ABNORMAL UTERINE BLEEDING

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EVALUATION

- HISTORY
- PHYSICAL
- PELVIC

HISTORY

- ONSET
- FREQUENCY
- DURATION
- SEVERITY
- CYCLIC

HX ASSOCIATIONS

- PAIN
- AGE
- PARITY
- MARITAL STATUS
- SEXUAL HISTORY
- PREVIOUS GYNECOLOGICAL DISEASE

HX ASSOCIATIONS CONTINUED

- CONTRACEPTION HISTORY
- MEDICATIONS
- DATES OF ALL PREVIOUS PREGNANCIES

SYMPTOMS

- LOWER ABDOMENAL OR PELVIC PAIN
- FEVER
- CHILLS
- SHAKES

PHYSICAL FINDINGS (PROBABLE INFECTION)

- PAIN ON PALPATION OF MOVEMENT OF PELVIC ORGANS
- SENSATION OF INCREASED WARMTH OF PELVIC ORGANS
- PURULENT CERVICAL DISCHARGE
- PELVIC MASS

VAGINAL FINDINGS

- EVIDENCE OF TRAUMA
- SEVERE VAGINAL INFECTIONS
- ATROPHIC VAGINITIS
- FOREIGN BODIES

CERVICAL FINDINGS

- CERVICAL POLYPS
- EROSIONS
- CERVICITIS
- ABORTING MYOMA
- LESION SUSPICIOUS FOR CANCE

UTERINE FINDINGS

- SYMETRICALLY ENLARGED
  - PREGNANCY
  - ADENOMYOSIS
- ASSYMETICALLY ENLARGED
  - FIBROIDS

DIFFERENTIAL DIAGNOSIS

- COMPLICATION OF PREGNANCY
- INFECTIONS; UTERUS, CERVIX, VAGINA
- CANCER
- BENIGN LESIONS
- DYSFUNCTIONAL UTERINE BLEEDING

DIFFERENTIAL DIAGNOSIS CONTINUED

- SYSTEMIC DISEASE
  - THYROID
  - LIVER
  - COAGULOPATHY
  - IATROGENIC
    - HORMONES
    - ANTICOAGULANTS
    - IUDS

SYSTEMIC DISEASE WORKUP

- THYROID
  - WEIGHT GAIN
  - FATIGUE
  - COLD HANDS AND FEET
  - FAILURE TO PERSPIRE
  - GOITER
  - LAB: THYROID FUNCTION TEST

SYSTEMIC DISEASE COAGULOPATHY

- HISTORY
  - BLEEDING FROM MULTIPLE SITES
  - BLEEDING ON MULTIPLE OCCASIONS
  - FAMILY HX OF BLOOD DYSCRASIA
  - HISTORY EASY BRUISING
  - BLEEDING ASSOCIATED WITH MINOR INJURIES
  - BLEEDING WITH MINOR PROCEEDUES (DENTAL ETC)

SYSTEMIC DISEASE COAGULOPATHY CONT'D

- CBC WITH PLATELETS
- LIVER FUNCTION TEST
- COAGULATION PROFILE

SYSTEMIC DISEASE (LIVER)

- HX OF LIVER DISEASE
- EXCESSIVE ALCOHOL CONSUMPTION
- JAUNDICE
- HEPATOMEGALY
- SPIDER HEMANGIOMATA
- PALMER ERYTHEMA
- ASCITES

COMPLICATIONS OF PREGNANCY

- ASSUMED TO BE THE CAUSE FOR BLLEDING IN REPRODUCTIVE AGE WOMEN
- CBC, QUANTITATIVE BHCG (SERIAL AS INDICATED)
- PELVIC ULTRASOUND

VITAL SIGNS

- USE TO DETERMINE STABILITY OF PATIENT
- TILT TEST SITING AND RECLINING
- LEVEL OF CONSCIOUSNESS
- IF ABNORMAL THEN STOP BLEEDING THEN WORKUP

ADOLESCENT (NON PREGNANT) BLEEDING

- MUST SCREEN FOR COAGULATION ABNORMALITY
- IF COAGULATION PROFILE IS NORMAL THEN DUB IS MOST LIKELY DIAGNOSIS

TRANSVAGINAL ULTRASOUND

- CAN BE ENHANCED BY HYDROULTRASONOGRAPHY
- CAN R/O
  - POLYPS
  - SUBMUCOSAL MYOMAS
- CAN MEASURE ENDOMETRIAL STRIPE

ENDOMETRIAL HYPERPLASIA AND CANCER

- AT HIGH RISK
  - GREATER THAN AGE 35
  - GREATER THAN AGE 30 WITH HX OF OLIGOOVULATION OR ANOVULATION
  - OBESE WOMEN
  - POSTMENOPAUSAL WOMEN
  - POSTMENOPAUSAL WOMEN ON ESTROGEN THERAPY

ENDOMETRIAL HYPERPLASIA AND CANCER WORKUP

- ENDOMETRIAL BIOPSY
- VAGINAL PROBE U.S. MEASUREMENT OF ENDOMETRIAL STRIPE.

