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Original Article**DOI:**

AN ANALYTICAL STUDY OF ABNORMAL UTERINE BLEEDING IN WOMEN OF PERIMENOPAUSAL AGE GROUP

Dr. Yamini Trivedi¹, Dr. Shaheen Memon², Dr. Megha Kuhikar³

¹HOD & Professor, ²Third year resident, ³ First year resident, Department of Obstetrics and Gynecology, Sheth LG Hospital, Narendra Modi Medical College, Ahmedabad, Gujarat, India

Email: memonshaheen24@gmail.com Mobile No.:7383866118

ABSTRACT

BACKGROUND: Abnormal uterine bleeding complaints constitute about one-third of patients attending the Obstetrics and Gynaecology OPD. To standardize nomenclature of AUB, a new system known by the acronym PALM-COEIN, was introduced in 2011 by FIGO.

AIMS AND OBJECTIVES:

To study the various abnormal patterns of bleeding presenting in perimenopausal age group.

To study the etiology, predisposing and associated factors of AUB.

To study the various treatment options available for AUB.

METHODS: This study was carried in department of obstetrics and gynaecology among perimenopausal women attending out patient department. The clinical presentation, ultrasonographic findings associated medical disorders, routes of hysterectomy were correlated.

RESULTS: Menorrhagia is the predominant symptom of 109 patients. 101 were associated with complain of heavy menstrual bleeding followed by dysmenorrhea. Adenomyosis was the most common abnormality found on TVS followed by Endometrial Hyperplasia, Fibroid and polyp. Treatment was initiated in form of conservative medical therapy followed by, combination therapy of hormonal drugs-Progesterone and COC and non-hormonal drugs like tranexamic acid + mefenamic acid were used to control bleeding. Hysterectomy was served as a final measure for all patients who didn't respond to conservative management.

CONCLUSION: AUB is a common problem in peri-menopausal age group and it accounts for one third of patients visiting Gynecological OPD. It significantly affects the quality of life in general population.

KEYWORDS: Menopause, Dysmenorrhea, Hysterectomy

INTRODUCTION:

Abnormal uterine bleeding is irregular uterine bleeding that occurs due to disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining. Variations from the normal cyclical pattern in the peri-menopausal age may be due to physiological

hormonal changes on one hand or may be due to neoplastic changes either benign or malignant, on the other hand. Therefore, accurate diagnosis of the causative factor of AUB in this age group is of utmost importance so that appropriate management can be established.

Pathology of Abnormal Uterine Bleeding

There are three types of abnormal uterine bleeding; 1. Ovulatory AUB, 2. An-ovulatory AUB, 3. Atrophic

MATERIALS AND METHODS

Study Setting: This analytical observational study was performed in Department of Obstetrics and Gynaecology in a tertiary health centre from June 2021 to December 2021

Type of Study: An Analytical Observational Study.

Sample size: 109 cases of AUB are chosen for our study who met the inclusion criteria.

INCLUSION CRITERIA:

1. Women aged (36-50 years)
2. Patients with heavy uterine bleeding
3. Women with pelvic pathology- uterine fibroids, polyps, adenomyosis, etc.

EXCLUSION CRITERIA:

1. Pregnancy
2. Endometrial neoplasia/cervical neoplasia
3. Coagulation abnormalities
4. Women with PID and women who have IUD inserted

METHODOLOGY:

Written consent of the patients was taken. Particulars of the patients were noted. Detailed histories regarding past and present menstrual cycle were noted. History regarding past medical or surgical illness were noted. General examination including vitals and pallor was done. Local examination was done to rule out pelvic pathology. Routine investigations were sent and pelvic ultrasonography either trans-abdominal or trans-vaginal was done.

Treatment includes medical and surgical options. Medical management includes hormonal and non-hormonal methods. If it fails, then surgical management was undertaken.

