
CASE REPORT

Postmenopausal Pregnancy

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ABSTRACT

Climacterium is characterized by symptoms that occur as a result of the differentiation of hormone. It begins around the age of 40 and continues up to the age of 60. During this period cycles are usually anovulatory. This paper presents a case which may be diagnosed as abortus incompletus despite the patients being menopause for 5 years previously.

Key words : postmenopause, pregnancy, abortion

Climacterium is characterized by symptoms that occur as a result of the differentiation of hormonal equilibrium due to morphological and functional changes in the ovaries. It begins around the age of 40 with the decrease in ovulation frequency and fertility, and continues up to the age of 60.⁽¹⁾ During this period cycles are usually anovulatory. Abnormal bleeding in these years includes a wide spectrum that ranges from spotting to menorrhagia.⁽¹⁾ Contrary to some researchers who argue that during this period

there are no follicles left in the ovaries. Some investigators propound a possible presence of residual follicles,^(1, 2) but it would be unusual to expect the residual follicles to be functional.

This paper presents a case which may be diagnosed as abortus incompletus despite the patients being menopause for 5 years previously.

Case Report

A 60-year-old women, who ceased to menstruate 5 years previously, attended to our

clinic with the complaint of abundant vaginal bleeding which had started an hour earlier. Physical examination revealed that the uterus was enlarged, the cervical canal was apart by 0.75 inch with a substance hanging in it, suggestive of the mixture of clot and tissue. With the preliminary diagnosis of postmenopausal bleeding the woman underwent probe curettage, during which a material mixed with blood came in large quantities from the uterus.

Following curettage all the intraabdominal organs were considered normal by transabdominal ultrasonography and pelvic ultrasonography revealed the uterus with homogeneous echo and measured 60 x 30 x 55 mm. Other pelvic structures were normal.

Then the patient was hospitalized to evaluate the cause of bleeding. During her clinical follow-up she had vaginal bleeding (one pad soaked/day), and bleeding ceased on the fourth day.

Fetoplacental tissue was detected in the histopathological study of the curettage material (Figure 1). In the light of the histopathological findings the case was considered to be abortus incompletus and subsequent serum β -hCG, FSH

and LH levels were 31 mIU/L, 23 IU/L and 18 IU/L respectively.

Discussion

In climacteric period there may be abnormal uterine bleeding.^(1, 2) It is sometimes difficult to establish the differential diagnosis of bleeding. The bleeding in this period must be considered as a result of organic lesions. Since the patient had postmenopausal bleeding the pathological cause was investigated, and the histopathological diagnosis was fetoplacental tissue. This made us discuss that unexpected diagnosis with the pathologist in detail and evaluate the patient in different aspect. The patient's five-year climacteric period is difficult to be accepted and to explain the reality of the diagnosis. However, there are approximately 8,000 follicles left in the first a few years of menopause.⁽³⁾ Inspite of some authors' belief that these residual follicles may develop and have function, it is not true to suggest this event in practice. Since these residual follicles have no function during menopause, they are considered absent. According to The Guinness Book of word records, the oldest spontaneous pregnancy in modern times occurred in a woman from Portland, Oregon. This lady delivered when she was 57 years and 120 days old. In older times, a Scottish woman was reputed to have delivered 6 children after the age of 47 with the last age of 62.⁽⁴⁾ This very rare event cannot be explained by any mechanisms and it seems impossible to meet such an event in coming decades. Our patient was 60 years old with 5 year-postmenopausal period (considering the 5-year period that preceded her last menstruation) whilst average age for menopause in Turkey is 46 years old. To our knowledge this case is the oldest one in the literature and this makes the event more interesting. It is possible to



Fig. 1. Decidua, chorial elements and immature tissue belonging to the fetus. (HE X 200).

assume that the patient in question may have been in early climacteric period since she entered into menopausal period thereafter. As pointed out in various publications, women are faced with a risk of unexpected pregnancies in perimenopausal period until their FSH and LH levels rise.^(1,5) But our patient didn't have any menstruation in the last five years and there were no previous FSH and LH studies available. After the histopathologic diagnosis turned out to be fetoplacental tissue, serum β -hCG, FSH and LH measurements were 31 mIU/L, 23 IU/L and 18 IU/L respectively. Although it is known that some women may have some residual primordial follicles in postmenopausal period and that these follicles may cause ovulation,⁽³⁾ it is interesting that the age for our patient transition to menopausal period is delayed when compared with the average menopausal age in Turkey.

The chance of ovulation caused by some residual primordial follicles in the postmenopausal

period is negligibly low and it has not been reported so far. The chance of pregnancy which is theoretically possible, is extremely rare in practice.

References

1. Adashi EY. The Climacteric Ovary : An Androgenic-producing Gland. In : Adashi EY, Rock JA, Rosenwaks Z, editors. Reproductive endocrinology surgery and technology. Philadelphia : Lippincott-Raven, 1996 : 1745-56.
2. Hammond CB. Climacteric. In : Scott JR, Disarna PJ, Hammond CB, Spellacy WN, editors. Danforth's Obstetric and Gynecology. Philadelphia : J.B. Lippincott Company, 1994 : 771-90.
3. Fournet N, Judd HL. Menopause Overview. In : Wallach EE, Zucur HA, editors. Reproductive medicine and surgery. Missouri : Mosby, 1995 : 961-81.
4. Speroff L, Glass RH, Kase NG. Clinical Gynecologic Endocrinology and Infertility. Baltimore : Williams and Wilkins, 1994 : 809-40.
5. Speroff L, Glass RH, Kase NG. Clinical Gynecologic Endocrinology and Infertility. Baltimore : Williams and Wilkins, 1994 : 583-651.