Original Research Paper

Volume - 13 | Issue - 12 | December - 2023 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Obstetrics & Gynaecology

CLINICAL PROFILE OF ABNORMAL UTERINE BLEEDING (AUB): A PROSPECTIVE STUDY

Dr Mahak Rathore*

Senior Resident, Department of Obstetrics and Gynaecology, Dr. SS Tantia Medical College and Hospital, Sri Ganganagar, Rajasthan *Corresponding Author

ABSTRACT **Introduction:** Any bleeding pattern that deviates from the frequency, duration, and volume of regular menstrual cycles or menopause is considered abnormal uterine bleeding. It is a widespread issue with numerous underlying causes among various age groups. **Methods:** The cross-sectional observational study was carried out during a one-year period in the tertiary care center's departments of obstetrics and gynecology. The USG revealed no organic disease in women between the ages of 25 and 45 who had an initial diagnosis of abnormal uterine hemorrhage. **Results:** The most common AUB pattern in present study was menorrhagia (40%) followed by Metrorrhagia (15%), Polymenorrhoea (14%), Oligomenorrhea (12%), Hypomenorrhoea (10%) and Menometrorrhagia (9%). The most common presenting symptom was pain abdomens (28%) followed by dysmenorrhea (16%), back ache (2%), generalized weakness (3%), and mass per vagina (2%). 49% of patients had no complaints. **Conclusion:** The age group of 31–35 years old, menorrhagia, and multiparity were more frequently linked to abnormal uterine bleeding clinical manifestations.

KEYWORDS : AUB, Menorrhagia, Parity

INTRODUCTION

Abnormal uterine bleeding is defined as any bleeding pattern that differs in the frequency, duration and amount from a pattern observed during a normal menstrual cycle or menopause. It is a common problem having a long list of causes in different age groups.[1] Abnormal uterine bleeding is the commonest presenting symptom and major gynecological problem responsible for as many as one-third of all outpatient's gynecologic visit.[2,3]

Menorrhagia affects 10-30% of menstruating women at any one time and may occur at some time during the perimenopause in up to 50% of women.[4] Abnormal uterine bleeding is a very common gynecological condition that affects all age groups. One third of patients attending gynecology OPD present with complaints of abnormal uterine bleeding.[5] Bleeding is said to be abnormal when the pattern is irregular, abnormal duration (>7 days), or menorrhagia or abnormal amount (>80 ml/menses).[6]

During the climacteric, ovarian activity declines. Initially, ovulation fails, no corpus luteum forms, and no progesterone is secreted by the ovary. Therefore, the premenopausal menstrual cycles are shortened, often anovulatory and irregular. The irregularity in menstrual cycle during perimenopause can be due to anovulation or to irregular maturation of follicles. The increased risk of endometrial hyperplasia and endometrial carcinoma is more evident in peri-menopausal and post-menopausal women with abnormal uterine bleeding.[7] The present study was aimed to evaluate the clinical profile of abnormal uterine bleeding.

METHODS

The Cross-sectional observational study was conducted in the Departments of Gynecology and Obstetrics, tertiary care center, over a period of one year. Women with age between 25-45 year with provisional diagnosis of abnormal uterine bleeding with USG finding showing no organic pathology. Exclusion criteria included patients less than 40 years of age, patients with uterine bleeding due to intra–uterine devices, patients not giving their consent to participate in the study. The data were collected from the Department of Gynecology and Obstetrics in tertiary care center.

Data were presented as frequency, percentage, mean, and standard deviation (SD).

RESULTS

Baseline Characteristics

Baseline characteristics show that 200 patients were included. The mean age of the patients was 33.45±6.14 years, ranging from 25 to 50 years. It was observed that most of the patients 28% were in the age group of 31 to 35 years and 22% in age group of 36 to 40 years followed by ≤30 years (10%), 41-45 years (20%), and 46-50 years (19%). 65% of patients were multiparous, 24% of patients were grand multiparous, and 4% of patients were nulliparous. Irregular cycles were found in 28% of patients (Table 1).

