

Frequency of Abnormal Uterine Bleeding and its Causes in Patients Visiting Gynae Out Patient Department

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ABSTRACT

Aim: To determine the frequency of abnormal uterine bleeding and its causes in patients visiting Gynae outpatient department

Methods: This cross-sectional study was carried out at Department of Obstetrics & Gynecology, Nishtar Hospital, Multan over a period of six months from 1st September 2010 to 1st March 2011.

Results: The mean age was 47.32±3.76 years. Abnormal uterine bleeding was recorded in 16(16%). Among 16 cases of abnormal uterine bleeding, fibroid uterus was recorded in 6(42%), adenomyosis in 5(26%), endometrial hyperplasia in 3(18%) and uterine polyp in 2(14%).

Conclusion: The frequency of abnormal uterine bleeding is high among patients reporting obstetrics and gynaecology outpatient department. it is therefore recommended that all those patient which report to medical set up with history of abnormal uterine bleeding must be investigated thoroughly to find out the underlying etiology of abnormal uterine bleeding. Furthermore, it is highly recommended that every medical setup must develop a proper surveillance system to determine the prevalence of this health issue in the community.

Keywords: Abnormal uterine bleeding, Causes, Menorrhagia, Inter-menstrual bleeding, Post coital bleeding

INTRODUCTION

In normal menstrual cycle average menstrual flow varies from 3 to 7 days whereas bulk portion of menstrual blood loss occurring in initial 3 days. Normal menstrual cycle occur after every 22 to 35 days along with about 35 ml blood loss in each cycle. Normal menstruating women use 5-6 pads or tampons daily.¹ Uterine bleeding is always abnormal when bleeding is heavier than normal or lasts for more days than usual.² Abnormal uterine bleeding can be classified as either a systemic or local defects of homeostasis or structural pathology i.e., myoma, adenomyosis, endometrial polyp and endometrial hyperplasia. If no structural cause is found the term dysfunctional uterine bleeding may be applied³.

Abnormal uterine bleeding is a common problem and its management can be complex⁴. About 9-30% of women in reproductive age have some kind of menstrual irregularity necessitating thorough medical evaluation⁵. About 15-20% of planned gynecologic visits in any hospital are for evaluation of abnormal uterine bleeding⁵.

The major tasks of clinician are to identify organic pathology in order to manage it effectively⁶. Ultrasound imaging of the reproductive organs especially by transvaginal route has come to the rescue of gynaecologists. It is an inexpensive non invasive and convenient method to visualize the uterine cavity⁶. TVS has been used in diagnosing intrauterine pathologies with 83% sensitivity and 70.6% specificity⁸.

Focal intra-cavity lesions are common in premenopausal women with abnormal uterine bleeding refractory to medical treatment⁷. By applying minimally invasive diagnostic and therapeutic approaches acceptable bleeding patterns can be re-established⁷. Abnormal uterine bleeding include bleeding from structural causes⁴.

Structural causes include uterine fibroid, endometrial polyp, endometrial hyperplasia and adenomyosis⁴.

Transvaginal ultrasound is used conventionally as initial investigation of patients with abnormal uterine bleeding.⁸ Sensitivity and specificity of TVS in detecting endometrial polyp were 65.2% and 87.9% Sensitivity and specificity of TVS in detecting uterine fibroid were 95.8% versus 95%.⁸ Uterine fibroids are present in 30-70% of women of reproductive age presenting with menstrual disorder. Prevalence of endometrial polyps is 5-8% in pre and 11.8% in postmenopausal women. Overall prevalence of endometrial polyp is 7.8% .polyps are rare (0.9%) in women below the age of 30 years.⁹ Out of 100 patients reporting with AUB, Endometrial hyperplasia is found in 15% patients¹⁰. Prevalence of adenomyosis was found in 48% of patients among 137 patients reporting with AUB¹¹.

Early detection of any pathology definitely helps in timely management of the patients, resulting in better prognosis. TVS is a rapid and convenient method for diagnosis of underling pathology in patients presenting with AUB, as the results of TVS are readily available without any delay. So it will lead to early detection of causes of AUB. Therefore the morbidity and mortality will be significantly reduced in patients with AUB.

