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Assessment of profile of patients with Abnormal uterine bleeding

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Abstract
Background: This study was conducted for the assessment of profile of patients with abnormal uterine bleeding.
Materials and Methods: This study comprised of 100 women with abnormal uterine bleeding. The procedure was explained to the subjects and written consent was taken. The subjects underwent clinical examination. All the findings were noted. Statistical analysis was conducted using SPSS software.
Results: In this study, 45 women belonged to the age group of 25-30 years. 20 females belonged to the age group of 31-35 years. 16 women belonged to the age group of 36-40 years. 10 women were aged from 41-45 years and 9 females were aged from 46-50 years. Menorrhagia was evident in 53% of women. Polymenorrhagia was seen in 20% subjects. Polymenorrhea, metrorrhagia as well as post-menopausal bleeding was evident in 19, 5 as well as 3 subjects, respectively.
Conclusion: Menorrhagia was the most common bleeding pattern observed in women with abnormal uterine bleeding.

Keywords: Menorrhagia, metrorrhagia, polymenorrhea, post-menopausal bleeding, abnormal uterine bleeding

Introduction

Abnormal uterine bleeding (AUB) is a broad term that describes irregularities in the menstrual cycle involving frequency, regularity, duration, and volume of flow outside of pregnancy. Up to one-third of women will experience abnormal uterine bleeding in their life, with irregularities most commonly occurring at menarche and perimenopause. A normal menstrual cycle has a frequency of 24 to 38 days and lasts 2 to 7 days, with 5 to 80 milliliters of blood loss. Variations in any of these 4 parameters constitute abnormal uterine bleeding.

Older terms such as oligomenorrhea, menorrhagia, and dysfunctional uterine bleeding should be discarded in favor of using simple terms to describe the nature of abnormal uterine bleeding. Revisions to the terminology were first published in 2007, followed by updates from the International Federation of Obstetrics and Gynecology (FIGO) in 2011 and 2018. The FIGO systems first define abnormal uterine bleeding, then give an acronym for common etiologies. These descriptions apply to chronic, nongestational AUB. In 2018, the committee added intermenstrual bleeding and defined irregular bleeding as outside the 75th percentile [1].

Abnormal uterine bleeding can also be divided into acute versus chronic. Acute AUB is excessive bleeding that requires immediate intervention to prevent further blood loss. Acute AUB can occur on its own or superimposed on chronic AUB, which refers to irregularities in menstrual bleeding for most of the previous 6 months [2].

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Materials and Methods

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Results

Table 1: Age-wise distribution of subjects.

Age	Number of subjects	Percentage
25-30	45	45%
31-35	20	20%
36-40	16	16%
41-45	10	10%
46-50	09	09%

45 women belonged to the age group of 25-30 years. 20 females belonged to the age group of 31-35 years. 16 women belonged to the age group of 36-40 years. 10 women were aged from 41-45 years and 9 females were aged from 46-50 years.

Table 2: Bleeding patterns

Bleeding patterns	Number of subjects	Percentage
Menorrhagia	53	53%
Polymenorrhagia	20	20%
Polymenorrhea	19	19%
Metrorrhagia	05	05%
Post-menopausal bleeding	03	03%

Menorrhagia was evident in 53% of women. Polymenorrhagia was seen in 20% subjects. Polymenorrhea, metrorrhagia as well as post-menopausal bleeding was evident in 19, 5 as well as 3 subjects, respectively.

Discussions

Abnormal uterine bleeding (AUB) is a condition that affects approximately 30% of women during their reproductive years.1 It is a considerable health care burden for women and has a definite effect on quality of life. Health care practitioners deal with this problem frequently [3].

Abnormal uterine bleeding has various definitions and classifications. It can be loosely defined as a variation from the normal menstrual cycle. The variation can be in regularity, frequency, duration of flow, or amount of blood loss. Often the bleeding is "heavy," which is "excessive menstrual blood loss which interferes with a woman's physical, social, emotional and/or material quality of life [4]." The terms menorrhagia and metrorrhagia, as well as other combinations, have become outdated.

This study was conducted for the assessment of profile of patients with Abnormal uterine bleeding. In this study, 45 women belonged to the age group of 25-30 years. 20 females belonged to the age group of 31-35 years. 16 women belonged to the age group of 36-40 years. 10 women were aged from 41-45 years and 9 females were aged from 46-50 years. Menorrhagia was evident in 53% of women. Polymenorrhagia was seen in 20% subjects. Polymenorrhea, metrorrhagia as well as post-menopausal bleeding was evident in 19, 5 as well as 3 subjects, respectively.

