

Abnormal uterine bleeding

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- The most common gynecologic problem
- Classification: etiology
- age

- Traditional Terms Describing Abnormalities of Menstrual Bleeding
- · Amenorrhea · Oligomenorrhea · Polymenorrhea · Metrorrhagia
· Menorrhagia *or*
- Hypermenorrhea
- absent menses
- infrequent menses, occurring at intervals > 35 days
- frequent menses, occurring at intervals < 24 days
- menses occurring at irregular intervals
- abnormally long or heavy menses, lasting > 7 days
- or involving blood loss > 80 mL

PALM-COEIN classification system for abnormal uterine bleeding in nongravid reproductive-age women

P olyp
A denomyosis
L eiomyoma
M alignancy & hyperplasia



S ubmucosal
O ther

C oagulopathy
O vulatory dysfunction
E ndometrial
I atrogenic
N ot yet classified



- HMB is ovulatory (cyclic), heavy bleeding. HMB should be treated when it interferes with quality of life or causes anemia.
- Intermenstrual bleeding occurs in between otherwise regular menses. The primary etiology can often be identified and treated (eg, endometrial polyp, chronic endometritis).
- Ovulatory dysfunction (AUB-O) is irregular, nonovulatory (noncyclic) bleeding. Although bleeding may be infrequent (oligomenorrhea) in some women with AUB-O, prolonged or heavy bleeding, even hemorrhage, may occur

- At first etiology should be evaluated
- Malignancy should be excluded
- HX : first step & then PE

ETIOLOGY

- ANATOMICAL
- ENDOCRINE
- INFECTION
- ANOVULATION

Choosing a treatment

- Management of reproductive-age women with AUB with a benign etiology is based upon the following factors:
 - Etiology
 - Severity of bleeding (eg, anemia, interference with daily activities)
 - Associated symptoms and issues (eg, pelvic pain, infertility)
 - Contraceptive needs and plans for future pregnancy
 - Medical comorbidities
 - Underlying risk for venous thromboembolic disease and/or arterial thrombotic events
 - Patient preferences regarding, as well as access to, medical versus surgical and short-term versus long-term therapy

EVALUATION

- Pregnancy test
- H/A
- Infection
- Anatomy :TV sono ,SIS , HSG , hystroscopy
- Endometrial sampeling

Treatment

- **HMB**
- FIRST :medical
- OCP , LNG IUD , progestron only
- Tranexamic acid
- NSAIDS

- **AUB –O**
- OCP
- CYCLIC PROGESTRON
- Endometrial hyperplasia
- Ultra low dose OCP
- LNG IUD

- OTHER MEDICAL TREATMENT:
- GnRH agonist
- IV estrogen

Surgical treatment

- Myomectomy
- Polypectomy
- UAE
- Endometrial Ablation
- Hystrectomy

Anticoagulant therapy

- AUB is dose dependent
- Progestron only
- DMPA
- LNG IUD

AUB in adolescents

- Immaturity of H.P.O AXIS
- TREATMENT
- OCP
- PROGESTRON
- IV estrogen

Post menopausal bleeding

R/O endometrial CA

Source of bleeding :gyn & non gyn

Atrophy

CA

POLYP

Myoma

Supplement &HRT

ADENOMYOSIS

EVALUATION

- HX
- PE
- BMI
- Endometrial evaluation with biopsy or TV SONO

- Women who should undergo evaluation for endometrial hyperplasia or endometrial cancer

Abnormal uterine bleeding

- ■ Postmenopausal women – Any uterine bleeding, regardless of volume (including spotting or staining). Pelvic ultrasound to evaluate endometrial thickness is an alternative to endometrial sampling in appropriately selected women. A thickened endometrium should be further evaluated with endometrial sampling.
 - Age 45 years to menopause – In any woman, bleeding that is frequent (interval between the onset of bleeding episodes is <21 days), heavy, or prolonged (>5 days). In women who are ovulatory, this includes intermenstrual bleeding.
- ■ Younger than 45 years – Any abnormal uterine bleeding in obese women ($\text{BMI} \geq 30$). In non-obese women, abnormal uterine bleeding that is persistent and occurs in the setting of one of the following: chronic ovulatory dysfunction, other exposure to estrogen unopposed by progesterone, failed medical management of the bleeding, or women at high risk of endometrial cancer (eg, Lynch syndrome, Cowden syndrome).
- ■ In addition, endometrial neoplasia should be suspected in premenopausal women who are anovulatory and have prolonged periods of amenorrhea (six or more months).
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THANKS