Duration of Abnormal Uterine Bleeding

In our study, 35% of the patients had AUB for less than 6 months, 334% had AUB for 6 to 12 months, and 301% had AUB for 13 to 18 months (Table 2).

Pattern of AUB

In our study, the most common AUB pattern in present study was menorrhagia (40%) followed by Metrorrhagia (15%), Poly menorrhoea (14%), Oligomenorrhea (12%), Hypomenorrhoea (10%) and Menometrorrhagia (9%) (Table 3).

Presenting Complaints

In our study, the most common presenting symptom was pain abdomens (28%) followed by dysmenorrhea (16%), back ache (2%), generalized weakness (3%), and mass per vagina (2%). 49% of patients had no complaints (Table 4).

DISCUSSION

This cross-sectional observational study was conducted in the Department of Obstetrics and Gynecology in tertiary care center in which we included patients aged 25 to 50 years with provisional diagnosis of abnormal uterine bleeding. We aimed to study the clinical profile of abnormal uterine bleeding.

Abnormal uterine bleeding continues to be one of the most common and perplexing problems in gynecological practice. It may be present at any age between puberty and menopause. The highest incidence of AUB was noted in the 41-50years age group in the study which is in concordance with the results of the study by Ramesh and Rajeshwari.[8]

In the present study, 200 patients were included. The mean age of the patients was 33.45±6.14 years, ranging from 25 to 50 years. It was observed that most of the patients 28% were in the age group of 31 to 35 years and 22% in age group of 36 to 40 years followed by ≤30 years (10%), 41-45 years (20%), and 46-50 years (19%). 65% of patients were multiparous, 24% of patients were grand multiparous, and 4% of patients were nulliparous. Irregular cycles were found in 28% of patients. In a study by **Ramesh and Rajeshwari** the common age group encountered in our study ranged between 21-70 years. AUB was most observed in the age group of 31-40 years.[8] In a study by **Nair and Mallikarjuna** was found that the highest proportion of patients were in the age group of 40 – 41 years (30%) followed by 44 – 45 years (28%), 48 – 49 years (16%), 50 years (12%) and 42 – 43 years (6%). 72% were multiparous, 24%were grand multiparous, and 4% nulliparous.[9] In a study by **Gerema et al** the mean ages of the respondents were 32 (±7) years.[10]

The most common AUB pattern in the present study was menorrhagia (40%) followed by Metrorrhagia (15%), Polymenorrhoea (14%), Oligomenorrhea (12%), Hypomenorrhoea (10%) and Meno metrorrhagia (9%). The most common presenting symptom was pain abdomens (28%) followed by dysmenorrhea (16%), back ache (2%), generalized weakness (3%), and mass per vagina (2%). 49% of

patients had no complaints. 35% of the patients had AUB for less than 6 months, 34% had AUB for 6 to 12 months, and 30% had AUB for 13 to 18 months. In a study by **Joshi et al** discovered that menorrhagia was the most prevalent form of uterine bleeding at 45 (47.37%), followed by metrorrhagia at 20 (21.05%), and oligomenorrhoea at 3 (3.16%).[11] In a study by **Hem et al**, menorrhagia was the most prevalent menstrual disorder pattern seen in AUB, accounting for 51.34 percent (268 of total 522 cases).[12] In a study by **Mishra et al**, menorrhagia (41.4%) was the most prevalent manifestation of AUB, followed by polymenorrhoea.[13]

CONCLUSION

In our study, 31-35 years of age group, multiparity and menorrhagia were more commonly associated clinical presentations with Abnormal uterine bleeding.