OBSERVATIONS AND DISCUSSION:

Table 1: Distribution of patients according to their age

Class	No. of Cases (%)	Gita Guin et al ¹⁰
36-40	39(35.8%)	22%
41-45	47(43.1%)	20%
46-50	23(21.1%)	14%

Parity Wise Distribution:

Table 2: Distribution of patients according to parity and its comparison with Anupamasuresh study

Parity	No of cases (%)	Anupamasuresh Y et al ^[11]
Nulligravida	1(0.9%)	6.4%

1 or 2	49(44.9%)	37.6%
>3	59(54.2%)	56%

Associated medical disorders

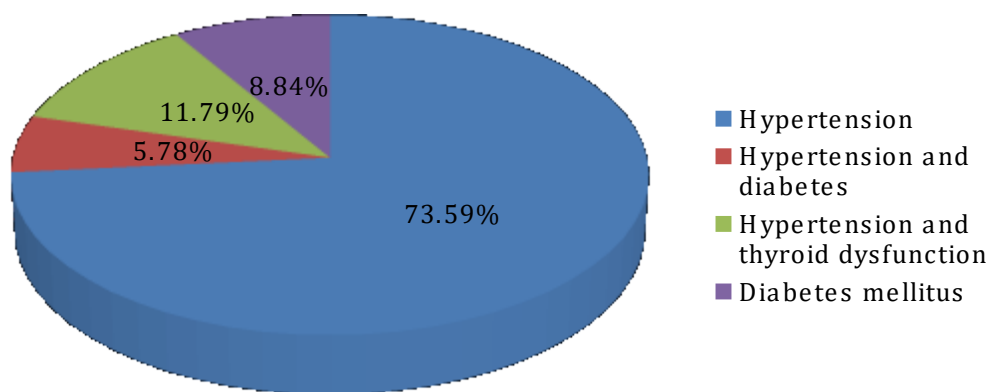


Figure 1 Distribution of patients according to associated medical disorders

Routes of hysterectomy:

Table 3: Distribution of patients according to the routes of hysterectomy

Routes of hysterectomy	No of cases (%)
Abdominal	28(46.7%)
Vaginal	26(43.3%)
Laparoscopic	6(10%)

Transvaginal Sonography Findings:

Table 4: Distribution of patients according to TVS findings and its comparison with Choudhary et al study.

TVS finding	No of cases (%)	Choudhary et al ^[12]
Fibroid +Endometrial Hyperplasia	8 (7.4%)	-
Fibroid only	12 (11%)	8%

Adenomyosis + Endometrial Hyperplasia	26 (23.9%)	-
Adenomyosis only	26 (23.9%)	4%
Polyp+Endometrial Hyperplasia	2 (1.8%)	14%
Fibroid + Adenomyosis + Polyp	1 (0.9%)	-
Fibroid + Adenomyosis +Endometrial Hyperplasia	6 (5.5%)	-
Fibroid + Adenomyosis	8 (7.3%)	-
Adenomyosis + Polyp + Endometrial Hyperplasia	1 (0.9%)	-
Adenomyosis + Polyp	1 (0.9%)	-
Fibroid + Polyp	1 (0.9%)	-
Endometrial Hyperplasia only	6 (5.5%)	24%
Normal endometrium	11(10.1%)	50%
	N=109	
Total number of Fibroid	36	
Total number of Adenomyosis	69	
Total number of Polyp	6	
Endometrial hyperplasia	49	
Normal Endometrium	11	

In our study, Fibroid was found in 11% which is comparable to Choudhary et al study.

In our study, maximum patients were diagnosed to have adenomyosis which is followed by endometrial hyperplasia and fibroid. Also adenomyosis and fibroid occurred simultaneously in patients.

CONCLUSION:

AUB is a common problem in peri-menopausal age group and its accounts for one third of patients visiting Gynecological OPD. It significantly affects the quality of life in general population. In India, the prevalence of AUB is 17.9%. It usually varies from 9 to 14% from menarche to menopause. AUB is more common in lower socio-economic class.

