

Gynecology



ABNORMAL UTERINE BLEEDING AMONG OPD ATTENDEES IN A PUBLIC HOSPITAL, CHENNAI

Prof. N. Tamilzhelvi*	MD DGO, Professor, Dept. of Obstetrics & Gynecology, Govt. Hospital for Women And Children Institute of Obstetrics and Gynecology, Madras Medical College. *Corresponding Author
Prof. D. Tamilselvi	MD DGO, Retd. Professor. Dept. of Obstetrics & Gynecology, Govt. Hospital for Women And Children Institute of Obstetrics and Gynecology, Madras Medical College.
Dr. D M Christe	MBBS DGO PhD, Medical Research Officer, Regional centre for clinical research in Human reproduction, National Institute for Research in Human Reproduction- Field Unit, Indian Council of Medical Research Government Hospital for Women And Children, Institute Of Obstetrics and Gynecology
Dr. Valarselvi. A	MS I Year OG, Junior Resident, Dept. of Obstetrics & Gynecology, Govt. Hospital for Women And Children Institute of Obstetrics and Gynecology, Madras Medical College.
Dr. Sahana Priyankaa. S	MS I Year OG, Junior Resident, Dept. of Obstetrics & Gynecology, Govt. Hospital for Women And Children Institute of Obstetrics and Gynecology, Madras Medical College .

ABSTRACT Aim: To find out the total number of non pregnant attendees in a gynecology OPD in a government referral hospital over a one year period for the primary complaint of abnormal uterine bleeding.

Methodology: The registers maintained in the outpatient department for the year of 2018 were accessed. The total number of non pregnant women who attended the gynecology outpatient department for the complaint of abnormal uterine bleeding (AUB) was recorded.

Results: Females presenting with complaint of AUB were aged between 11 years to 77 years. The incidence of AUB was higher in the age group of women aged between 25 -55 years. The largest single cause of AUB was fibroid uterus and the causative factor in 23.4% of women of the total group of women with AUB, and majority were aged between 36-45 years.

Inference: Abnormal uterine bleeding was the common complaint of large group of 15% of women, who attended the gynecology OPD the largest single cause of AUB was fibroid uterus and the causative factor in 23.4% of women of the total group of women with AUB. The largest group of women with AUB was found in the mostly in the age group of 36-55 years.

INTRODUCTION:

KEYWORDS : AUB, fibroid uterus, puberty menorrhagia

The International Federation of Gynecology and Obstetrics (FIGO) recommends the use of the term AUB to describe any aberration of menstrual volume, regulation, duration and/or frequency in a woman who is not pregnant. Many of the published studies estimate its prevalence to be 35% or higher.¹The manifestations of AUB vary from modest to severe disruption of work productivity and quality of life and increasing maternal morbidity and mortality for pregnant women with pre-existing AUB. related anemia.² Acute AUB, is defined as an episode of heavy bleeding that, in the opinion of the clinician, is of sufficient quantity to require immediate intervention to minimize or prevent further blood loss.³ The main bleeding pattern is a prolonged duration of flow, accounting for 17% of cases. It may be associated with uterine surface area and uterine volume.

Acute heavy menstrual bleeding may present in the context of existing chronic AUB or can occur in the absence of such a background history. Chronic non-gestational AUB in the reproductive years is defined as bleeding from the uterine corpus that is abnormal in duration, volume, frequency, and/or regularity, and has been present for the majority of the preceding 6 months. It reflects a disruption in the normal cyclical stimulation to the endometrial lining . 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 is regular, has a frequency of 24 to 38 days, lasts 7 to 9 days, with 5 to 80 milliliters of blood loss. Variations in any of these four parameters constitute abnormal uterine bleeding. The FIGO systems in 2018, defined AUB as irregular bleeding as outside the 75th percentile, and the etiology of AUB using the PALM-COEIN classification [Polyp, Adenomyosis, Leiomyoma, Malignancy, Hyperplasia (structural causes); Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic and Not yet classified (nonstructural causes)].4,

Abnormal uterine bleeding affects females of all age groups. Prior to

32

INDIAN JOURNAL OF APPLIED RESEARCH

menarche, vulvovaginitis is often the cause, and other causes are neoplasm, accidental traumas, abuse, and foreign body. In adolescent age group, anovulation and coagulation defects plays major role. In perimenopausal age group the incidence of leiomyomas and endometrial polyps increase. After menopause, the etiology traced to endometrial or vaginal atrophy, malignancy of genital tract⁶. Uterine fibroids are benign tumors made of smooth muscle cells and fibrous connective tissues. It is estimated that 70-80% of women in their lifetime will develop fibroids, however not everyone will develop symptoms or require treatment. Studies show that fibroids grow at different rates, even in the same woman.

Settings: Tertiary referral center in Chennai, Tamil Nadu, S.India.

Ethical clearance:

This is a retrospective analytical study.

Approval for conducting this study was given by the institutional Ethics Committee. Consent was not obtained from individual study participants as data was accessed from Medical records section only and was analyzed maintaining complete patient confidentiality.

