

Use of Ulipristal Acetate for the Management of Fibroid-Related Acute Abnormal Uterine Bleeding

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Abstract

Background: Episodes of acute abnormal uterine bleeding related to uterine fibroids can cause significant morbidity. Traditional management with high-dose hormonal regimens may not be as effective when used in women with fibroids.

Case: A 32-year-old woman with a 12 cm uterine fibroid presented with an episode of acute abnormal uterine bleeding requiring blood transfusion. In lieu of using a hormonal maintenance regimen after the bleeding had stabilized, the patient was treated with ulipristal acetate 5 mg daily for three months. Amenorrhea was induced rapidly and the patient had no further episodes of acute excessive uterine bleeding. She subsequently underwent a laparoscopic myomectomy with a satisfactory outcome.

Conclusion: Ulipristal acetate has been shown to induce amenorrhea rapidly in women with uterine fibroids, and it can be a useful treatment in the emergency management of fibroid-related acute abnormal uterine bleeding.

Résumé

Contexte : Les épisodes de saignements utérins anormaux aigus associés aux fibromes utérins peuvent causer une morbidité considérable. La prise en charge traditionnelle au moyen de schémas posologiques à fortes doses d'hormones pourraient ne pas être aussi efficaces chez les femmes qui présentent des fibromes.

Cas : Une femme de 32 ans présentant un fibrome utérin de 12 cm nous a consultés en raison d'un épisode de saignements utérins anormaux aigus nécessitant une transfusion sanguine. Plutôt que d'avoir recours à un schéma posologique hormonal d'entretien à la suite de la stabilisation des saignements, un traitement à l'acétate d'ulipristal (5 mg par jour pendant trois mois) a été administré à la patiente. Une aménorrhée s'est manifestée rapidement et la patiente n'a connu aucun autre épisode de saignements utérins excessifs aigus. La patiente a subséquemment subi une myomectomie laparoscopique ayant donné des résultats satisfaisants.

Conclusion : Il a été démontré que l'acétate d'ulipristal provoque rapidement une aménorrhée chez les femmes qui présentent des fibromes utérins et qu'il peut constituer un traitement utile dans la

prise en charge d'urgences liées aux saignements utérins anormaux aigus associés aux fibromes.

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INTRODUCTION

Uterine leiomyomas, or fibroids, affect a significant proportion of reproductive age women, making them the most common benign gynaecologic tumour.¹ Although in many women fibroids are asymptomatic and undiagnosed, significant numbers of women seek medical attention for symptoms related to fibroids.¹ The most common presentation of women with fibroids is abnormal uterine bleeding,² which can be chronic or acute. Other symptoms include dysmenorrhea, pressure symptoms affecting bladder and bowel function, and reproductive dysfunction.¹

The management of uterine fibroids depends on the presenting symptoms, the size and location of the fibroids, and the desire for future fertility. Medical therapies, including combined oral contraceptives (COC), have been used in the management of fibroid-related heavy menstrual bleeding; however, their effectiveness in treating abnormal bleeding is limited, and reduction of fibroid volume has not been documented with these therapies.³ Until recently, leuprolide acetate, a GnRH agonist, was the only pharmacologic agent used for the medical management of uterine fibroids.³ The selective progesterone receptor modulator ulipristal acetate (UPA; Fibristal, Actavis Specialty Pharmaceuticals Co., Mississauga, ON) was recently also approved by Health Canada for treatment of signs and symptoms related to uterine fibroids in reproductive age women who are eligible for surgery.⁴

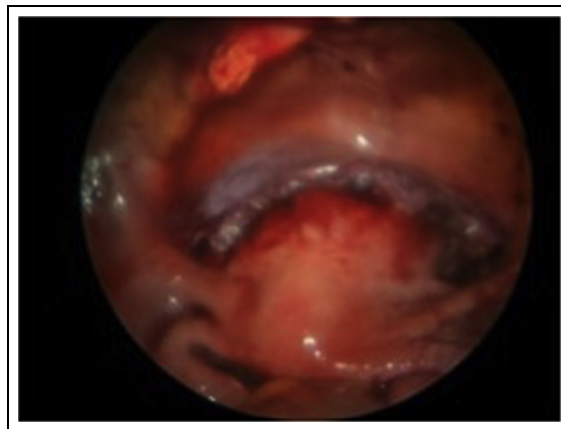
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Figure 1. Pre-operative view of the uterus at laparoscopy



Figure 2. Post-operative view following laparoscopic myomectomy



An acute episode of heavy uterine bleeding can be the first presentation of a previously asymptomatic woman with fibroids. Our usual approach to such episodes includes treatment with antifibrinolytic agents, intravenous estrogens, and Foley catheter balloon tamponade until bleeding stabilizes. This is followed by administration of an oral maintenance dose of hormonal therapy.⁵ We present here the case of a woman with acute heavy uterine bleeding associated with a uterine fibroid in which UPA was used in lieu of a hormonal maintenance regimen, with excellent results.

THE CASE

An otherwise healthy 32-year-old woman presented to the emergency department on the fourth day of menstrual flow with acute, severe vaginal bleeding. Her gynaecologic history was unremarkable, with regular menstrual cycles of 30 days' duration and menstrual flow lasting between four and six days. Menstrual blood loss was typically moderate to heavy, with moderate dysmenorrhea.

On the day of presentation, she had experienced brisk vaginal bleeding, with passage of large clots prompting her to seek medical attention. She had no associated symptoms, and had no history suggestive of a bleeding disorder. Her medical history was also unremarkable.

On examination, the patient was tachycardic but other vital signs were normal; cardiovascular examination was also normal. The abdomen was soft and non-tender, although the uterus was palpable above the symphysis pubis. Pelvic examination identified a smooth-contoured, non-tender uterus enlarged to the size of a 12- to 14-week pregnancy, with no adnexal masses. During speculum examination, a large amount of blood and clots was evacuated from the

vagina. Active bleeding from the external cervical os was identified.

Initial investigations showed a hemoglobin concentration of 114 g/L, a normal coagulation profile, and negative serum beta hCG.

The patient was resuscitated with intravenous fluid and was given tranexamic acid 1000 mg intravenously. Pelvic ultrasound showed the presence of a large anterior transmural fibroid, measuring 12.1 × 10.2 × 10.9 cm. She continued to have brisk vaginal bleeding, and was given conjugated equine estrogens 25 mg intravenously with intrauterine Foley catheter balloon tamponade. Her hemoglobin concentration fell to 72 g/L. The patient's anemia was symptomatic, and she was transfused one unit of packed red blood cells. After approximately 12 hours of balloon tamponade, the intrauterine Foley catheter was removed. The bleeding had slowed significantly.

The patient was discharged approximately 24 hours after admission and began treatment with UPA 5 mg daily. She quickly developed amenorrhea after beginning UPA, and she remained amenorrheic throughout three months of treatment. The treatment was well tolerated. The fibroid decreased in size to 9.8 × 8.9 × 9.7 cm after the UPA treatment.

After completion of three months of UPA treatment the patient underwent laparoscopically-assisted myomectomy with morcellation via a mini-laparotomy incision (Figures 1 and 2). The procedure was uneventful with no intra-operative complications. Estimated blood loss during the procedure was approximately 300 mL. Post-operatively, the patient was discharged on the day after surgery and had an unremarkable recovery. She resumed normal menstrual

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