DYSFUNCTIONAL UTERINE BLEEDING DEFINITION

- EXCESSIVE UTERINE BLEEDING WITH NO DEMONSTRABLE CAUSE
  - MOST COMMONLY ENDOCRINE
  - USUALLY ANOVULATORY
  - MUST R/O ORGANIC CAUSES TO MAKE THIS DIAGNOSIS

OVULATORY DYSFUNCTIONAL BLEEDING

- GENERALLY MOE CONSISTENT WITH REGARD TO CYCLE LENGTH, DURATION OF FLOW AND AMT BLEEDING
- HAS SIGNS OF OVULATION,
  - MIDCYCLE PAIN
  - DYSMENORRHEA
  - BREAST TENDERNESS

ANOVULATORY DUB

- PRE AND POST MENOPAUSAL
  - CONTINUOUS E2 PRODUCTION,
  - NO CORPUS LUTEUM AND PGESTERONE
  - CONTINUOUS BUILDUP OF ENDOMETRIUM WHICH SLOUGHS

PHYSIOLOGY OF MENSTRUATION

- PROGESTERONE STIMULATES ARACHIDONIC ACID TO PRDUCE pgfA
  - CAUSE VASOCONSTRICTION
    - DECREASE BLOOD FLOW AND HENCE MENSTRUAL FLOW
- ANOVULATON THIS DOES NOT OCCUR
  - CYCLES ARE LONGER AND BLEEDING HEAVIER

RX OF DUB

- PT DESIRES CONTRACEPTION
  - BCPS
- PT DESIRES FERTILITY
  - CLOMID

ACUTE HEAVY BLEEDING

- **ESTROGEN**
  - CAUSES REGROWTH OF ENDOMETRIUM OVER DENUDED AREA WHICH CAUSES BLEEDING TO STOP
    - ORAL CONJUGATED ESTROGEN 10MG/DAY DIVIDED DOSE
      - NOT STOPPED IN 24 HOURS GO TO 20MG/DAY
        - GOOD AS IV, BUT NEED ANTINAUSUA MED
    - IV ESTROGEN PREMARIN 25MG/3HRS, MAY REPEAT SHOULD STOP IN 4 HOURS

ACUTE MODERATE BLEEDING

- OVRAL QID CONTINUE FOR 7 DAYS AFTER BLEEDING STOPS

OVULATORY DYSFUNCTIONAL BLEED

- DIFFICULT TO TREAT
- COMBINATION OF THERAPIES
  - BCPS
  - MOTRIN
- HYSTERECTOMY
- ABLATION

PROGESTINS

- STOP AND ORGANIZED ENDOMETRIAL GROWTH
  - ORDERLY SLOUGH
  - STIMULATES ARACHNIOIDONIC ACID
- DOES NOT STOP ACUTE BLEEDING EPISODE
- PRODUCES NORMAL WITHDRAWAL BLEEDING IN ANOVULATION

NSAIDS

- ALL WILL REDUCE MENSTRUAL FLOW BY INHIBITION OF PROSTRAGLANDIN SYNTHESIS
- GIVE NSAIDS AT THEIR STANDARD UPPER LIMITS DOSAGE RANGE FOR ENTIRE BLEEDING EPISODES

OTHER METHODS

- DANAZOL 200MG DAY EFFECTIVE BUT EXPENSIVE, SIDE EFFECTS
- GNRH AGONIST EXPENSIVE, EFFECTIVE, SIDE EFFECTS
- D AND C, STOPS ACUTE BLEEDING IN UNSTABLE PT.
- ENDOMETRIAL ABLATION
- HYSTERECTOMY

DEFINITIONS

- INTERMENSTRUAL BLEEDING
  - BLEEDING OF VARIABLE AMOUNTS BETWEEN MENSES
- MENOMETRORRHAGIA
  - PROLONGED UTERINE BLEEDING OCCURING AT REGULAR INTERVAL

MORE DEFINITIONS

- MENNORRHAGIA
  - PERIOD MORE THAN 7 DAYS OR >80CCS BLOOD LOSS
    - BEST MEASURE OF BLOOD LOSS
      - INCONVENIENT, PASSING CLOT
      - AVG 35CC, 13MG IRON LOSS EACH PERIOD
      - PERIODS USUALLY CONSISTENT
      - 70% OF BLOOD LOSS 1ST 2 DAYS
      - INCREASE OF DURATION > 2DAYS ABNORMAL

STILL MORE DEFINITIONS

- METRORRHAGIA
  - UTERINE BLEEDING OCCURRING AT IRREGULAR BUT FREQUENT INTERVALS AMOUNT VARIES
- POLYMENORRHEA
  - UTERINE BLEEDING OCCURING AT REGULAR INTERVALS OF LESS THEN 21 DAYS
    - LESS THEN 21 DAYS INTERVAL ALWAYS ABNORMAL

OLIGOMENORRHEA

- INFREQUENT UTERINE BLEEDING VARYING BETWEEN 35-180 DAYS

AMENORRHEA

- NO UTERINE BLEEDING > 6 MONTHS