AIM:

To find out the total numbers of females (girls and women) who attended the gynecology Outpatient department in government hospital for women and children, with the complaint of abnormal uterine bleeding for the calendar year 2018.

METHODOLOGY:

The Out-patient clinic of the Gynecology department of this referral hospital receives numerous patients with the very common complaint of abnormal uterine bleeding. The registers which were maintained in the outpatient department for the year of 2018 were accessed. The total number of patients who attended the outpatient department was noted. And this group was the study population. The total number of women according to age who attended the gynecology OPD for the complaint of abnormal uterine bleeding was noted. This was the study group. All

non-pregnant women complaining of bleeding from uterus, presenting as abnormal excessive bleeding in the first episode of menstruation or with irregularities in the menstrual cycle involving frequency, regularity, duration, and volume of flow were included. Pregnant women with complaints of bleeding were excluded. The number of women with age, with complaint of AUB was noted, month-wise.

RESULTS:

The number of women who attended the OP clinic month-wise was noted. The total number of women who attended the Out-patient clinic of Gynaecology department for any gynaecological complaint in the year 2018 was 15240. The average number of women attending OP clinic for each month was 1270. There was no significant variation in the number of women attending OPD each month, though there was just a marginal increase (average of 50 to 150) in the total number of women attending in the months of January, May and September. We also observed that there was a marginal decrease (average of 90) in the total number of women attending in the months of August and November. The total number of women who attended the Out-patient clinic of Gynaecology department with complaints of AUB in the year 2018, was 2308.

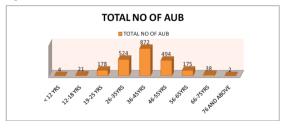
Figure 1: Number of women attendees in the OPD month-wise and number of women with complaint of AUB.

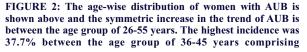


FIGURE 1: The total numbers of women who attended the OPD month-wise for all gynecological complaints was compared with total number of women attending the Gynecology OPD with the complaint of abnormal uterine bleeding. There were more numbers of women with the complaints of abnormal uterine bleeding in the month of May and September.

An average of 192 women attendees, in the OPD had AUB as the complaint .[The range per month for AUB was 139 to 267]. It was noted that more women attended the OPD with complaints of AUB in the month of September and the least number of women who attended OPD for the same complaint was in the month of December. The month of May is the peak of summer in our region and most schools and colleges would have their annual holidays and possibly allowing the mother to attend to her own needs which may require hospitalization and treatment without disrupting the schedule of the duties of attending to her family needs. But in the month of September no major holidays and more studies would be required to be conducted to find out the reasons why more women had the complaints of abnormal uterine bleeding in the above mentioned months. The agewise distribution of women with AUB is shown in Figure 2, The symmetric increase in AUB was between the age group of 26-45 years. The highest incidence was 37.7%, seen in the age group of 36-45 years, comprising approximately one- third of total AUB cases, followed by 22.7% incidence among women aged 26-35 years.

Figure 2: Age-wise distribution of OPD attendees with the complaint of AUB.





approximately one third of total AUB, followed by 22.7% of incidence among women of 26-35 years of age.

We observed that the youngest women who presented with AUB was aged 11 years and the oldest women who presented with complaint of abnormal uterine bleeding was 77 years old. The most often diagnosed causes for abnormal uterine bleeding in the young age group were puberty menorrhagia and polycystic ovary disease. The incidence of AUB , (29%) gradually decreased between the ages of 56-65 years which may be related to most women undergoing menopausal transition during this period along with a decline in ovarian function.⁹ AUB was the most common complaint, in 15.1% of OPD attendees, in the year 2018, and among 81% of women aged between 25 to 55 years¹⁰.

Figure 3: Proportion of women with fibroid uterus among the total group of women with the complaint of AUB

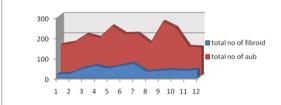


FIGURE 3: This figure shows the proportion of women diagnosed with uterus among the women who presented with abnormal uterine bleeding.

Previous studies have shown that the prevalence of AUB varies in different populations, with the overall prevalence fluctuating between 10% and 30% worldwide. Abnormal uterine bleeding (AUB) is a common and debilitating condition with high direct and indirect costs.^{11,12} AUB frequently co-exists with fibroids, but the relationship between the two remains incompletely understood and in many women the identification of fibroids may be incidental to a menstrual bleeding complaint.¹³

Social factors that would influence a woman seeking health care such as her role in the family should be understood. A daughter in school or college, would have to prioritize both health and education which would allow her to seek medical help only during vacations or holidays unless the problem was too urgent and requiring the gynecologists' consultation.¹⁴ We also considered well known social and cultural factors, such as religious and harvest festival. Our study showed there was significant association between age group and causative factor of fibroid for the complaint of AUB.^{15,16} The largest incidence of AUB was in the age group between 36 and 45 years, and the largest single cause, in 23.4% was fibroid uterus.

