Journal of Reproduction & Contraception doi: 10.7669/j.issn.1001-7844.2016.02.0125
2016 Jun.; 27(2):125-128 E-mail: randc@sippr.org.cn

• CASE REPORT •

Novasure treatment for one case of abnormal uterine bleeding with active systemic lupus erythematosus

Xiao-ling FENG[1], Ping SHANG[2], Hong-ying KUANG[1]
1. The Tirst Hospital Affiliated to Heilongjiang University of Chinese Medicine, Harbin 150040, China
2. Heilongjiang University of Chinese Medicine, Harbin 150040, China

Abnormal uterine bleeding (AUB), especially in the menopausal transition period, is showing a tendency of rising in recent years, and after treatment, high recurrence rate for the treatment of hormone treatment, the endometrial resection and uterine resection. But for patients with severe systemic disease with AUB, it may get worse with the conventional treatment. Novasure provides us with an effective measure for the treatment of AUB with active systemic lupus erythematosus (SLE).

Key words: Novasure; abnormal uterine bleeding (AUB); active systemic lupus erythematosus (SLE)

Systemic lupus erythematosus (SLE) is a typical autoimmune connective tissue disease, seriously harms people's life. Treatment of abnormal uterine bleeding (AUB) in patients with active SLE is a big problem. Traditional treatments for AUB are hormone therapy, endometrial ablation and hysterectomy. Hormone treatment has longer time and is easy to recurrence after withdrawal of hormone. Endometrial ablation and hysterectomy treatment have longer surgery time and bigger physical trauma, also are easy to cause infection and other adverse reactions. Novasure is a rapid, safe and simple procedure for endometrial resection. A recent report points out[1] Novasure has advantages in treating AUB with shorter treatment time, without pretreatment, convenient operation, rapid postoperative recovery, etc. And as time goes by, it has a more significant effect on patients with amenorrhea. Above all,

Corresponding author: Xiao-ling FENG; Tel: +86-13604800585; E-mail:doctorfxl@163.com

Novasure is an ideal choice for AUB patients with severe diseases in Department of Internal Medicine. This paper reports one patient who received Novasure treatment for AUB combined with active SLE, it is desirable to have clinical significance.

Case report

A patient, 38 years old, gravida 2 para 1, admitted to hospital in April 13, 2015 because of irregular vaginal bleeding for more than two years. The patient had vagina irregular bleeding for nearly two years without apparent inducement occurrence, and in the last 2–3 months, bleeding profusely lasted more than 30 d. The patient has a history of SLE for 13 years, and took oral corticosteroid for therapy. Admission examination: temperature 36.5 ℃, pulse 82/min, respire 18/min, blood pressure 125/80 mmHg. General situation is acceptable, body and gynecological examination revealed no obvious abnormality. Auxiliary examination: positive anti-nuclear antibody test. The blood had no obvious abnormalities. Liver function, renal function, blood glucose determination: total protein 54.70 g/L, albumin 31.20 g/L, with no more abnormal. Urine routine: urinary protein (++), with no more abnormal. Thinprep cytologic test (TCT): inflammatory cells with moderate, no intraepithelial lesions or malignant lesions. Diagnostic curettage, pathological return: (uterus) endometrial hyperplasia and a polypoid hyperplasia. On April 17, 2015 in the combined spinal-epidural anesthesia, the patient accepted endometrial ablation. Surgery was performed smoothly with no bleeding. Six hours after giving treatment to prevent infection, the patient got out of bed on her own with no bleeding and was observed 3 d after discharge. Clinic or telephone follow-up was performed 1, 3, 6, 12 months after surgery for the content including the availability of lower abdominal pain symptoms and complications, menstrual flow, menstrual cycle changes, inspection of blood and B ultrasonic projects. The patient was visited 1 month after surgery, stating had vaginal secretion in 7 d but not now. Three and six months after surgery, the patient had monthly menstrual cramps, used less 2 pieces of sanitary napkins, menstrual period lasted 4 d. The menstrual cycle had not changed 12 months after surgery, only a small amount of brown secretion was observed in 2 d. There was no lower abdominal pain symptoms and complications, SLE has not increased.

Discussion

SLE

SLE is a typical autoimmune connective tissue disease, more commonly occured in 15–40 years old women. The etiology is not yet fully understood, it is generally believed that the SLE possible causes include genetics, immune, infection, environment, sex hormones and so