Postcoital Bleeding

See also:

- Intermenstrual Bleeding
- Heavy or Irregular Menses
- Post Menopausal Bleeding

Disclaimer

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Background

About Postcoital Bleeding

➢ Defined as bleeding after vaginal intercourse, usually within 24 hours.
➢ Usually arises from cervix, but can be caused by pathology anywhere in the genital tract.
➢ Cardinal symptom of cervical cancer.
➢ Most common presenting symptom for chlamydia.

Assessment

1. Take a **history**, and:

   **History**

   Ask about:
   
   ➢ Menopausal status – follow Postmenopausal Bleeding if relevant
   ➢ Past medical history
   ➢ Cervical screening/smear history
   ➢ Last menstrual period (LMP) and possibility of pregnancy
   ➢ Contraception use
   ➢ Sexual history
   ➢ Other gynaecological symptoms:
     o Abnormal discharge
     o Intermenstrual bleeding
     o Menstrual cycle history
     o Dyspareunia
     o Itch
   
   • consider **possible causes**.

   **Possible causes**

   ➢ Cervical cancer or dysplasia
   ➢ Sexually transmitted infections (most commonly chlamydia)
   ➢ Endometrial pathology
   ➢ Cervical polyps
   ➢ Cervical ectropion
   ➢ Atrophic vaginitis
   ➢ Pregnancy-related bleeding
   ➢ Vaginal or vulval cancer
   ➢ Trauma

   • assess **risk of sexually transmitted infections (STI)**.
Risk of sexually transmitted infections (STI)

Risk is increased if:

- **within the last year, the patient has had:**
  - **more than 2 sexual partners.**
  - **a new sexual partner in the last 3 months.**
  - **an STI.**
  - **a sexual partner with an STI.**
- **the patient is aged < 25 years.**

2. Perform **examination.**

Examination

- **Speculum examination:**
  - **Inspect the vulva, vagina, and cervix appearance.**
  - **Check for a urethral caruncle.**
- **Abdominal and pelvic examination** – check for masses, tenderness, cervical excitation, mobility of organs, and other abnormalities.

3. Arrange investigations:

- Test for pregnancy, unless postmenopausal.
- Repeat **cervical co-test** (HPV and LBC) if either:
  - previous cervical screening > 6 months ago,
  - previous result was abnormal, or
  - only HPV screen (and not co-test) at previous test.
- Perform sexually transmitted infection (STI) screen as STIs are a common cause of postcoital bleeding.
- Arrange transvaginal ultrasound, particularly if:
  - no cause seen for bleeding on speculum examination.
  - abnormal findings on abdominal or pelvic examination.

A transabdominal pelvic ultrasound can be performed for patients who decline a transvaginal pelvic ultrasound.

Management

A normal cervical screening test does not exclude cervical malignancy.

1. If PCB occurs in a postmenopausal patient, follow the Post Menopausal Bleeding pathway.
2. If an STI is identified, manage according to the relevant Sexual Health guidelines.
3. Note, it is commonly accepted that a single episode of PCB with a negative cervical screening co-test (HPV and LBC) and normal cervical appearance does not warrant immediate referral. Refer for gynaecology assessment if:
   - unexplained or persistent postcoital bleeding.
   - suspicion of malignancy from history or examination.
• concern regarding appearance of cervix, vagina, or vulva.
• abnormal cervical smear/co-test result.
• abnormal ultrasound.

Referral

• Refer for gynaecology assessment if:
  • unexplained or persistent postcoital bleeding.
  • suspicion of malignancy from history or examination.
  • concern regarding appearance of cervix, vagina, or vulva.
  • abnormal cervical smear/co-test result.
  • abnormal ultrasound.

Information

For health professionals

Further information

• Cancer Australia – Abnormal Vaginal Bleeding In Pre- and Peri-menopausal Women
• Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG) – Investigation of Intermenstrual and Postcoital Bleeding

For patients

• Healthdirect – Vaginal Bleeding After Sex
• NHS Choices – What Causes a Woman to Bleed After Sex?

References

1. Investigation of Intermenstrual and Postcoital Bleeding. [place unknown]: Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG); 1995. [updated 2018 Mar 30].