Sarala V *et al*. (2020) [5] evaluated the clinical profile of abnormal uterine bleeding. This cross-sectional study was carried out among 350 patients who were clinically diagnosed with AUB for a period of one year from April 2018 to March 2019. Patients with uterine polyp, adenomyosis, Leiomyoma, malignancies and with various coagulopathies were excluded from the study by physical examination, ultrasound, histopathology and blood test. The remaining 280 patients between the ages 20-60 years were selected for clinical classification of AUB. Majority of the participants were in the age group of 41-50 years (60%). AUB is most commonly seen in multiparous women (48.92%). The prominent bleeding pattern seen was menorrhagia (52.2%). Menorrhagia is the most common form of AUB and there is a need to prevent the consequences of menorrhagia by way of creating awareness among the women, and by early diagnosis and clinical management of complications.

Pingjuan Ni *et al*. (2022) [6] evaluated the etiology prevalence distribution for AUB patients. A total of 1065 women with AUB in the Second Hospital of Shandong University between January 2019 and March 2021. The intrauterine histopathological and ultrasound results were reviewed retrospectively. PALM-COEIN etiology classification was performed according to histopathology and ultrasound. The classification system was stratified into nine basic categories: Polyp (AUB-P), adenomyosis (AUB-A), leiomyoma (AUB-L), malignancy and hyperplasia (AUB-M), coagulopathy (AUB-C), ovulatory disorders (AUB-O), endometrium (AUB-E), Iatrogenic (AUB-I), and not classified (AUB-N). The number of cases and composition ratio were also calculated. According to the FIGO's classification system, the PALM group (656,61.60%), which were defined as structural entities that can be measured visually with ultrasound and/or histopathology. 176 (16.53%) patients were classified as AUB-P,102 (9.58%) patients were classified as AUB-A, 487(45.73%) patients were classified as AUB-L, 31 (2.91%) patients were classified as AUB-M. The COEIN group (409,38.40%), which were defined as nonstructural entities that cannot be measured by ultrasound and/or histopathology. Nobody were classified as AUB-C in their group, and 383 (35.96%) patients were classified as AUB-O, 4 (0.38%) patients were classified as AUB-E,14 (1.31%) patients were classified as AUB-I,8 (0.75%) patients were classified as AUB-N. In their study, AUB-L was the most common cause, followed by AUB-O, AUB-P, AUB-A, AUB-M, AUB-I, AUB-N, and AUB-E.PALM-COEIN etiology classification system played an important role in the epidemic and management standardization of AUB patients, provided an effective communication between physicians and researchers also. Ultrasonography was the preferred examination for AUB patients, especially with structural abnormalities.

Conclusion

Menorrhagia was the most common bleeding pattern observed in women with abnormal uterine bleeding.

Conflict of Interest

Not available

Financial Support

Not available

References

1. Munro MG, Critchley HOD, Fraser IS. FIGO Menstrual Disorders Committee. The two FIGO systems for normal and abnormal uterine bleeding symptoms and classification of causes of abnormal uterine bleeding in the reproductive years: 2018 revisions. Int J Gynaecol Obstet. 2018 Dec;143(3):393-408.
2. ACOG committee opinion no. 557: Management of acute abnormal uterine bleeding in nonpregnant reproductive-aged women. Obstet Gynecol. 2013 Apr;121(4):891-896.
3. Matteson KA, Abed H, Wheeler TL, 2nd, Sung VW, Rahn DD, Schaffer JI, *et al*. A systematic review comparing hysterectomy with less-invasive treatments for abnormal uterine bleeding. J Minim Invasive Gynecol.

2012;19(1):13–28. Epub 2011 Nov 11.

4. Singh S, Best C, Dunn S, Leyland N, Wolfman WL, Clinical Practice—Gynaecology Committee *et al*. Abnormal uterine bleeding in premenopausal women. J Obstet Gynaecol Can. 2013;35(5):473–9.

5. VS, Gopalan U. Clinical pattern and presentation of abnormal uterine bleeding. International Journal of Reproduction, Contraception, Obstetrics and Gynecology. 2019;9(1):126.

6. Ni P, Wu M, Guan H, Yuan Y, Zhang L, Zhang F. Etiology distribution of abnormal uterine bleeding according to FIGO classification system: A combined study of ultrasound and histopathology. J Obstet Gynaecol Res. 2022 Jul;48(7):1913-1920.

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