MATERIAL AND METHODS

This cross sectional study was carried out at Department of Gynaecology & Obstetrics, Nishtar Hospital, Multan from 1st September 2010 to 1st March 2011. One hundred cases of abnormal uterine bleeding were included. Patients age was between 35 years-55 years and abnormal uterine bleeding including menorrhagia, inter-menstrual bleeding and post coital bleeding were included. Patients with age less than 35 years and more than 55 years, history of bleeding for reasons other than abnormal uterine bleeding like patients taking HRT, contraceptives IUCD users and patients with history of bleeding due to medical disorders i.e. coagulopathy or thyroid diseases were excluded. After

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assessment by abdominal and bimanual vaginal examination patients were placed in dorsal lithotomy position for transvaginal sonography. Endo vaginal probe was gently inserted from vagina up to cervix and view taken in coronal and sagittal plane. The location and size of any uterine abnormality was noted on a case record form. Frequency of abnormal uterine bleeding and their causes i.e. menorrhagia, inter-menstrual bleeding and post coital bleeding were recorded. Data was analyzed by computer software SPSS version 20.

RESULTS

Age distribution of the patients was analyzed where we recorded 35(35%) of patients were between 41-55 years, 27(27%) were between 46-50 years, 21(21%) were between 41-45 years and only 17(17%) between 35-40 years of age, mean and sd was calculated as 47.32 ± 3.76 years. (Table 1)

Abnormal uterine bleeding was recorded in 16(16%) of the population while 84(84%) had no findings of abnormal uterine bleeding (Table 2). Among 16 cases of abnormal uterine bleeding, fibroid uterus was recorded in 6(42%), adenomyosis in 5(26%), endometrial hyperplasia in 3(18%) and uterine polyp in 2(14 %) [Table 3].

Table 1: Frequency of age (n=100)

Age (years)	n	%age
35-40	17	17.0
41-45	21	21.0
46-50	27	27.0
41-55	35	35.0

Table 2: Frequency of abnormal uterine bleeding (n=100)

Abnormal uterine bleeding	n	%age
Yes	16	16.0
No	84	84.0

Table 3: Frequency of causes of abnormal uterine bleeding (n=16)

Causes	n	%age
Fibroid uterus	6	42.0
Adenomyosis	5	26.0
Endometrial hyperplasia	3	18.0
Uterine Polyp	2	14.0

DISCUSSION

Abnormal uterine bleeding can be due to multiple etiological factors both gynaecological and non gynaecological. The differential diagnosis of uterine bleeding varies from diseases of reproductive system, systemic diseases and even to iatrogenic causes. Abnormal uterine bleeding in women of reproductive age should always be considered as complication of pregnancy unless proved otherwise. Similarly abnormal uterine bleeding in women in peri menopausal or postmenopausal age is most likely due to malignancy until proved otherwise¹².

Normal menstrual cycle varies from 3 to 6 days with average blood loss of 80 ml. If menstrual cycle lost for more than 7 days or blood loss is greater than 80 ml than it will be labeled as menorrhagia¹³. Prevalence of AUB is 16 % in this study and is similar to other studies which ranges

from 11-13% in general population and increases with age and is about 24% at 36-40 years¹³. A study was carried out at Sri Ramachandra Medical College and Research Institute, Chennai, India from 2005 to 2006 to find out association of AUB with age and it was concluded that incidence of AUB increases with age¹⁴. Although the etiological factors of AUB vary with age but the Commonest cause of AUB is fibroid uterus which is 42% in this study¹⁵.

Menorrhagia is the commonest presentation among women of perimenopausal group. According to WHO Perimenopause is the period of about 2-6 years before menopause and it persist up to one year of last menses¹⁶. Commonest causes of AUB in this age group were similar in many other studies. In one study carried out in India the commonest cause of AUB was fibroid uterus and was found in 55% women¹⁶.

Abnormal uterine bleeding is one of the commonest reason for women of every age to visit gynaecological out patient department and one of the major concern of women of every age. It is therefore recommended that thorough investigation of abnormal uterine bleeding be planned according to the age of the patient. Treatment modalities of this one of the distressing problem of women be planned meticulously keeping patient well informed about the pro and cons of the method being chosen for that particular patient.

CONCLUSION

The frequency of abnormal uterine bleeding is high among patients reporting obstetrics and gynaecology outpatient department. It is therefore recommended that all those patient which report to medical set up with history of abnormal uterine bleeding must be investigated thoroughly to find out the underlying etiology of abnormal uterine bleeding. Furthermore, it is highly recommended that every medical setup must develop a proper surveillance system to determine the prevalence of this health issue in the community.

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