

UNIT 4: REPRODUCTIVE ENDOCRINOLOGY, INFERTILITY & RELATED TOPICS

Educational Topic 45: Normal and Abnormal Uterine Bleeding

Rationale: The occurrence of bleeding at times other than expected menses is common. Accurate diagnosis of abnormal uterine bleeding is necessary for appropriate management.

Intended Learning Outcomes:

A student should be able to:

- Define the normal menstrual cycle and describe its endocrinology and physiology
- Define abnormal uterine bleeding
- Describe the pathophysiology and identify etiologies of abnormal uterine bleeding
- Describe the steps in the evaluation and initial management of abnormal uterine bleeding
- Summarize medical and surgical management options for patients with abnormal uterine bleeding

TEACHING CASE

CASE: A 45 year-old G2P0020 woman, with LMP 21 days ago, presents with heavy menstrual bleeding. Prior to 6 months ago her cycles occurred every 28-30 days, lasted for 6 days, and were associated with cramps that were relieved by Ibuprofen. In the last 6 months there has been a change with menses occurring every 25-32 days, lasting 7-10 days and associated with cramps not relieved by ibuprofen, passing clots and using two boxes of maxi pads each cycle. She is worried about losing her job if the bleeding is not better controlled. She denies dizziness, but complains of feeling weak and fatigued. Her weight has not changed in the last year. She denies any bleeding disorders or reproductive cancers in the family. She uses condoms for contraception. She takes no daily medications and has no other medical problems. She is married and works in a factory.

On physical exam, her weight is 150 pounds, height is 5 feet, 6 inches, BP 130/88, P 100. She appears pale. Pelvic exam shows normal vulva, vagina and cervix; normal sized, non-tender, mobile uterus; non-tender adnexae without palpable masses.

5. Which are the potential etiologies of ovulatory dysfunction?

6. Discuss the mechanism for anovulatory bleeding

7. How can you tell if this patient is having ovulatory cycles?

8. What are the appropriate lab tests that should be ordered in this patient?

9. What further tests would you order based on the following results?

Labs show Hgb: 9.0, HCT: 27%, HCG: negative, TSH and Prolactin are within normal limits. Endometrial biopsy shows normal secretory endometrium, Pelvic ultrasound shows a normal sized uterus with a heterogeneous myometrium, the endometrial lining is 1.4 cm and irregular consistent with endometrial polyp, normal ovaries.

10. Describe potential treatment options for this patient.

11. What are important considerations when counseling the patient and helping her choose the best option for her?

REFERENCES

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010.

ACOG Practice Bulletin 136, Management of Anovulatory Uterine Bleeding Associated with Ovulatory Dysfunction, July 2013.

ACOG Practice Bulletin 128, Diagnosis of Abnormal Uterine Bleeding in Reproductive-Aged Women, 2012.