



A Study to Evaluate Causes of Abnormal Uterine Bleeding In Perimenopausal Women at SMS Medical College, Jaipur

¹Dr. B S Meena, ²Dr. Anusha S , ³Dr. Samta Solanki , ⁴Dr. Alka Jilowa, ⁵Dr. Neelam Bunkar, ⁶Dr. Purva Sharma

¹Senior Professor and head, ²⁻⁶ Resident Doctor

Department of Obstetrics & Gynaecology, SMS Medical College & Attached Group of Hospitals, Jaipur, Rajasthan

Corresponding Author: Dr. Anusha S, Resident Doctor, Department of Obstetrics & Gynaecology, SMS Medical College & Attached Group of Hospitals, Jaipur, Rajasthan

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Abstract

Background: Abnormal uterine bleeding (AUB) is one of the most common presenting complaint encountered by a Gynaecologist. It is a major cause of hysterectomy, and thus is a major health problem.

Methods: This was a hospital based descriptive study conducted on perimenopausal women with complaints of abnormal uterine bleeding admitted in Obstetrics and Gynaecology, SMS Medical College, Jaipur.

Results: Of the total number of gynaecological admissions in the hospital i.e. 703, 14.22% comprised of perimenopausal women with complaints of Abnormal Uterine Bleeding, who were taken up for the study. Obesity was found to be most commonly associated risk factor, followed by hypertension and thyroid disorders.

Conclusion: AUB continues to be one of the most commonly encountered complaints in gynaecologic practice. Determining the most likely etiology of acute AUB is essential for choosing the most appropriate and effective management for the individual patient and is

accomplished by obtaining a history, performing a physical examination, and requesting laboratory and imaging tests, when indicated.

Keywords: AUB, Etiology, Gynaecological practice.

Introduction

Abnormal uterine bleeding (AUB) is one of the most common presenting complaint encountered by a Gynaecologist. It is a major cause of hysterectomy, and thus is a major health problem.¹ AUB is also associated with significant social and physical morbidities in all societies and is reflection of serious underlying pathology.²

AUB may be acute or chronic and is defined as bleeding from the uterine corpus that is abnormal in regularity, volume, frequency or duration and occurs in the absence of pregnancy^{3,4}. The regularity is said to be normal if variation is not more than of 2 – 20 days in between cycles, normal duration of menses is of 4 – 8 days, normal frequency of cycles is 24 – 38 days, normal amount of blood loss is 5 - 80 ml per cycle.⁵

World Health Organisation defines Perimenopause as the period 2 -8 years preceding menopause and 1 year after the final menses.⁷ In this period, a woman's body makes a natural shift from more or less regular cycles of ovulation and menstruation towards permanent infertility, or menopause. Follicular development at this time has been demonstrated to be erratic, with consequent variability in estrogen levels and an increased percentage of anovulatory cycles making them more likely to experience abnormal uterine bleeding.⁸ Determining whether the bleeding is ovulatory or anovulatory is a central part of the evaluation, as anovulation is one of the most common causes of abnormal uterine bleeding.⁶

Material And Methods

Descriptive type of observational study was conducted among women with AUB who presented to the Gynaecology OPD.

Study Design: Hospital based cross sectional study.

Study Period: June 2018 to September 2019.

Study Setting: The study was conducted at Department of Obstetrics and Gynecology, SMS Medical College, Jaipur

Study Population: Patients admitted in Department of Obstetrics and Gynecology, SMS Medical College, Jaipur.

Inclusion Criteria

Women >40 years with complaints of abnormal uterine bleeding.

Exclusion Criteria

- Postmenopausal women
- Women with cervical causes of bleeding
- Pregnant women
- Local lesions

Methodology

After written and informed consent to the patient.

This was a hospital based descriptive study conducted on perimenopausal women with complaints of abnormal uterine bleeding admitted in Obstetrics and Gynaecology, SMS Medical College, Jaipur.

All perimenopausal women with complaints of Abnormal Uterine bleeding admitted in the hospital underwent a complete clinical workup. Patients were analysed for age, parity, socioeconomic status, duration of symptoms and type of menstrual abnormality.

