

Abnormal Uterine Bleeding

Current Classification and Clinical Management



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KEYWORDS

• Abnormal uterine bleeding • Heavy menstrual bleeding • Intermenstrual bleeding

KEY POINTS

- Abnormal uterine bleeding (AUB) is now classified and categorized according to International Federation of Gynecology and Obstetrics guidelines.
- This applies to nongravid women during their reproductive years and allows more clear designation of causes, thus aiding clinical care and future research.
- These new categories are reviewed and current concepts of care are discussed.

The diagnosis and management of abnormal uterine bleeding (AUB) is one of the most common reasons women seek gynecologic care. Women with this complaint may have 1 or more conditions contributing to their symptoms. Medical terminology used to describe abnormal bleeding has had many descriptions and labels with poor correlation between the terminology and medical diagnosis, making research and clinical management of this spectrum of disorders difficult.

The International Federation of Gynecology and Obstetrics (FIGO) in 2005 convened an international committee of clinicians and investigators from 6 continents and more than 17 countries to propose a new classification for AUB. The first publication of this group addressed the standardization of terminology and definitions based on the characteristics of normal menstruation (**Box 1**).^{1,2} The group decided that the 4 major clinical components of menstruation and the menstrual cycle would each be described by 3 simple words. These decisions were based on published data from the World Health Organization. Literature review yielded 6375 records of healthy women of reproductive age with normal menses with documentation of menstrual details and assisted with defining the characteristics of menses.³ Normal menstrual volume was based primarily on research measures of hemoglobin loss in a Swedish

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Box 1**Characteristics of normal menstruation**

Duration of flow: 4.5 to 8.0 days

Frequency (interval): 24 to 38 days (22–35 days in midreproductive years)

Cycle-to-cycle variation: ± 2 to 20 days (over 12 months)

Volume of blood loss: 5 to 80 mL

Menstrual terminology

Duration: prolonged, normal, shortened

Frequency: frequent, normal, infrequent

Regularity: regular, irregular, absent

Volume: heavy, normal, light

Data from Fraser IS, Critchley HO, Munro MG, et al. A process designed to lead to international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding. *Fertil Steril* 2007;87(3):466–76; and Fraser IS, Critchley HO, Munro MG, et al. Can we achieve international agreement on terminologies and definitions used to describe abnormalities of menstrual bleeding? *Hum Reprod* 2007;22(3):635.

community.⁴ The concept of “menstrual shape” was discussed by the study group and it is “the patient’s perception of the pattern of changes in normal volume from day to day.”¹ This topic has had little study but may in the future be incorporated into the menstrual history.

The FIGO group agreed to abandon the term dysfunctional uterine bleeding (DUB) and replace the term menorrhagia with “heavy menstrual bleeding (HMB).” AUB may describe abnormal HMB or mistimed bleeding, and it may be acute or chronic. The 2009 FIGO workgroup suggested defining acute AUB as “an episode of heavy bleeding that, in the opinion of the clinician, is of sufficient quantity to require immediate intervention to prevent further blood loss.” Chronic AUB is defined as “bleeding from the uterine corpus that is abnormal in volume, regularity and/or timing and has been present for the majority of the past 6 months”; thus, it would not require immediate medical attention. Acute AUB could occur as a part of or within the occurrence of chronic AUB.⁵ Intermenstrual bleeding (IMB) “occurs between clearly defined cyclic and predictable menses”⁵ and replaces the term metrorrhagia. These occurrences may appear randomly or at a regular time in each cycle.

The FIGO classification system is divided into 9 categories. These divisions pertain to general clinical care. Subclassification could be used for research or subspecialty applications.⁵ The 9 categories are arranged in the acronym PALM-COEIN (“palm-koin”) (**Table 1**). The prior term “dysfunctional uterine bleeding (DUB)” was a diagnosis used when no systemic or anatomic cause for AUB was identified. This new system recognizes that any patient may have 1 or more entities contributing to abnormal bleeding or identified in the context of abnormal bleeding but remain asymptomatic. When AUB is caused by medical hormonal therapies, including intrauterine devices, it falls in the iatrogenic category. The “not yet classified” category encompasses rare or ill-defined disorders. Malignant/hyperplasia is a major category representing hyperplasia with and without atypia as well as malignancies of the uterine corpus. Malignancies are further categorized by World Health Organization (WHO) and FIGO classification and staging systems.

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