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Postmenopausal bleeding is regarded as a sign of genital tract abnormalities which requires proper investigations to exclude the presence of malignancy. Normal endometrium after the menopause appears grossly and microscopically to be quiescent, yet it possesses the potential to develop abnormal pathological lesions including endometrial carcinoma, which is considered the most common malignancy of the female genital tract. Approximately 80% of these cancers occurs in postmenopausal patients, however, survival among patients with endometrial carcinoma is significantly influenced by the extent of the disease. Therefore early diagnosis is essential to provide maximum opportunity for cure. Moreover, the increased use of hormone replacement therapy, increases the risk to develop pathological lesions in the endometrium in both symptomatic and asymptomatic post menopausal patients and this enhances the need to be vigilant for endometrial carcinoma *(Fortier, 1986).*

Post menopausal bleeding is one important indicator that herald the presence of malignancy in approximately 20% of patients in whom this symptom occurs *(Loffer, 1989). Karlsson et al. (1995)* reported that even though the most common presenting symptom is abnormal bleeding, the prevalence of endometrial cancer in women with post menopausal bleeding is relatively low, about 10% of patients in a recent large series. ***Partridge et al. (1996)*** found that endometrial cancer is the most common gynecologic malignancy, with about 36,000 new cases diagnosed each year.

Gynecologists and obstetrician had done all their efforts to study and understand all about the uterus. The uterine cavity may be explored by hysterography, ultrasonography, curettage and endometrial biopsy. If an indication exists for one of these procedure, it can be probably enhanced (or replaced) by hysteroscopy *(Loffer, 1989)*.

Wikland et al. (1991) reported that dilatation and curettage is the most common gynecological procedure in postmenopausal bleeding. The main indication of this group of women is vaginal bleeding. However in the majority of women the diagnosis is benign. Uterine curettage is essentially a random sample with the possibility of error if the lesion is small or in accessible. ***Feldman et al. (1993)*** reported that curettage has been considered the standard for evaluation of postmenopausal bleeding, although many analysis have shown that curettage is much more costly and no more accurate in diagnosing endometrial abnormalities than office endometrial biopsy.

Transvaginal ultrasonography is an excellent diagnostic method for certain gynecologic disease *(Cacciatore et al., 1989)*.

As an alternative to endometrial sampling, vaginal ultrasonography has been recommended as the first diagnostic test for women with postmenopausal bleeding, with a low risk of endometrial cancer when measured endometrial thickness is $\leq$ 4 mm *(Karrlsson et al., 1995 and* ***Taipale et al., 1994)***. Therefore it is surprising that evaluation of this diagnostic tool has, to date, been so limited with regard to its diagnostic potential in women with postmenopausal thickness as measured by transvaginal ultrasonography and endometrial abnormality in postmenopausal women *(Goldstein et al., 1990 and Bourne et al., 1991)*.