Management of Abnormal Uterine Bleeding

DR ERLICH SEM

Incidence

- Common : 14 – 25 % women of reproductive age
- Around 12% of referrals of premenopausal women to specialist gynaecologists are for evaluation and treatment of HMB
- Actual number maybe higher, because often managed conservatively in general practice

FIGO classification system 2011 (PALM-COEIN)

Abnormal uterine bleeding:
- Heavy menstrual bleeding (AUB/HMB)
- Intermenstrual bleeding (AUB/IMB)

PALM—structural causes:

Polyp (AUB-P)
Adenomyosis (AUB-A)
Leiomyoma (AUB-L)
  Submucosal leiomyoma (AUB-LSM)
  Other leiomyoma (AUB-LO)
Malignancy and hyperplasia (AUB-M)

COEIN—nonstructural causes:

Coagulopathy (AUB-C)
Ovulatory dysfunction (AUB-O)
Endometrial (AUB-E)
Iatrogenic (AUB-I)
Not yet classified (AUB-N)

Munro MG, Critchley HO, Broder MS, Fraser IS, FIGO Working Group on Menstrual Disorders, FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age, Int J Gynaecol Obstet 2011;113:3–13

AUB classification - structural

Polyp

Adenomyosis

Leiomyoma

Malignancy

AUB classification – non structural

Coagulopathy

Ovulatory

Endometrium

Iatrogenic

Not otherwise classified

History

- Menstrual History
- Sexual and reproductive history
- Medical History
- Family History
- Medications

History – Associated Symptoms

- Symptoms suggestive of anemia
- Impact on social, sexual functioning and quality of life
- Symptoms suggestive of systemic causes of bleeding such as hypothyroidism, hyperprolactinemia, coagulation disorders, polycystic ovary syndrome, adrenal or hypothalamic disorders, and
- Associated symptoms such as vaginal discharge or odour, pelvic pain or pressure.

Physical Examination

- System examination
- Gynaecological examination +/- smear and STI screen
- Office endometrial biopsy - Pipelle

- Rectal examination

Endometrial biopsy

- Indications:
- Age > 40
- Risk factors for endometrial cancer
- Failure of medical treatment
- Significant intermenstrual bleeding

Endometrial Cancer

- Risk factors:
- Age
- Obesity (BMI > 30 kg/m2)
- Nulliparity
- PCOS
- Diabetes
- HNPCC

Investigation

- FBC

Optional:

- Thyroid functions if symptomatic
- Coags if suggestive history of bleeding disorder
- BHCG if pregnancy a possibility

Imaging

- Indication :
- examination suggests structural causes for bleeding,
- conservative management has failed, or
- there is a risk of malignancy

- Options:
- TV USS – if available SIS
- MRI

Hysteroscopy

- Office
- In operating theatre
- Directed biopsy

Management - Medical

- Hormonal
  - Estrogens
  - OCP
  - Progestins: oral, injectable
  - Androgens
  - GnRH agonist/ antagonist
- Non- Hormonal
  - Antifibrinolytics - TXA
  - NSAIDs

Management – Local Treatment

- Mirena

Management - Surgical

- Hysteroscopic surgery
- Endometrial ablation
- Hysterectomy
- Others: Myomectomy

Management

Indications for surgery:

- Failure to respond to medical therapy,
- Inability to utilize medical therapies(i.e. sideeffects, contraindications)
- significant anemia
- Impact on quality of life
- concomitant uterine pathology (large uterine fibroids, endometrial hyperplasia)

Hysteroscopic vs Second Generation Devices

- Similar patient satisfaction
- Less risk with second generation devices:
  - distending fluid overload
  - uterine perforation
  - cervical lacerations
  - haematometra
- Shorter operating time
- Up to 30% will require hysterectomy in 4 years

Hysterectomy

- Definitive treatment
- Options:
  - Vaginal
  - Laparocopic/ Robot assisted
  - Open