Abnormal Uterine Bleeding

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A pragmatic guide.

Wide topic range

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What's not coming up…

- Precocious puberty
- Menorrhagia
- well maybe just a little

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Topics

- Adolescents
- IMB
- PCB
- PMB

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Terminology

- Confusing
- Amenorrhea
- Oligomenorrhea
- Menorrhagia
- Polymenorrhea
- Metrorrhagia and menometrorrhagia

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“Normal”

- Lasts from 2-7 days
- Cycle varies from 24-35 days
- Less than 80mls

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Amenorrhea

- Absence of bleeding for 3 usual cycle lengths
- Or 6/12
- Differs from person to person

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Menorrhagia

- Heavy or excessive
- Usually means >80mls
- Never measured

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Oligomenorrhea

- Interval in excess of 35 days

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Polymenorrhea

- Regular bleeding that occurs at an interval of less than 24 days

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Metrorrhagia & Menometrorrhagia

- Metrorrhagia. Light bleeding at irregular intervals
- Menometrorrhagia. Heavy, irregular bleeding

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Can be confusing

- Probably best to describe what is actually happening.

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AUB in adolescents

- Is it any different?
- A different normal?
- Development of regular ovulatory cycles

- Primary or secondary amenorrhea
- Importance of PCOS/Turner's

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Background

- Post-menarche, 50% cycles anovulatory in the first year
- Median length of first cycle ~34 days
- 38% >40 days
- 7% <20 days
- BUT ~80% lie /21-45

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Specific concerns

- Weight loss / anorexia
- Bleeding / bruising / clotting problems
- Up to 25% may have a bleeding problem
- PCOS and amenorrhoea

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Intermenstrual Bleeding

- Traditionally suggestive of a uterine cause
- Isolated episode?
- Frequent?
- Resolved?

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Management

- Conservative
- Ultrasound
- Endometrial sampling

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Ultrasound

- Transvaginal
- Ovarian lesions
- Uterine size and texture – fibroids
- Endometrial stripe. Regular, polyp?

- Sonohysterography?

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TVS What is normal?

- Proliferative phase 4-8mm
- Secretory phase 8-14mm
- Clearly seen endometrial stripe
- Uniform thickness

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Post-coital Bleeding

- Usually suggestive of a cervical lesion
- Recent onset
- Each time?
- Relation to cycle

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Causes

- Ectropion
- Infective
- Polyps
- Malignant (age, previous smear history)

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Management

- Swabs
- Smear
- DOES THE CERVIX LOOK NORMAL?

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Colposcopy

- If the cervix looks abnormal
- If the smear is abnormal (always?)
- Patient concerned
- Fails to settle?

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Menorrhagia

- Common
- Loss never measured
- How can you quantify the loss?

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Dysfunctional Uterine Bleeding

- Diagnosis of exclusion
- ~60% of hysterectomy specimens will have no pathological abnormality

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Endometrial sampling

- Those at risk of endometrial hyperplasia (USA)
- Those over 45
- IMB as well
- Abnormal scan
- Fails to settle with treatment

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Postmenopausal bleeding

- Common
- Incidence related to time since menopause
- 409/1000 person years within 12/12
- 42/1000 person years after 36/12

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Causes

Atrophy	**59%**
Polyps	12%
Endometrial cancer	10%
Endometrial hyperplasia	9.8%
Hormone effect	7%
Cervical cancer	<1%
Other	2%

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Management

- Aim is to exclude malignancy
- Age and history related (DM HT)
- Single or multiple bleeds
- Previous episodes

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Assessment

- To biopsy, or not to biopsy?

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TVS

- Endometrial thickness >4mm
- Endometrium shows diffuse or focal increased echogeneity
- Endometrium is not adequately visualised

- Needs endometrial assessment

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Pipelle

- Adequacy of sampling?
- Focal versus global

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Endometrial hyperplasia

- A proliferation of endometrial glands that may progress to, or coexist with endometrial cancer

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Classification

- Hyperplasia can be simple or complex. Related to the gland/stroma ratio and level of organisation
- With or without nuclear atypia
- It is the latter that confers the risk of malignancy

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Risk of progression to malignancy

Simple hyperplasia w/o atypia	1%
Complex hyperplasia w/o atypia	3%
Simple atypical hyperplasia	8%
Complex atypical hyperplasia	29%

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Malignant progression

- Risks are not exact (poor data)
- Progession can take years
- BUT the incidence of concurrent carcinoma amongst women with atypical hyperplasia can range from 17-52%

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Endometrial cancer

- Most common gynae cancer in developed world
- Incidence 12.9/100000
- Mortality 2.4/100000

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Distribution

20-34	**1.5%**
35-44	6.0%
45-54	19.0%
55-64	32.6%
65-74	22.6%
75-84	13.5%
>85	4.8%

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AUB aims of management

- Accurate diagnosis
- Effective therapies
- Symptomatic relief

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But also……

- Not miss a diagnosis of endometrial hyperplasia or carcinoma
- Not miss a diagnosis of cervical carcinoma

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