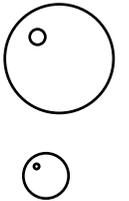


ABNORMAL UTERINE BLEEDING



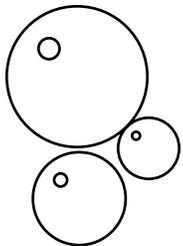
BY

LCDR LEVENTIS, MC, USN

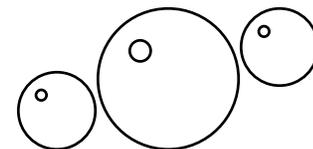
STAFF OB/GYN

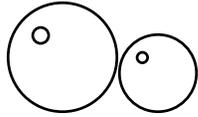
NAVAL HOSPITAL CAMP

PENDLETON



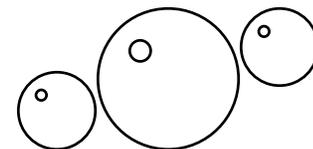
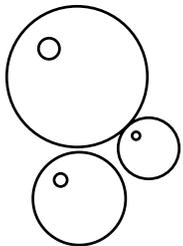
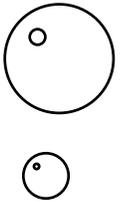
CAMP PENDLETON NAVAL HOSPITAL

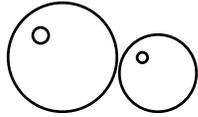




NORMAL MENSES

- 28 DAY CYCLE
- MENSTRUAL FLOW FOR 4 TO 7 DAYS
- MENSTRUAL BLOOD LOSS ABOUT 35 TO 50 ML
- ESTROGEN and PROGESTERONE
- OVULATION OCCURS
- CORPUS LUTEUM MADE



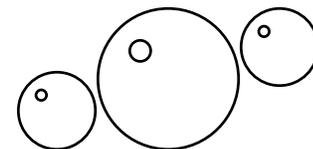
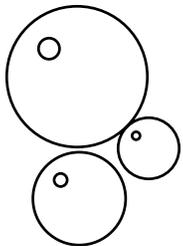
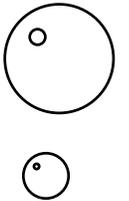


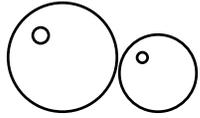
ETIOLOGY OF AUB

ORGANIC

VS

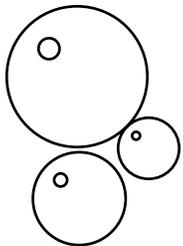
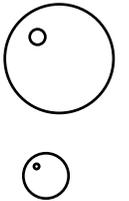
ENDOCRINOLOGIC



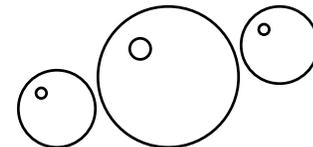


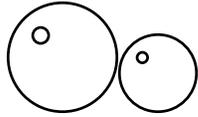
ORGANIC CAUSES

SYSTEMIC vs. REPRODUCTIVE TRACT

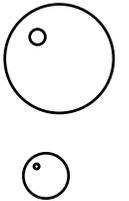


CAMP PENDLETON NAVAL HOSPITAL

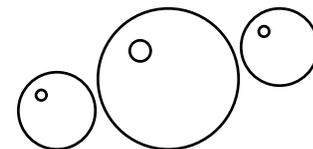
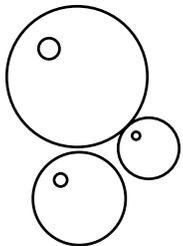


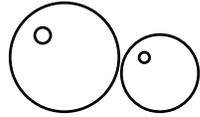


ORGANIC- SYSTEMIC



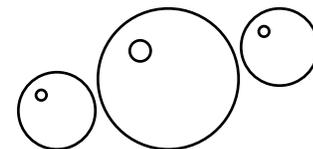
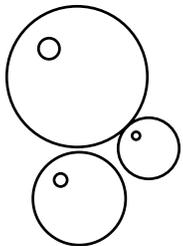
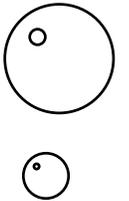
- COAGULOPATHIES
- DEFICIENCIES THAT DECREASE PLATELETS
- HYPOTHYROIDISM
- LIVER DISEASE

