AND METHODS
The present study was conducted in the Departments of Obstetrics & Gynaecology, Pathology and Bacteriology, M.L.B. Medical College, Hospital, Jhansi.

**SELECTION OF CASES**

Cases were selected from out patients department and wards of Obstetrics & Gynaecology. 100 postmenopausal patients were selected for study. Patients selected had their last menstrual period at least 6 months back. Cases were divided into two groups:

**Asymptomatic group**

This group comprised of 50 postmenopausal women with no history of bleeding per vagina.

**Symptomatic group**

This group also comprised of 50 postmenopausal women with history of bleeding per vagina.

**CLINICAL HISTORY**

Detailed history of each patient was taken regarding:
- age
- Duration of menopause.
- Duration of bleeding.
- Amount of bleeding.
- Pain associated with bleeding.
- History of diabetes.
- History of hypertension
- History of hormonal therapy
- History of discharge per vagina.
OBSTETRIC HISTORY

Detailed obstetric history was also taken in each patients regarding:

- Gravida
- Parity
- Abortion
- Last child birth.

MENSTRUAL HISTORY

a. Last menstrual period.
b. Duration of flow
c. Length of cycle
d. Amount of flow.
e. Pain during menstruation
f. Intermenstrual bleeding.

PAST HISTORY

b. Hypertension. d. Other chronic illnesses.

TREATMENT HISTORY

Patients were also asked about the treatment taken in the form of hormonal treatment to control the bleeding or other postmenopausal symptoms.

GENERAL EXAMINATION

This included:

- Built of patient - Pallor
- Weight of patient - Oedema
- Pulse, blood pressure and lymphadenopathy.
SYSTEMIC EXAMINATION

A thorough systemic examination was done to exclude any systemic disease.

Perspeculum Examination

These examinations were also done to exclude cervical and vagina - causes of postmenopausal bleeding.

Per vaginum examination

It was done for size, shape, duration, mobility, consistency and condition of cervix.

INVESTIGATIONS

Investigations included - urine and blood examination with special reference to blood sugar.

Instruments used

1. Sponge holding forceps.
2. Catheter
3. Sims speculum.
5. Vul-sellum.
6. Uterine sound.
7. Endometrial biopsy curette

Preservative

Absolute alcohol or 40% formaldehyde solution.

Stain

1. Haematoxylin. 2. Rosin.
METHODS

It was an outdoor procedure. Patient was put in lithotomy position, valve was painted by sponge holding forceps. Bladder was evacuated in those cases where it was not evacuated already. Bimannual pelvic examination was done to ascertained the position of the uterus adnexa. Sims speculum was inserted and cervix was visualised with the help of a vaginal wall retractor. One anterior lip of cervix was hold by vulsellum. Uterine sound was passed to know the exact length of the uterine cavity. Endometrial biopsy was taken by means of endometrial biopsy curette and tissue obtained was preserved in absolute alcohol and 40% formalin. Antiseptic solution was applied on the cervix. After this tablets Medroxy progesterone acetate 10 mg B.D. for 10 days was given and patients were followed for withdrawal bleeding.

Preparation of tissue for Histopathological Examination

The tissue was processed through varying concentration of alcohol, then cleared by passing through xylol. Blocks were made by embedding it in molten paraffin, which was allowed to set. The section was then cut and fixed on slides before staining with Ehrlich's haematoxylin and eosin stain as described by Liliquest (1953). The slides were examined first under low power finally under high power then histological findings and clinical findings were correlated.