Table 1: Baseline Characteristics

Baseline Characteristics	Frequency (n=200)	Percentage (%)
Age (Years)		
≤30	20	10%
31-35	56	28%
36-40	44	22%
41-45	40	20%
46-50	38	19%
Mean Age (Years)	33.45±6.14	
Parity		
Nulliparous	22	11%
Multiparous	130	65%
Grand multiparous	48	24%
Menstrual cycle		
Regular	144	72%
Irregular	56	28%

Table 2: Duration of Abnormal Uterine Bleeding

Duration of AUB (Month)	Frequency (n=200)	Percentage (%)
<6	70	35%
6 to 12	68	34%
13 to 18	62	31%

Table 3: Pattern of AUB

Pattern of AUB	Frequency (n=200)	Percentage (%)
Menorrhagia	80%	40%
Metrorrhagia	30%	15%
Polymenorrhoea	28%	14%
Oligomenorrhea	24	12%
Hypomenorrhoea	20	10%
Menometrorrhagia	18	9%

Table 4: Complaints

Complaints	Frequency (n=200)	Percentage (%)
Pain abdomen	56	28%
Dysmenorrhea	32	16%
Back ache	4	2%
Generalized weakness	6	3%
Mass per vagina	4	2%
No Complaints	98	49%

REFERENCES

1. Dangal G. A study of endometrium of patients with abnormal uterine bleeding at Chitwan Valley. *Kathmandu Univ Med J KUMJ*. 2003;1(2):110-112.
2. Khare A, Bansal R, Sharma S, Elhence P, Makkar N, Tyagi Y. Morphological Spectrum of Endometrium in Patients Presenting with Dysfunc- tional Uterine Bleeding. 2012;5.
3. Livingstone M, Fraser IS. Mechanisms of abnormal uterine bleeding. *Hum Reprod Update*. 2002;8(1):60-67. doi:10.1093/humupd/8.1.60
4. Mirza T, Akram S, Mirza A, Aziz S, Mirza T, Mustansar T. Histopathological Pattern of Abnormal Uterine Bleeding in Endometrial Biopsies. *J Basic Appl Sci*. 2012;8:114-117. doi:10.6000/1927-5129.2012.08.01.25
5. Awwad JT, Toth TL, Schiff I. Abnormal uterine bleeding in the perimenopause. *Int J Fertil Menopausal Stud*. 1993;38(5):261-269.
6. Joon TL, Pillai N, Yap CG, Jahan NK. Obesity and Female Infertility—A Review on Mechanisms (Endocrinology). *OALib*. 2022;09(06):1-20. doi:10.4236/oalib.1108817
7. Chambers JT, Chambers SK. Endometrial sampling: When? Where? Why? With what? *Clin Obstet Gynecol*. 1992;35(1):28-39. doi:10.1097/00003081-199203000-00007
8. B.h R, Kumbar RK. Dysfunctional Uterine Bleeding: A Clinico-Pathological Study at a Tertiary Care Centre. *Ann Pathol Lab Med*. 2017;4(4):A349-354.
9. Nair R, M M. Clinical profile of patients with abnormal uterine bleeding at a tertiary care hospital. *Int J Reprod Contracept Obstet Gynecol*. 2015;4(6):1753-1757. doi:10.18203/2320-1770.ijrcog20151224
10. Gerema U, Kene K, Abera D, et al. Abnormal uterine bleeding and associated factors among reproductive age women in Jimma town, Oromia Region, Southwest Ethiopia. *Womens Health*. 2022;18:17455057221077577. doi:10.1177/17455057221077577
11. Joshi BR, Rizal S, Subedi S. Thyroid Dysfunction in Patient with Abnormal Uterine Bleeding in a Tertiary Hospital of Eastern Nepal: A Descriptive Cross-sectional Study. *JNMA J Nepal Med Assoc*. 2021;59(239):635-639. doi:10.31729/jnma.6487
12. R HK, L GB, S DB, Kalaburgi RA. Prevalence of thyroid dysfunction in women with abnormal uterine bleeding in reproductive age. *Int J Reprod Contracept Obstet Gynecol*. 2020;9(7):2792-2796. doi:10.18203/2320-1770.ijrcog20202710
13. Senior Resident, Department of Orthopaedics, NSCB MC, Jabalpur, Chaturvedi DR. Study of Thyroid Disorders in Women with AUB in A Medial College in Rural Area of Jabalpur (M.P.). *J Med Sci Clin Res*. 2018;6(11). doi:10.18535/jmscr/v6i11.121