

ABNORMAL UTERINE BLEEDING; ITS PREVALENCE, CAUSES AND MANAGEMENT IN CHITWAN

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ABSTRACT

Abnormal uterine bleeding is a common morbid condition of woman seeking medical advice. Being one of the common gynecological problems we did this study to find out the hospital prevalence, causes and management at Chitwan medical college. This is a retrospective study carried out in the department of gynecology and obstetrics at chitwan medical college and teaching hospital for 1 yr period from 2067 Baisakh 1st to 2067 Chaitra last. Data were analyzed retrospectively using records from O.P.D., operation notes, maternity ward and pathology records. A total of 634 patients (4.7%) with abnormal uterine bleeding were found among 13,243 patients attended in Gynae OPD. Maximum number -50.9% of cases of abnormal uterine bleeding was due to DUB. The prevalence of puberty menorrhagia was 8.2% in general and 51% among age group <20 years. Abnormal uterine bleeding in terms of menstrual disorders, puberty menorrhagia and DUB are common clinical problems.

Keywords: abnormal uterine bleeding, retrospective, morbid

INTRODUCTION

Abnormal uterine bleeding (AUB) is one of the common gynecological problems of woman seeking medical advice frequently.

Regular cyclic menstruation results the choreographed relationship between the endometrium and its regulating factors. Any type of disturbance between the regulatory mechanism of pituitary ovarian axis or pelvic diseases results in abnormal uterine bleeding.¹

Abnormal uterine bleeding affects 10-30% of reproductive aged woman and up to 50% of perimenopausal woman. Pattern and causes of AUB differs in different age group and reproductive status of the woman.²

Abnormal uterine bleeding increases significantly in adolescents, reproductive and perimenopausal age group woman than peripubertal and postmenopausal groups. Being a very common presentation in women's life, many women seek late medical advice, delay its treatment and ultimately land on chronic ill health due to excessive blood loss and anemia leading to economic loss and decreased productivity.

DUB is one of the most common cause of abnormal uterine bleeding.

It is a diagnosis of exclusion. Pathophysiology of DUB is largely unknown but occurs in both ovulatory and

anovulatory menstrual cycles. Medical treatments include nonsteroidal anti-inflammatory drugs, or antiprostaglandins, tranexamic acid, the progestogen releasing intra-uterine devices, combined oral contraceptives pills, and other hormonal therapies. As no medical treatment is superior to another, each woman should be individually assessed as to appropriate management.¹

MATERIAL AND METHODS

This is a retrospective study carried out in the department of gynaecology and obstetrics at chitwan medical college teaching hospital of 1 yr period from 2067 1st baisakh to last chaitra 2067. Data were collected retrospectively using records from gynaecology OPD, operation notes, and gynecology ward and pathology records. Diagnosis was made out with detail history taking, clinical examination, USG, blood coagulation profile and urine pregnancy test if needed. Pregnancies up to 20 weeks of gestation were also included as gynecological case. Analysis was done with epi-info software, where ordinary data were summarized with mean and S D and nominal data were categorized with frequency and percentage.

RESULTS

Total outpatients attended in gynae OPD in CMCTH in 1year period from 1st Baisakh 2067 to 30th Chaitra 2067 were

13,243. Out of which total patients with abnormal uterine bleeding (AUB) found were 634 (4.7%). The mean age of patient with abnormal uterine bleeding was 32.2 ± 12.05 yrs.

Table 1: Frequency distribution by Age group (n=634)

Age Group	Frequency	Percentage
Upto-20 yrs	100	15.7
20-40 yrs	363	57.3
>40 yrs	171	27.0

Different types of abnormal uterine bleeding seen are categorized in Table 2, which shows that maximum cases (50%) had dysfunctional uterine bleeding (DUB).

Table 2: Types of abnormal uterine bleeding (n=634)

Group	Frequency	Percentage
Anatomical	77	12
Blood dyscrasia	2	0.3
DUB	320	50.5
Endocrine disorder	5	0.8
Hormonal disorder	32	5
Malignancy	2	0.3
Post menopausal bleeding	12	1.9
Pregnancy complication	133	21.0
Puberty menorrhagia	52	8.2
Total	634	100

Among the anatomical causes, women with adenomyosis were 22, fibroid uterus 49 and endometrial hyperplasia 6. In this study two cases of ITP were recorded. Under endocrine causes 3 cases of hyperthyroidism, two cases of hyperprolactinaemia were found. Among the hormonal disorders almost all cases were depo induced menorrhagia (32). Two cases of cancer endometrium were detected in this study.

