Adenomatous Polyp – Cause of Postmenopausal Bleeding in a Breast Cancer Patient Treated with Tamoxifen

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ABSTRACT

We present a case of adenomatous polyp with degenerative changes causing abnormal postmenopausal bleeding in a patient who was treated with adjuvant therapy of Tamoxifen for breast cancer after surgery (Modified Radical Mastectomy). The association with prolonged unopposed estrogen – like stimulation with Tamoxifen as a possible factor in this development has been discussed. Until further cases are reported, it would seem imperative to advise all women who are to be treated with Tamoxifen for breast malignancy to have a pelvic examination before such treatment with strict follow up at regular intervals later on. Abnormal bleeding may also be the result of Tamoxifen stimulation and endometrial biopsy may be necessary in these patients should abnormal bleeding occur. Surgical exploration for enlarging leiomyomas or abnormal bleeding will still be necessary to ensure that malignancy is not present, but the pre-operative diagnosis will be less alarming.

Keywords: tamoxifen, adenomatous polyp, carcinoma breast

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CASE REPORT

A 75-year-old postmenopausal day lady underwent Left Modified Radical Mastectomy for carcinoma breast. Postoperatively, she was treated on adjuvant Tamoxifen therapy which she took regularly. Her gynaecologic history was unremarkable. Four months later, she presented with bleeding per vagina. Examination revealed bleeding from within os with suspicious fullness in lateral fornix and bulky uterus.

In view of persistent bleeding, she was taken for surgery. Exploration revealed bulky uterus, 16 weeks size of soft consistency "similar to that seen with pregnancy". Tubes, ovaries and cervix were unremarkable. Total Abdominal Hysterectomy with Bilateral Salphingo-oopherectomy was performed. Pathologic findings revealed uterus of size 10 cm x 8 cm x 7 cm with polypoid tumour of size 7 cm x 5 cm x 3 cm at the lateral wall. Cut sections were soft, white with myxoid areas with cystic degeneration. Tumour invaded the myometrium only superficially. Adjoining endometrium, cervix, parametria, both tubes and ovaries were unremarkable. Final histopathology of specimen revealed adenomatous polyp with degenerative changes. The patient had a normal post-operative course and was restarted on Tamoxifen. Patient is currently free of disease.

DISCUSSION

Tamoxifen is a synthetic, non-steroidal antiestrogenic drug, structurally similar to diethyl-stilbestrol. The anti-estrogenic characteristics of tamoxifen are related to its capacity to occupy the estradiol (E2) receptor in endometrial cell. Nevertheless, in low E2 environment of menopause, tamoxifen can function as an estrogen agonist on these receptors[1]. It has been found that tamoxifen has an E2 agonistic effect on the human endometrium. Thus postmenopausal endometrium is sensitive to Tamoxifen, causing various types of endometrial pathologies[2,3]. The patient in our case report, although she has had no gynaecologic history in the past, there does exist the possibility that she has always had an asymptomatic adenomatous polyp. However, polyps as such are known to decrease in size after menopause and loss of estrogen, early causing any complication in the postmenopausal women. This was not the case in this woman. The adenomatous polyp in this case not only indicated that it might have increased in size but also underwent degenerative changes causing bleeding that required surgical exploration.

The agonistic properties of tamoxifen make it a see mingly ideal drug for treatment of patients with breast cancers shown to be positive for estrogen receptors. Recently, the recommendation has been made that all low-risk patients with breast cancer undergo adjuvant therapy[4]. This will result in large number of perimenopausal and postmenopausal women being placed on a regimen of tamoxifen for three to five years. The gynaecologic consequences of such widespread use are unknown because little attention has been given to this aspect of therapy. It is hoped that patients on tamoxifen therapy would be closely followed up with respects to the effects on the endometrium.

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