

THE MENSTRUAL PATTERN OF AUB IN PERIMENOPAUSE

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Abstract

Background: The Menstrual pattern of AUB in perimenopause.

Methods: Prospective interventional study conducted at Kamla Nehru Hospital for State Mother and Child, IGMC Shimla.

Results: Menorrhagia was the most common presentation of AUB patients accounting for 65.5% of cases with confidence interval of 58.96-71.64% followed by continuous bleeding per vagina (BPV) accounting for 17.9% with confidence interval of 13.17-23.49% with the least being oligomenorrhea 0.87% with confidence interval of 0.11-3.12%.

Conclusion: Abnormal uterine bleeding in perimenopausal patients is a common and important part of clinical practice for health-care providers of women.

Keywords: AUB, Menstrual pattern, Bleeding

Introduction

Abnormal uterine bleeding (AUB) is the most common, perplexing and frequently presenting complaint in gynaecology outpatient department (OPD) in all age groups.^{1,2}

Abnormal uterine bleeding is a term used to describe any type of bleeding that does not fall within the normal range for amount, frequency, duration or cyclicity.³

Abnormal uterine bleeding includes both dysfunctional uterine bleeding (DUB) where no demonstrable organic cause is seen and bleeding from structural causes like fibroids, polyp, endometrial carcinoma and pregnancy related complications.⁴

Material and Methods

Study Design- Prospective interventional study.

Study Settings- After approval from Research and Ethics Committee this study was conducted at Kamla Nehru Hospital for State Mother and Child, IGMC Shimla.

Study Period- 1ST July 2018- 30th June 2019.

Sample Size: All patients coming in the study period fulfilling the inclusion criteria

Inclusion Criteria

1. Perimenopausal women in age group 45 years and above with AUB.

Exclusion Criteria:

1. Patient refusal
2. Other age groups with abnormal uterine bleeding
3. Isolated cervical or vaginal pathology
4. Bleeding diathesis and tendencies
5. Pregnancy and its complications
6. Patients receiving cyclical hormones
7. Endocrine diseases like hypothyroidism, diabetes
8. Leiomyoma
9. Adenomyosis

Detailed history of the women with abnormal uterine bleeding coming to the opd was taken including the age, parity and menstrual patterns (amount, duration, and pattern of bleeding). General and systemic examination of these patients was done. The patients were subjected to routine investigations as per departmental protocol.

1. Hemoglobin
2. Urinary pregnancy test
3. Fasting blood sugar and post prandial blood sugar
4. Urine routine & microscopic examination
5. Thyroid profile
6. Coagulation profile
7. Ultrasonography of pelvic organs

Every patient was posted for endometrial curettage and the endometrial curetting's were taken as day care procedure.

Patients were asked to come next morning nil per orally. After taking the informed consent patients were asked to empty the bladder prior to procedure. The patients were given intravenous sedation. Patients were placed in lithotomy position. Local antiseptic cleaning and draping was done.

Then bimanual examination was performed. Posterior vaginal speculum was introduced. The anterior lip of cervix was grasped with an allis tissue forceps. A uterine sound was introduced to confirm the position and to note the length of the uterocervical canal. Cervical canal was dilated with graduated dilators. After the desired dilatation, the uterine cavity was curetted by a uterine curette directing starting from fundus down to internal os. Vulsellum and speculum was removed.

Endometrial samples were collected in 10% formalin and sent for histopathological analysis to the Deptt. Of Pathology IGMC Shimla.

Endometrial patterns reported were recorded and studied.

Statistical Analysis

The frequency, proportion and percentages were calculated.

Results were summarized in tables, graphs and figures in terms of proportions and percentages. Statistical analysis was done using SPSS version 20.

Observations

Menorrhagia was the most common presentation of AUB patients accounting for 65.5% of cases with confidence interval of 58.96-71.64% followed by continuous bleeding per vagina (BPV) accounting for 17.9% with confidence interval of 13.17-23.49% with the least being oligomenorrhea 0.87% with confidence interval of 0.11-3.12%.

Table 1: Distribution of bleeding patterns

Menstrual Pattern	No of Cases (N=229)	Percentage	Confidence Interval
Menorrhagia	150	65.50%	58.96-71.64%
Metrorrhagia	13	5.67%	3.06-9.51%
Menometrorrhagia	6	2.62%	0.97-5.62%
Polymenorrhea	5	2.18%	0.71-5.02%
Polymenorrhagia	12	5.24%	2.74-8.97%
Continuous Bpv	41	17.90%	13.17-23.49%
Oligomenorrhea	2	0.87%	0.11-3.12%

Table 2: Menstrual pattern in AUB

Menstrual Pattern	Zeeba S Et Al (2013)	Jain M Et Al (2015)	Lotha Et Al (2016)	Gupta Et Al (2013)	Das Et Al (2017)	Sreelakshmi U Et Al (2018)	Present Study	
							No Of Cases (N=229)	Percentage
Menorrhagia	46.4%	42.16%	49%	72%	45%	83.7%	150	65.50%
Metrorrhagia	20.2%	3.35%	11%		4%	4%	13	5.67%
Menometrorrhagia	4.1%	1.86%	8%	8%	19%	11.5%	6	2.62%
Polymenorrhia	8.9%	5.22%		7%	11%	26.6%	5	2.18%
Polymenorrhagia	2.3%	5.59%	24%	13%	13%		12	5.24%
Cont. Bpv	3.5%	27.61%					41	17.90%
Oligomenorrhea	11.9%	13.80%	2%		3%	1.4%	2	0.87%

Discussion

In the absence of growth limiting progesterone due to anovulation, the endometrial growth is under the influence of estrogen throughout the cycle. There is

inadequate structural stromal support and the endometrium remains fragile. Thus, with the withdrawal of estrogen due to negative feedback action of follicular stimulating hormone, the endometrium shedding

continues for a longer period in asynchronous sequences leading to menorrhagia.

In the present study menorrhagia was the most common bleeding pattern which accounted for 65.5% which is comparable to 42.16% menorrhagia incidence reported by Jain M *et al* ,49% reported by Lotha *et al*,83.7% reported by Sreelakshmi U *et al*, 72% reported by Gupta *et al* ,45% reported by Das *et al* and 46.4% reported by Zeeba S *et al*.⁵⁻⁸

Conclusion

In summary, abnormal uterine bleeding in perimenopausal patients is a common and important part of clinical practice for health-care providers of women.

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