Early Pregnancy complications were distributed in the form of missed abortion 39, incomplete abortion 78, ectopic pregnancy 11 and molar pregnancy ⁵.

Types of abnormal uterine bleeding and management done in age group up to 20 yrs are seen in Table 3.

Table 3: Different types of uterine bleeding and management

S.N.	Diagnosis	n	Management			
			D & C	Laparotomy	Medical	MVA
1	Puberty menorrhagia	51			51	
2	DUB	18	1		17	
3	Depo induced menorrhagia	5			5	
4	Ectopic	1		1		
5	Incomplete	14				14
6	Missed	9				9
7	Molar	2				2

under age group up to 20 yrs (n=100)

D&C: dilatation and curettage, MVA: manual vacuum aspiration Out of 100 girls of age group <20 yrs, 51 had puberty menorrhagia where 8(15.6%) need hospital admission and blood transfusion, rest got hormonal treatment only.

Table 4: Different types of uterine bleeding and management of age group 20-40 yrs (n=362)

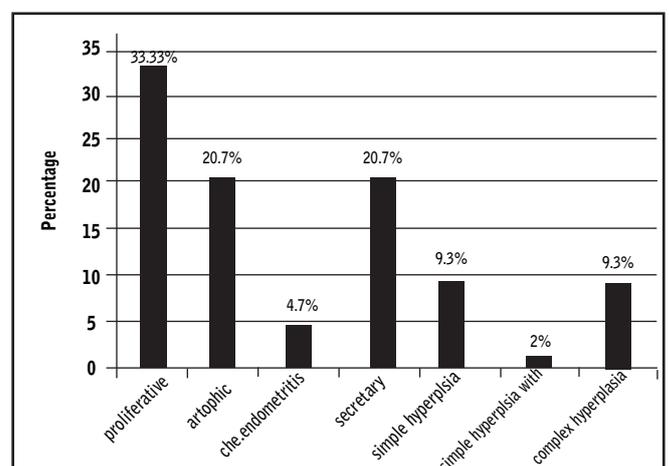
S.N.	Diagnosis	n(%)	Management				
			Laparotomy	Medical	MVA	TAH	D&C
1	Adenomyosis	6(1.7%)				6	
2	Fibroid	13(3.6%)	1	1		11	
3	Endometrial hyperplasia	2(0.6%)				1	1
4	DUB	204(56.5%)		194		7	3
5	Depo induced menorrhagia	28(7.5%)		28			
6	Missed	29(8%)			29		
7	Incomplete	63(17.5%)			63		
8	Ectopic	9(2.5%)	9				
9	Endocrine	4(1.2%)		3			
10	ITP	1(0.3%)	1				
11	Molar	3(0.8%)			3		

D&C: dilatation and curettage, MVA: manual vacuum aspiration, TAH: total abdominal hysterectomy

Table 5: Different types of uterine bleeding and management in age group >40 yrs (n=362)

S.N.	Diagnosis	n(%)	Management			
			Medical	MVA	TAH	D&C
1	Adenomyosis	16(9.4%)			16	
2	Fibroid	36(21.2%)			36	
3	Endometrial hyperplasia	3(1.8%)			3	
4	DUB	101(59.4%)	84		7	10
5	Depo induced menorrhagia	1	1			
6	Missed	1		1		
7	Incomplete	1		1		
8	Hyperthyroidism	1	1			
9	ITP	1	1			
10	Post menopausal bleeding	4			2	2

Fig. 1: Types of endometrium in hysterectomized uterus:



DISCUSSION

The prevalence of abnormal uterine bleeding seen in literature is 11-13% our prevalence of abnormal uterine bleeding is found to be 4.7%. Lesser percentage we might get because we have calculated prevalence from all women including both obstetrics and gynecology cases. Most common cause of abnormal uterine bleeding we found is DUB i.e. 50.5% where as slightly higher prevalence was reported by Dangal G which is 63%.⁴

