

Prospective Observational Study of the Management of Abnormal Uterine Bleeding

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Abstract

The term "abnormal uterine bleeding" refers to a wide range of anomalies in the menstrual cycle, including variations in flow volume, length, and frequency that don't occur during pregnancy. A typical menstrual cycle has a frequency of 21 to 35 days, lasts 2 to 7 days, and results in blood loss of 5 to 80 milliliters. Any variations in these 4 factors qualify as irregular uterine bleeding. AUB was managed either by medical therapy or surgery or both depending upon the severity of bleeding.

Keywords: Abnormal uterine bleeding; Menorrhagia; Dysmenorrhea; Hysterectomy

Literature Review

Emily Davis; Paul B. Sparzak Abnormal Uterine Bleeding <https://www.ncbi.nlm.nih.gov/books/NBK532913/>

Munro MG, Critchley HOD, Fraser IS., FIGO Menstrual Disorders Committee. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. *Int J Gynaecol Obstet.* 2018 Dec;143(3):393-408. <https://pubmed.ncbi.nlm.nih.gov/30198563/>

ACOG committee opinion no. 557: Management of acute abnormal uterine bleeding in nonpregnant reproductive-aged women. *Obstet Gynecol.* 2013 Apr; 121(4):891-896. <https://pubmed.ncbi.nlm.nih.gov/23635706/>

Introduction

Abnormal uterine bleeding (AUB) is a common complaint that affects large numbers of women from puberty to menopause. It negatively affects health by causing anemia, and impacts the quality of life of women affected. AUB also has an economic impact for both [1-6] women and society. Therefore, it should not be under- or overestimate and diagnosis, investigations and treatment should be proposed, taking into account the scientific data available in the current state of medical knowledge. Using the new terminology and etiologic classification of AUB is essential to communicate properly around the subject. The evaluation of the bleeding includes self-report and more objective methods.

Aims and Objectives

Aim: To study the management of AUB in non pregnant females.

Objectives

The two main objectives of managing acute AUB are:

- To control the current episode of heavy bleeding and
- To reduce menstrual blood loss in subsequent cycles

Methodology

- **Study site:** Study is being conducted in Fehmi Care Hospital.
- **Study duration:** 6 months.

- **Study design:** The investigation is a prospective case – control study.

- **Sample size:** The estimated sample size is approximately of 100 patients.

- **Data collection:** The data will be collected from the inpatient and outpatient cases forms, Sheets and lab reports from patients who are eligible according to inclusion criteria that are enrolled in the study.

- **Source of data:** The relevant data is collected using a patient profile form designed in such a way which includes all variables required for the study.

Selection criteria

Inclusion criteria

- Non pregnant women with structural abnormalities in endometrium noted in the USG scan.
- Women complaining of dysmenorrhea, menorrhagia and metrorrhagia over several consecutive cycles.

Exclusion criteria

- Existing pregnancy
- Women on hormone replacement therapy
- Patients with known or suspected malignancy(cervical, endometrial, ovarian)
- Abnormal bleeding (i.e., quantity, frequency, duration, or regularity) from the uterus not caused by pelvic disease, uterine fibroids, ovarian cysts, endometrial Polyps, coagulation disorders, malignancy, inflammation, medical illness, or pregnancy.

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Results

AUB is managed with Total Laparoscopic Hysterectomy and with combined oral contraceptives in most of the cases; TLH is considered the definite option in removing the source of pathology.

Discussion

150 patients with different menstrual bleeding patterns were recruited in our study within the age group of 11-70 years. The commonest age group presented with AUB in our study was 41-50 years. 38% of all cases were of adenomyosis occurring in multiparous women in 4th and 5th decade of their life. The pharmacological therapy includes combined oral contraceptives, progestin only pills, antifibrinolytics, NSAID's and nutritional supplements.

Conclusion

By our study we conclude that most commonly prescribed drugs were desogestrel +ethinyl estradiol and norethisterone followed by MPA in hormonal therapy. Nutritional supplements like ferrous fumarate +folic acid+zinc sulphate, calcium citrate +vitamin D3 and vitamin B complex+biotin+vitamin C was given to combat the effects of blood loss caused by HMB and to treat the nutritional deficiencies leading to AUB. TXA is considered the most effective leading to 50% reduction in the blood loss. Mefenamic acid is given in patients complaining of dysmenorrhea which is a common symptom in AUB. Surgery depends on certain factors. but to avoid recurrence, TLH is considered the definite option.

Informed Consent

Informed consent was obtained from all individual participants included in the study.

Ethical Approval

All procedures performed in studies involving human participants were in accordance with the ethical standards of the Institutional ethics committee of Fehmicare Hospital, Hyderabad, and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

This article does not contain any studies with animals performed by any of the authors. Observational study was conducted on the human subjects.

Conflict of Interest

On behalf of all authors, the corresponding author states that there is no conflict of interest.

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