A structured history with special consideration of previous and current menstrual history, history of contraception use, medical/ surgical history followed by general, physical, systemic and gynaecological examination.

On gynaecological examination, cervix (position of cervix, condition of cervix- erythematous, hypertrophy, mobility, presence of polyp, ectopy), uterus (size, position, consistency, and mobility) and adnexa assessed.

Clinical diagnosis made and investigations, including USG done.

Investigations includes CBC, ESR, platelet count, RFT, LFT, Coagulation profile, Thyroid profile.

A pelvic ultrasound to assess the uterus (uterine size, endometrial thickness, presence of endometrial polyp, any endometrial growth, adenomyosis, fibroids) and ovarian status (presence of any cyst, mass and its characteristics) was done.

Clinical diagnosis was made. Patients were subjected for endometrial biopsy and follow up histopathological reports was assessed.

Observations & Results

Table 1: Proportion of Cases of Perimenopausal AUB

Total No. of Gynaecological Admissions	703
Total No. of cases of perimenopausal women with complaints of AUB	100 (14.2%)

Of the total number of gynaecological admissions in the hospital i.e. 703, 14.22% comprised of perimenopausal women with complaints of Abnormal Uterine Bleeding, who were taken up for the study.

Table 2: Distribution of Cases According To Type Of Menstrual Abnormality

	No. of Cases	%
Amenorrhoea	1	1%
Menorrhagia	33	33%
Metrorrhagia	5	5%
Menometrorrhagia	28	28%
Amenorrhoea F/By Bleeding	16	16%
Oligomenorrhoea	1	1%
Polymenorrhoea	2	2%
Acute Emergent Aub	6	6%
Polymenorrhagia	8	8%

Most patients presented with menorrhagia, which is a commonly found menstrual abnormality in perimenopausal women followed by menometrorrhagia.

Table 3: Distribution of Associated Risk Factors

Risk Factor	No. Of Cases	%
Obesity	9	9%
Thyroid Disorders	4	4%
History Of PCOS	0	0.00%
Hypertension	6	6%
Diabetes Mellitus	2	2%
Family History Of Endometrial Carcinoma	0	0.00%

Obesity was found to be most commonly associated risk factor, followed by hypertension and thyroid disorders.

Discussion

The study was conducted from June 2017 to September 2019 in SMS Hospital in collaboration with Department of Pathology, SMS Medical College, Jaipur. Out of 700 gynaecological admissions during the study period, there were 100 perimenopausal women who presented with the complaints of abnormal uterine bleeding and were included in the study.

The Risk factor found to be most commonly associated with Abnormal Uterine Bleeding in the present study was Obesity, present in 9.3% cases followed by hypertension in 6.3% cases and thyroid disorders (hypothyroidism) in 3.8% cases.

Obesity by increasing the overall lifetime exposure to estrogen by peripheral aromatisation of adrenal androgens, increases the incidence of polyps, leiomyomas, endometrial carcinoma (relative risk 3-10%). Increasing risk for leiomyomas is seen by 21% for each 10kg increase in body weight.^{7,8} Nouri.M, Tarakkolian. A (2014) did an observational study on association of dysfunctional uterine bleeding with high body mass index and obesity as a main predisposing factor and found a strong association between obesity and DUB.⁹

Hypothyroidism tends to cause menorrhagia or polymenorrhoea, these symptoms being present in 30-40% cases. Ajmani. N, Sarbhai. V (2015) studied the prevalence of thyroid disorders in patients with 100 women of 15-45 yrs of age with menstrual disorders and found that, 44 % had thyroid disorders in which subclinical hypothyroidism was prevalent in 20 %, overt hypothyroidism in 14 %, and overt hyperthyroidism in 8 % of the women. Autoimmune thyroid antibodies were present in 30 % patients of women with menstrual disorders.¹⁰

Conclusion

AUB continues to be one of the most commonly encountered complaints in gynaecologic practice. Determining the most likely etiology of acute AUB is essential for choosing the most appropriate and effective management for the individual patient and is accomplished by obtaining a history, performing a physical examination, and requesting laboratory and imaging tests, when indicated.

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