CONCLUSION:

Abnormal uterine bleeding was the common complaint of a large group of 15% of women attending the gynecology OPD. The number of women who attended the Out-patient clinic of Gynaecology department with complaints of AUB in the year 2018, per month was found to be in the range of 139 to 267 with an average of 192 women per month. It was noted that more women attended the OPD with complaints of AUB in the month of September and least number of women who attended OPD for the same complaint was in the month of December. The largest group of women who attended OPD for the complaint of abnormal AUB was aged between 36 and 45 years. The largest single cause of AUB was fibroid uterus and was the causative factor in 23.4% of women of the total group of women with AUB.

REFERENCES:

- Hapangama DK, Bulmer JN. Pathophysiology of heavy menstrual bleeding. Womens Health (Lond). 2016;12(1):3–13. doi:10.2217/whe.15.81.
- Marsh EE, Al-Hendy A, Kappus D, Galitsky A, Stewart EA, Kerolous M. Burden, Prevalence, and Treatment of Uterine Fibroids: A Survey of U.S. Women. J Womens Health (Larchmt). 2018;27(11):1359–1367. doi:10.1089/jwh.2018.7076.
- Munro MG; Southern California Permanente Medical Group's Abnormal Uterine Bleeding Working Group. Acute uterine bleeding unrelated to pregnancy: a Southern California Permanente Medical Group practice guideline. Perm J. 2013;17(3):43–56. doi:10.7812/TPP/13-018.
- Cheory Y, Cameron TT, Critchley HOD. Abnormal uterine bleeding. Br Med Bull. 2017 Sep 1;123(1):103-114.
- Int J Gynaecol Obstet. 2018 Dec;143(3):393-408. doi: 10.1002/ijgo.12666. Epub 2018 Oct 10.
 Obstet Gynecol. 2013 Apr;121(4):891-6. doi: 10.1097/01.AOG.0000428646.67925.9a.

ACOG committee opinion no. 557: Management of acute abnormal uterine bleeding in nonpregnant reproductive-aged women.

- Martín-Merino E, Wallander MA, Andersson S, Soriano-Gabarró M, Rodríguez LA. The reporting and diagnosis of uterine fibroids in the UK: an observational study. BMC 7 Womens Health. 2016;16:45. Published 2016 Jul 25. doi:10.1186/s12905-016-0320-8. Tan N, McClure TD, Tarnay C, Johnson MT, Lu DS, Raman SS. Women seeking second
- 8. The Ultrasound. 2014;2:3. Published 2014 Apr 15. doi:10.1186/2050-5736-2-3. deVries, C.J., Wieringa-de Waard, M., Vervoort, C.A. et al. Abnormal vaginal bleeding
- 9. in women of reproductive age: a descriptive study of initial management in general practice. BMC Women's Health 8, 7 (2008) doi:10.1186/1472-6874-8-7.
- 10.
- 11. 12.
- 13.
- practice. BMC Women's Health 8, 7 (2008) doi:10.1186/1472-6874-8-7. Bahamondes L, Ali M. Recent advances in managing and understanding menstrual disorders. F1000Prime Rep. 2015;7:33. Published 2015 Mar 3. doi:10.12703/P7-33. Whitaker L, Critchley HO. Abnormal uterine bleeding. Best Pract Res ClinObstetGynaecol.2016;34:54–65. doi:10.1016/j.bpobgyn.2015.11.012. Al-Hendy A, Myers ER, Stewart E. Uterine Fibroids: Burden and Unmet Medical Need. SeminReprod Med. 2017;35(6):473–480. doi:10.1055/s-0037-1607264. Zimmermann A, Bernuit D, Gerlinger C, Schaefers M, Geppert K. Prevalence, symptoms and management of uterine fibroids: an international internet-based survey of 21,746 women. BMC Womens Health. 2012;12:6. Published 2012 Mar 26. doi:10.1186/1472-6874.12.6 doi:10.1186/1472-6874-12-6. Brito, L.G.O., Panobianco, M.S., Sabino-de-Freitas, M.M. et al. Uterine leiomyoma:
- 14. Brito, L.G.O., Panobianco, M.S., Sabino-de-Freitas, M.M. et al. Uterine leiomyoma: understanding the impact of symptoms on womens' lives. Reprod Health 11, 10 (2014) doi:10.1186/1742-4755-11-10.
 Aamir T Khan, ManjeetShehmar, and Janesh K GuptaUterine fibroids: current perspectives. IntJ Womens Health. 2014; 6: 95–114.
 Singh K, Agarwal C, Pujani M, et al. A Clinicopathological Correlation of International
- 15.
- 16. Shigh Xa Kaga Waley, Hain Wy et al. A Clinicopaulological conclusion of international rederation of Gynecology and Obstetrics's PALM-COEIN Classification of Abnormal Uterine Bleeding: Indian Scenario. J Midlife Health. 2019;10(3):147–152. doi:10.4103/jmh.JMH_128_18.