

Case Report
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Cervical Carcinoma Presenting as Postmenopausal and Postcoital Bleeding in Two Women Over Age 60: A Case Series

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Background / Introduction

Cervical cancer remains a major cause of cancer-related morbidity and mortality in women worldwide, despite being largely preventable through HPV vaccination and regular screening [1]. In postmenopausal women, symptoms like vaginal bleeding often trigger evaluation for endometrial pathology; however, cervical cancer should remain on the differential.

Most cases of cervical cancer are squamous cell carcinomas, often associated with persistent high-risk HPV infection [2]. The disease typically presents with abnormal vaginal bleeding, postcoital bleeding, foul-smelling discharge, or pelvic pain. However, symptoms may remain absent until the tumor becomes invasive.

Older women, particularly those who are under screened or noncompliant with cervical cancer screening guidelines, may present with more advanced disease. This case series highlights two such patients whose delayed presentations stress the value of routine pelvic exams and education on gynecologic health across the lifespan.

Presentation of Cases

Case 1

A 68-year-old Afro-Guyanese female presented to the primary care clinic with concerns of persistent vaginal bleeding, weakness, loss of appetite and weight for over one (1) year. Patient refers that she did not take the vaginal bleeding seriously since she is of the opinion that her “periods have re-started”. She reported no pain but noted intermittent spotting and watery discharge. She recalled that her only Pap smear was done over 10 years and was unaware of HPV status.

On pelvic examination, the cervix was noted to be firm, irregular, and friable to touch, with a palpable mass at the external os. The mass was approximately 4-5 cm in diameter and fixed to surrounding structures. Bimanual exam revealed limited mobility of the uterus and mild right adnexal fullness.

An abdominal ultrasound showed a large ill-demarcated complex cystic/solid pelvic mass measuring 10.9 x 4.5 cm with increased intrinsic vascularisation involving uterus and cervix. The transvaginal ultrasound revealed a hyperechoic cystic lesion

measuring 7.7x7.2cm in the right adnexa. In addition, there was bilateral hydronephrosis with possible distal ureteric infiltration. Subsequent biopsy confirmed squamous cell carcinoma of the cervix-keratinizing type. Patient was referred to the Gynecology clinic where further assessment was conducted in preparation for possible radiation therapy. However, patient died within six months of diagnosis without receiving treatment. She had three hospitalisations within the period of diagnosis to her demise due to Anaemia requiring blood transfusions.

Case 2

A 64-year-old Mixed Guyanese presented with postcoital bleeding for the past six months. She described bleeding immediately after intercourse that lasted for several hours. She had assumed it was due to vaginal dryness or trauma. Her last Pap smear was over 8 years ago. In addition, patient refers that she has lost more than ten pounds in the last three (3) months, has a loss of appetite and experiences nausea on a daily basis.

On speculum examination, the cervix appeared distorted with a visible mass approximately 2.5 cm at the cervical os. During bimanual pelvic examination, the cervix felt hard and nodular with bilateral adnexal tenderness.

The mass bled easily upon contact. Rectovaginal examination revealed posterior fixation suggesting deeper invasion. An abdominal ultrasound suggested Cervical neoplasm with morphological extension and lymph nodal metastasis. In addition, right ovarian endometriosis was seen and bilateral hydronephrosis secondary to neoplastic stricture. Patient was referred to Gynecology clinic. In addition, nutritional support and psychosocial counselling were initiated. Colposcopy with biopsy confirmed keratinizing squamous cell carcinoma. Imaging with pelvic MRI revealed stage IVA disease with extension to rectum. Discussions were started as to treatment options available-Chemoradiotherapy. She refused to follow-up at the clinic and chose to use her own “Herbal remedies”. She died approximately nine (9) months later.

Discussion / Conclusion

These cases underscore critical themes in cervical cancer management

- **Delayed Presentation and Underscreening:** One of the patients were outside the typical screening interval and her last Pap Smear was over a decade while the other was approaching age 65. According to ACS guidelines, cervical cancer screening should continue until at least age 65, and longer in those with inadequate screening history.
- **Symptom Underreporting:** Many older women dismiss vaginal bleeding as a normal part of aging or menopause-related atrophy. There remains a gap in awareness about warning signs for malignancy.
- **Diagnostic Importance of Pelvic Exams:** In both cases, physical exam findings—specifically a hard, irregular mass prompted further workup. This reinforces the value of maintaining hands-on clinical assessments even in an age of imaging reliance.
- **Biopsy:** Any lesion that is visible on speculum examination should be biopsied regardless of previous benign cytology or negative Human Papillomavirus (HPV) result.
- **Other Diagnostic Modalities:** Imaging studies may be used for staging and evaluation of patients with cervical cancer. Only one of the patients managed to get a MRI done which revealed rectal involvement.
- **Outcome:** Both women died within less than a year of diagnosis. These cases illustrate the persistent burden of cervical cancer among postmenopausal women and the continued need for outreach, screening access, and education.
- **Screening:** All women between ages 21-65 years are at risk for cervical cancer because of potential exposure to high-risk HPV (hrHPV) types through sexual intercourse and should be screened. Screening with cervical cytology alone (Pap Smear), testing for hrHPV alone or both at the same time (co-testing) can detect high-grade precancerous cervical lesions and cervical cancer [3-5].

Clinical Questions Raised

- How can healthcare systems better ensure continued screening compliance in women over 60?
- Should there be more aggressive outreach for HPV testing in previously unscreened populations? NB. The Ministry of Health currently has an ongoing HPV screening program where a voucher is offered to women 18-65 years.
- What interventions can increase patient awareness about gynecologic symptoms post-menopause?

Recommendations

- Continued health education session at the primary health care level by emphasizing the importance of early screening in women ages 21-65 years.
- Clinicians should focus on ensuring that women receive adequate screening, appropriate evaluation of abnormal results and indicated treatment, regardless of which screening strategy is used.

References

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