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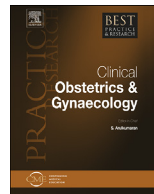

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Abnormal uterine bleeding

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FIGO PALM-COEIN classification of AUB

Abnormal uterine bleeding (AUB) is a common and debilitating condition with high direct and indirect costs. AUB frequently co-exists with fibroids, but the relationship between the two remains incompletely understood and in many women the identification of fibroids may be incidental to a menstrual bleeding complaint. A structured approach for establishing the cause using the Fédération International de Gynécologie et d'Obstétrique (FIGO) PALM-COEIN (**P**olyp, **A**denomyosis, **L**eiomyoma, **M**alignancy (and hyperplasia), **C**oagulopathy, **O**vulatory disorders, **E**ndometrial, **I**atrogenic and **N**ot otherwise classified) classification system will facilitate accurate diagnosis and inform treatment options. Office hysteroscopy and increasing sophisticated imaging will assist provision of robust evidence for the underlying cause. Increased availability of medical options has expanded the choice for women and many will no longer need to recourse to potentially complicated surgery. Treatment must remain individualised and encompass the impact of pressure symptoms, desire for retention of fertility and contraceptive needs, as well as address the management of AUB in order to achieve improved quality of life.

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Background

Abnormal uterine bleeding (AUB) is a significant clinical entity. AUB and its sub group, heavy menstrual bleeding (HMB), are common conditions affecting 14–25% of women of reproductive age [1,2] and

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may have a significant impact on their physical, social, emotional and material quality of life [3]. In the UK, over 800,000 women seek help for AUB annually [3]. Along with the direct impact on the woman and her family, there are significant costs to both economy and health service. A US study reported financial losses of >$2000 per patient per annum due to work absence and home management costs [4]. AUB is the fourth most common reason for referral to UK gynaecological services [5]. A recent national audit in England and Wales (RCOG HMB audit) reported that at 1-year post referral, only a third of women (including those managed with surgery) were 'satisfied' (or better) at the prospect of current menstrual symptoms continuing, as currently experienced, for the next 5 years [6]. While there may be relief from HMB during pregnancy and lactation, and an end to the problem at menopause, women affected will tend to suffer the adverse impacts of AUB over what should be the prime years of their lives.

Fibroids (leiomyoma) represent the most common tumour of women; by the age of 50, almost 70% of white women and >80% of black women will have developed at least one fibroid [7]. Fibroids are associated with subfertility, miscarriage, preterm labour and obstruction of labour. In addition, they may cause discomfort and pressure symptoms, typically urinary. In rare circumstances, at larger sizes, they may cause compression of the renal tract and pelvic vasculature leading to impaired renal function and venous thromboembolism, respectively. Conversely, many women with fibroids will be entirely asymptomatic [8]. However, many women most commonly present to gynaecological services with AUB and associated iron-deficiency anaemia. For women with uterine fibroids, everyday life is often disrupted and fibroids remain a leading indication for hysterectomy [9,10]. Conservative estimates of annual direct treatment costs and indirect costs from lost work hours as a result of fibroids are $4.1–9.4 billion and $1.55–17.2 billion, respectively [11]. The mechanisms, however, linking AUB and fibroids remain incompletely understood.

As women increasingly defer pregnancy, fertility preservation is critical and newer medical options offer genuine effective relief for both AUB and other symptoms associated with fibroids. This review addresses the causes of AUB and approach to assessment and general principles of management of the pre-menopausal woman with fibroids.

Definitions

AUB was redefined by Fédération International de Gynécologie et d'Obstétrique (FIGO) in 2009 by the FIGO Menstrual Disorders Group (FMDG) [12,13]. This was in order to standardise definitions, nomenclature and the underlying categories of aetiology. It was hoped that this would facilitate ease of investigation and comparison of similar patient populations and thereby aid research and improve evidence-based care; this would also be a practical tool for assessing contributing aetiologies.

Chronic AUB was defined as 'bleeding from the uterine corpus that is abnormal in volume, regularity and/or timing that has been present for the majority of the last 6 months' [13]. Values outwith the accepted 5–95th percentiles indicated abnormality (Table 1).

With regard to volume, however, both the Royal College of Obstetricians and Gynaecologists (RCOG) and American College of Obstetricians and Gynecologists (ACOG) prefer the patient-centred definition of HMB, 'excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life' [3], as an indication for investigation and treatment options. As such, objective measurements of volume are usually the preserve of research studies and surrogates such a pictorial blood-loss assessment chart (PBAC) scores are not recommended in routine clinical practice.

FIGO classification of cause: 'PALM-COEIN'

Once bleeding is defined as being abnormal, the acronym PALM-COEIN is now being increasingly used for categorising causes: **P**olyp, **A**denomyosis, **L**eiomyoma, **M**alignancy (and hyperplasia), **Co**agulopathy, **O**vulatory disorders, **E**ndometrial, **I**atrogenic and **N**ot otherwise classified [13]. The 'PALM' are assessed visually (imaging and histopathology) and the 'COEIN' are non-structural (Fig. 1).

Depending on the site, leiomyoma (fibroids) are further subdivided into submucosal (SM) and other (O) and then into nine tertiary categories adapted from the Wamsteker classification [14] (Fig. 2). These have been adopted by the European Society for Human Reproduction and Embryology (ESHRE) and used by the European Society for Gynaecological Endoscopy (ESGE).

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