

Abnormal Uterine Bleeding in Reproductive-aged Women



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KEYWORDS

- Menorrhagia • Menstrual bleeding • Sonohysterography • Uterine bleeding
- Anovulation

KEY POINTS

- Abnormal uterine bleeding (AUB) is one of the most common gynecologic complaints in reproductive-aged women.
- The new International Federation of Gynecology and Obstetrics classification system should be used to classify all forms of AUB.
- Anovulatory bleeding is the most common nonanatomic cause of AUB and is most often observed in adolescents and perimenopausal patients as well as in some women with other pathologic conditions (eg, obesity, polycystic ovarian syndrome).
- Most AUB unrelated to uterine structural abnormalities is amenable to medical management, including hormonal treatments, antifibrinolytics, and nonsteroidal antiinflammatories.
- Uterine structural abnormalities that cause AUB (ie, polyps, fibroids, adenomyosis) generally require surgical management.

INTRODUCTION

Abnormal uterine bleeding (AUB) is one of the most common gynecologic conditions experienced by women of reproductive age. AUB is the cause of approximately one-third of all visits to gynecologists among premenopausal women and more than 70% of office visits among perimenopausal and postmenopausal women. The estimated annual direct cost of AUB in 2007 was approximately \$1 billion, with indirect economic costs of \$12 billion.¹ These figures do not account for intangible costs and productivity loss. Health care providers should be aware of the most common causes and treatment options for AUB given the high prevalence of the condition.

The term AUB has traditionally described all forms of abnormal vaginal bleeding. The use of other terms for vaginal bleeding, such as dysfunctional uterine bleeding,

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polymenorrhea, menorrhagia, metrorrhagia, and hypermenorrhea, has caused confusion for many health care providers. In addition, the terminology used in other countries for the various gynecologic causes of vaginal bleeding has not been congruent with the medical definitions used in the United States. In response to these concerns, the International Federation of Gynecology and Obstetrics (FIGO) published a new nomenclature system in 2011 to create an internationally accepted classification system.² This system allows for consistent terminology in describing AUB and facilitates communication between health care providers, and also provides a format to accurately analyze effective medical and surgical treatments. The system classifies AUB by bleeding pattern as well as cause and includes 9 main categories. The system was recently accepted by the American College of Obstetricians and Gynecologists (ACOG) and an update to the AUB 2000 practice bulletin was published in 2013.³ This article reviews the FIGO classification system as well as evaluation and management options.

NORMAL VERSUS ABNORMAL UTERINE BLEEDING

Normal Menstrual Bleeding

Most ovulatory menstrual cycles last between 21 and 35 days. The duration of normal menstrual flow is generally 5 days, with most blood loss occurring within the first 3 days.⁴ The average amount of bleeding during the menstrual cycle is 30 to 40 mL. Only 10% of women have more than 80 mL, which is considered abnormal. Approximately 65% of patients have anemia when menstrual blood loss exceeds 80 mL per month.⁵ Approximately 25% of patients with measured blood loss of less than 60 mL consider their menstrual cycles to be heavy. Therefore, research supports that it is difficult for most women to accurately estimate menstrual blood loss and differentiate between normal and heavy menstrual bleeding.

Menstrual cycles are predictable in most women, but the length of the cycle can vary by a few days each month and is more unpredictable during puberty and perimenopause. The menstrual cycle comprises the follicular phase and the luteal phase. These phases are controlled through complex interactions between the ovary, hypothalamus, pituitary gland, and uterus. The follicular phase is initiated by recruitment of an oocyte in response to ovarian stimulation from the pituitary. The follicular phase is marked by estrogen dominance, and is typically of a variable length secondary to hormonal fluctuations during oocyte selection and maturation. These fluctuations are most prominent during the pubertal and perimenopausal transitions.

The luteal phase is marked by progesterone dominance after ovulation and is generally a more fixed length of 12 to 14 days. Menstruation occurs as estrogen and progesterone levels decline at the end of the luteal phase if pregnancy does not occur. Dysfunction at the level of the hypothalamus, pituitary, or ovary can interfere with ovulation and prevent routine shedding of the endometrium, which may result in heavy menstrual bleeding, intermenstrual spotting/bleeding, or both.

Abnormal Uterine Bleeding

AUB has been defined by FIGO as bleeding from the uterine corpus that is abnormal in regularity, volume, frequency, or duration and occurs in the absence of pregnancy.² The causes of AUB are classified as “related to uterine structural abnormalities” and “unrelated to uterine structural abnormalities.” AUB is classified by one or more letters that indicate the cause. These are categorized by the acronym PALM-COEIN (polyp, adenomyosis, leiomyoma, malignancy, and hyperplasia; coagulopathy, ovulatory dysfunction, endometrial, iatrogenic, and not otherwise classified). In addition,

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