AUB is common during the 4th decade of life and in our study; it is more common in women with higher parity. Usually it is associated with nulliparity.

Clinical examination and TVS are important tools for diagnosis of AUB. TVS helps us to identify the etiology of AUB and hence it should be used as first line of imaging.

Medical management is the line of management of in patients of AUB. It includes hormonal and non-hormonal drugs. Progesterone and COC are used in hormonal methods and tranexamic acid

and mefenamic acid are the non-hormonal drugs used. In cases of failed medical therapy or intolerance to it, surgical methods are used.

LNG IUS are used in patients who want to conserve their uterus. LNG - IUS has an advantage of being reversible.

Endometrial ablation and UAE are the newer techniques available. They can be used as an alternative to hysterectomy.

Hysterectomy is the definitive treatment of AUB and used as a final measure, but like with any other major surgery, it can have its own sequel.

Several factors are to be considered before choosing any treatment modality. Involving patients in the decision making is imperative to increase the success rate of any treatment.

ACKNOWLEDGEMENT: NIL

FUNDING: - NIL

CONFLICT OF INTEREST: NIL

REFERENCES

1. Liu Z, Doan QV, Blumenthal P, Dubois RW. A systematic review evaluating health-related quality of life, work impairment, and health-care costs and utilization in abnormal uterine bleeding. *Value Health*. 2007;10:183-94. doi:10.1111/j.15244733.2007.00168.x. <http://fl000.com/prime/721513997>
2. Fraser IS, Langham S, Uhl-Hochgraeber K. Health-related quality of life and economic burden of abnormal uterine bleeding. *Expert Rev Obstet*. 2009;4:179-89.
3. Sharma A, Dogra Y. Trends of AUB in tertiary center of Shimla hills. *J Midlife health*. 2013;4:67-8.
4. Fraser IS, Critchley HOD, Munro MG, Broder M. Can we achieve international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding? *Hum Reprod*. 2007;22:635-43. doi: 10.1093/humrep/del478.
5. Hallberg L, Hogdahl AM, Nilsson L, Rybo G. Menstrual blood loss—a population study. Variation at different ages and attempts to define normality. *Acta Obstet Gynecol Scand*. 1966;45:320-51. doi:10.3109/00016346609158455
6. CG44 Heavy menstrual bleeding: NICE guideline. 2007.
7. Munro MG, Critchley HOD, Fraser IS. The flexible FIGO classification concept for underlying causes of abnormal uterine bleeding. *Semin Reprod Med*. 2011;29:391-9. doi: 10.1055/s-0031-1287663.
8. Jeffcoate's principals of gynaecology/8th edition/chapter 4/pg 72.
9. Widmaier, Eric P.; Raff, Hershel; Strang, Kevin T. (2010). *Vander's human Physiology: The Mechanism of Body function* (12th Ed.). New York, NY: McGrawHill. pp. 555
10. Gita guin et al .Hysteroscopic in evaluation of abnormal uterine bleeding *J obstetgynecolIndia*. Oct 2011;61(5) :546-549. Published online Nov 8,2011.
11. Anupamasuresh Yet al. *Int J Reprod Contraceptobstet Gynecol*. 2014sept ;3(3):656-661

12. Choudhary et al 2017 evaluation of abnormal uterine bleeding with transvaginal sonography and hysteroscopy in perimenopausal women
DOI:<http://dx.doi.org/10.18203/2320-1770.ijrcog20173494>
13. Mark A Fritz and Leon speroff/clinical gynaecology endocrinology and fertility/8th edition/15th chapter/pg 595.
14. Mark A Fritz and Leon speroff/clinical gynaecology endocrinology and fertility/8th edition/15th chapter/pg 593
15. Jeffcoate's principals of gynaecology/8th edition/chapter 38/pg 566-567