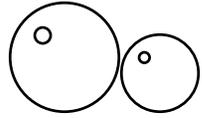




ORGANIC-REPRODUCTIVE

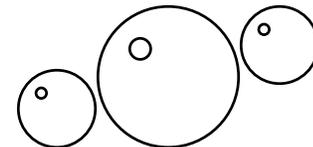
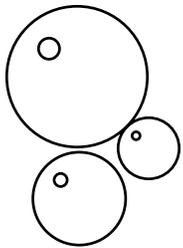
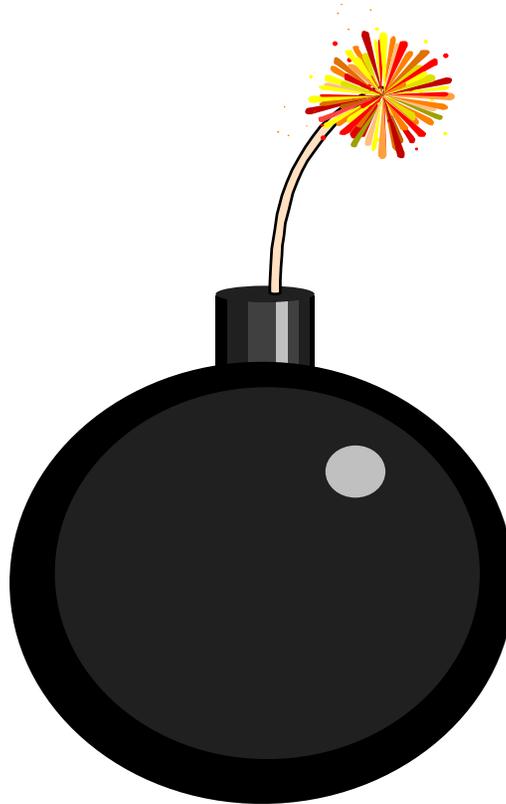
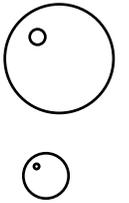
- DISORDERS OF PREGNANCY
- MALIGNANCY
- ANATOMIC UTERINE ABNORMALITIES
- FOREIGN BODIES
- IATROGENICALLY CAUSED WITH MEDICATION

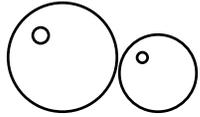




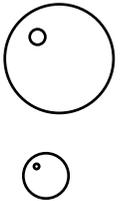
ENDOCRINOLOGIC CAUSES

ANOVULATORY vs OVULATORY

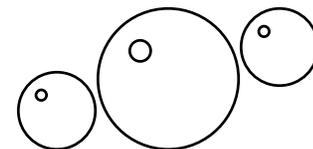
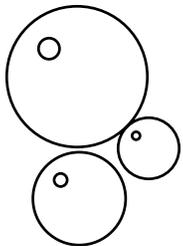


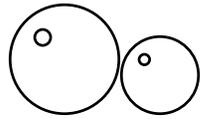


ENDOCRINOLOGIC- ANOVULATORY



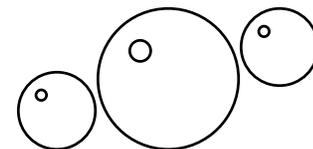
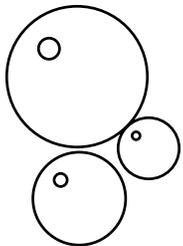
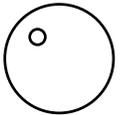
- ESTRADIOL PRODUCED
- CORPUS LUTEUM NOT PRODUCED
- PROGESTERONE NOT PRODUCED
- OVERGROWTH OF ENDOMETRIUM
- NO UNIFORM SLOUGHING OF
BASALIS LAYER OF
ENDOMETRIUM