The overall prevalence of puberty menorrhagia, which is one of the major cause of AUB in younger age group was 5.5-9.6% reported in literature.^{5,6} Similarly we found the prevalence of 8.2% in general and 51% among age group <20 years. Most common cause of this problem is hormonal disturbance due to immature hypothalamic pituitary ovarian axis. In our study, 15.6% of girls with puberty menorrhagia needed hospital admission and blood transfusion for severe anemia and rest of the girls responded with hormone in the form of norethisterone or combined estrogen and progesterone pills. Similar treatment was reported by Farrel E.⁷ Complete blood coagulation profile and USG was done to each and every patients of puberty menorrhagia attended in our OPD. But none of them had coagulation derangement or anatomical defects. Even the study done by Robins J et.al. Reported the 50% decreased in blood loss by oral contraceptive pills only.⁸

The overall pregnancy complication seen in our study is 22% and 25% among age group <20 years which is also second common cause of abnormal uterine bleeding in this age group. However in contrast only 9% of pregnancy complication was reported by Baral et.al in age group below 40 years.⁹

Maximum number of cases of abnormal uterine bleeding seen in our study is due to DUB (50.9%), which is more commonly seen in age group 20-40 years. Dangal G reported 63% of DUB with average age of 63 years in his study.⁴ Most cases of DUB were responded with hormonal therapy but 14 cases did not respond to drugs and hysterectomy was done.

Among the total cases of depo - induced menorrhagia (5%), maximum cases (28/32) fall in this age group. All of them is treated medically with OCP and tranexamic acid.

DUB still remains the most common cause of abnormal uterine bleeding in age group >40 years. Eighty four cases among 101 DUB is treated successfully by hormonal therapy, whereas resistant seven cases underwent hysterectomy. Fibroid menorrhagia is the second most common cause of uterine bleeding in this age group (>40 years).

Five cases of molar pregnancy was diagnosed, out of which two cases were < 20 years and three cases were 20-40 years. Proper follow up as protocol was done and none of them gone

to persistent gestational trophoblastic disease.

In histopathological examination, more common type of endometrium we found was proliferative type (33.3%). Endometrial hyperplasia found in our study was 20.6%. consistent findings was reported by Baral et al that is 18.8%. Thus from our study we can conclude that abnormal uterine bleeding are common clinical problems. Advances in diagnostic and therapeutic technologies have offered opportunities to improve the outcomes of women suffering with these complain. Future research should concentrate on a robust approach to the assessment of these health technologies, including the use of outcome assessments of importance to patients such as effects on health related quality of life and taking account of patient preferences.

REFERENCES

1. Schorge, Schaffer et.al. Abnormal uterine bleeding. In: Williams Gynaecology. 1st Ed. New York, McGraw-Hill; 2008: 174-96.
2. Mary Ann Lumsden, Jay Mc Gavigan. Menstruation and Menstrual disorder. In: Robert W shaw, W. Patrick Soutter, Staurt L. Stauton. Gynaecology. 3rd .ed. U.K, Churchill Livingstone; 2003; 459-473.
3. Marret H, Fauconnier A, Chabbert-Buffet N et al; clinical practice guidelines on menorrhagia: management of abnormal uterine bleeding before menopause. Eur J Obstet Gynecol Reprod Biol. 2010 Oct; 152(2): 133-7.
4. Dangal G. A study of endometrium of patients with abnormal uterine bleeding at Chitwan valley. Kathmandu university medical journal. 2003; 1 (2): 110-112
5. Chanda K et.al. Gynecological disorders of adolescent girls at Kathmandu Medical college teaching hospital. NJOG. 2008 Nov-Dec; 3(2):44-47.
6. J. Roychowdhury, Chaudhary S. Sarkar A, Pk. Biswas. A study to evaluate the etiological factors and management of puberty menorrhagia. J Health Allied Scs. 2008; 7(1):5
7. Farrel E. Dysfunctional uterine bleeding. Aust Fam Physician. 2004 Nov. 33 (11): 906-8.
8. Robins J C, Liu J. Alternatives to hysterectomy for the treatment of excessive uterine bleeding. Curr women's Health Rep. 2001 Dec; 1(3): 196-201.
9. Baral R, Pudasaini S. Histological pattern of endometrial samples in abnormal uterine bleeding. Journal of pathology Nepal 2011; (1): 13-16.