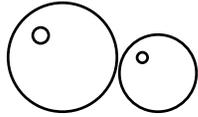




ENDOCRINOLOGIC- OVULATORY

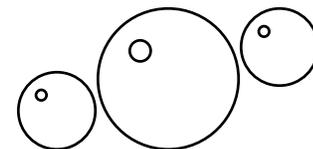
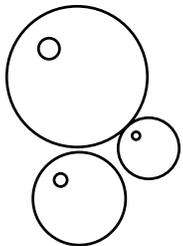
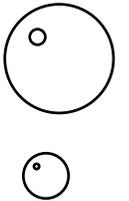
- ESTRADIOL, CORPUS LUTEUM AND PROGESTERONE PRODUCED
- INCREASED BLEEDING STILL OCCURS
- MAY BE BECAUSE OF PROSTAGLANDIN IMBALANCE AT THE CELLULAR LEVEL

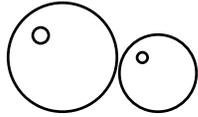




DIAGNOSIS

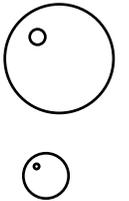
- THOROUGH HISTORY, THOROUGH HISTORY, THOROUGH HISTORY
- INDIRECT ASSESSMENT OF MENSTRUAL BLOOD LOSS
- R/O SYSTEMIC CAUSE(S) FOR POPULATIONS AT RISK
- R/O UTERINE OR CERVICAL LESION





MANAGEMENT

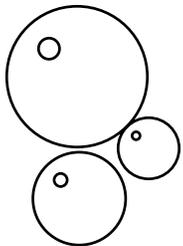
MEDICAL MANAGEMENT PREFERRED
UNLESS EXCESSIVE BLEEDING



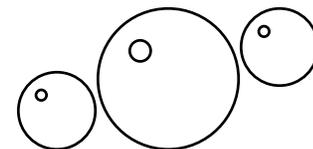
ESTROGENS

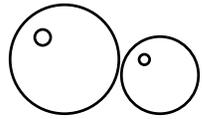


PROGESTINS



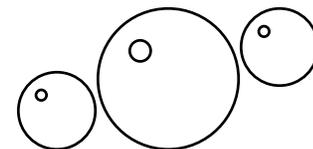
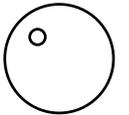
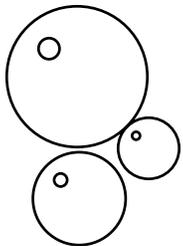
NSAIDS

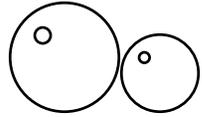




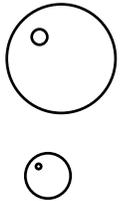
ADDITIONAL MEDICAL MANAGEMENT

- ANTIFIBRINOLYTIC AGENTS
- ANDROGENIC STEROIDS (DANAZOL)
- GnRH AGONISTS (LUPRON)

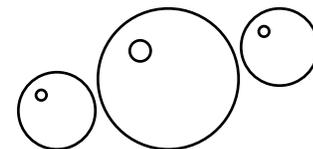
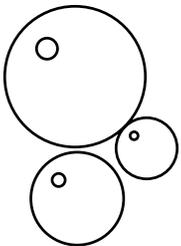


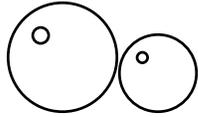


SURGICAL MANAGEMENT

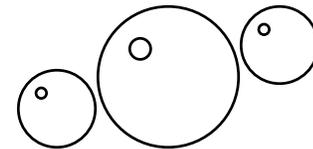
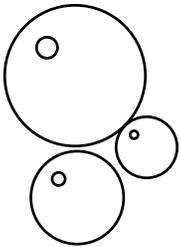
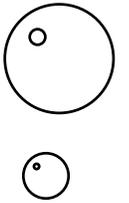
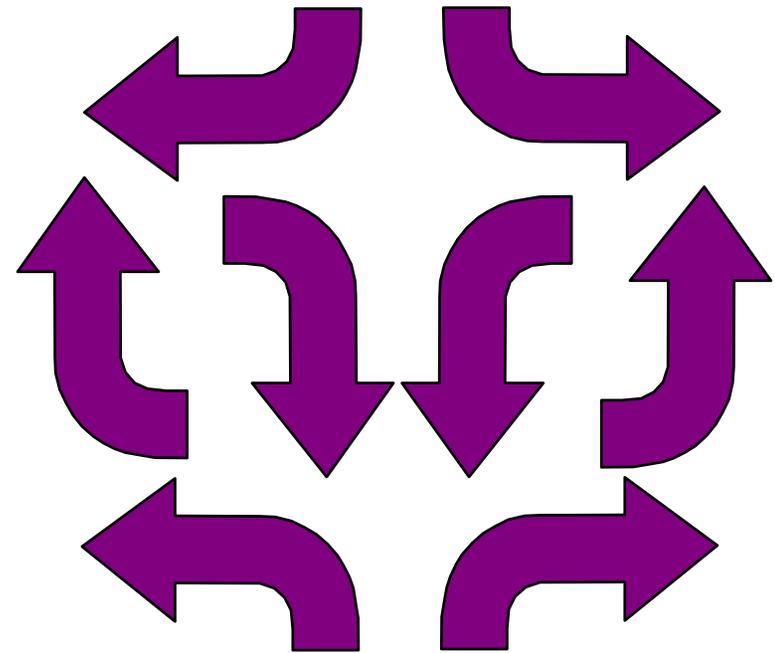
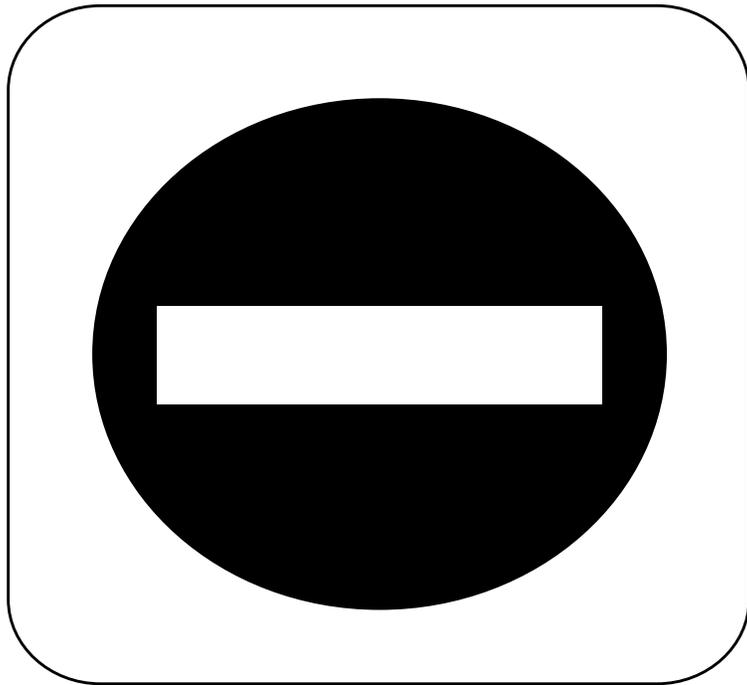


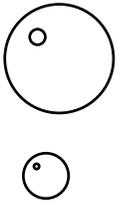
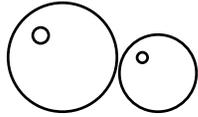
- DILATION and CURETTAGE
- ENDOMETRIAL ABLATION
- HYSTERECTOMY



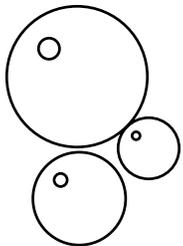
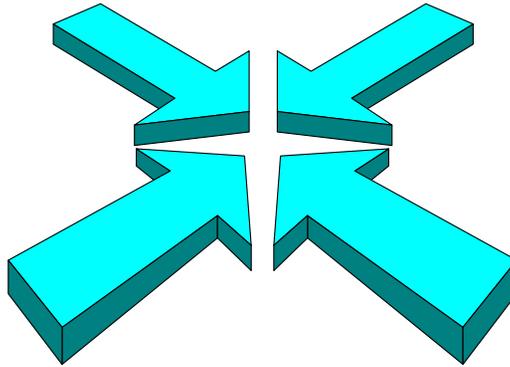


SUMMARY





SUMMARY



CAMP PENDLETON NAVAL HOSPITAL

