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A PROSPECTIVE STUDY OF TO ASSESS CAUSE, MANAGEMENT AND ITS OUTCOME OF ABNORMAL UTERINE BLEEDING IN A TERTIARY CARE HOSPITAL

Obstetrics & Gynaecology

Dr. Nalini Anand — Professor and Head, Department of Obstetrics and Gynaecology, Shri M.P. Shah Govt. Medical College, Jamnagar.

Dr. Trupti Nayak — Associate Professor and Head of Unit, Department of Obstetrics and Gynaecology, Shri M.P. Shah Govt. Medical College, Jamnagar.

Dr. Vaibhavi Chavda* — 3rd Year Resident, Department of Obstetrics and Gynaecology, Shri M.P. Shah Govt. Medical College, Jamnagar. *Corresponding Author

ABSTRACT

Background: Abnormal uterine bleeding (AUB) is a common problem among women in the reproductive age group, prevalence in India being 17.9%, AUB has a substantial effect on health-related quality of life and The objective of this study was to evaluate who responds to medical treatment and who needs surgical intervention among the patients attending Gynecology opd. in endometrial biopsy and co-relate them with transvaginal ultrasonographic findings. **Methods:** The study consisted of 100 cases who presented to the Department of Obstetrics and Gynecology with complaints of abnormal uterine bleeding. Relevant history was taken from all cases and a clinical examination was done. All cases underwent D & C followed by transvaginal ultrasonography before surgery and the results were compared with the histopathological study. Results: 16.7% of patients diagnosed with AUB had severe anemia requiring blood transfusion. 4.2% of subjects in the study were nulliparous. 59.7% of subjects had an endometrial thickness ranging from 10mm to 14.9 mm in the transvaginal ultrasonography. Endometrial carcinoma accounted for 1.4% of the study population. Normal sonography findings were seen in 18.1% of patients. **Conclusions:** in this study the most common of AUB found is leiomyoma (30%) followed by adenomyosis (21%) and endometrial disorders (19%) and polyps (8%).

KEYWORDS

Abnormal uterine bleeding, Dilatation and curettage, Endometrial thickness, Histopathological examination, Transvaginal sonography, anemia.

INTRODUCTION

Abnormal uterine bleeding (AUB) is the most common symptom of gynecological conditions, which is defined as any type of bleeding in which the duration, frequency and /or amount is excessive for a patient. The number of menses experienced by women in their life increased as a result of the reduction of family size leading to shortened period of childbearing and lactational amenorrhea, as a consequence abnormal uterine bleeding is a problem.

AUB is reported to occur in 9 to 14% of women between menarche and menopause. In India, the reported prevalence of AUB is around 17.9% which is more than 70% of all gynecological consultations in non-pregnant women. AUB can occur at any age in various forms and has different modes of presentation. FIGO has published the PALM - COEIN classification system for standardizing terminology, diagnosis and investigations in women presenting with AUB. nine categories which are organized as PLAM - COEIN classification in which five structural etiologies can be diagnosed with ultrasound and histopathological like polyps, adenomyosis, leiomyoma, malignancy and hyperplasia. However, COEIN group comprises coagulopathy, ovarian dysfunction, endometrial and iatrogenic and yet not classified. in AUB has a major impact on a woman's quality of life including anemia and genital malignancy. Early screening, intervention, and treatment will ensure better outcomes for the condition. primarily Transvaginal ultrasonography is the modality for the evaluation of abnormal uterine bleeding. It is a non-invasive, cost effective procedure that does not cause patient discomfort and hence can be used as the first diagnostic step in the evaluation of a woman who attends Gynecology opd with abnormal uterine bleeding. The study aimed at determining the burden of the disease in the population attending the tertiary care hospital with its clinicopathological patterns and evaluate the accuracy of ultrasonography in early diagnosis and management and study the different conditions leading to abnormal uterine bleeding in various age groups with its mode of presentation.

METHODS

A prospective cohort study was done on women with menstrual disorders attending outpatient departments and inpatient admissions in obstetrics and Gynecology department in Shri M.P. Shah Govt. Medical College, Jamnagar. AUB was defined by the presence of bleeding that was abnormal in volume, regularity, and/or timing, according to what was reported by women. Before starting work up of AUB, proper history will be taken to exclude pregnancy and with the use of urine or serum beta HCG.

Detailed questionnaire-based history was taken after taking consent and confirming the inclusion and exclusion criteria. A detailed general physical and gynecological examination was done. Provisional diagnosis and possible etiology of the disorder and associated conditions were noted down. Following this, patients were subjected to the investigations such as TVS, CBC, and a Histopathological specimen was sent by doing dilation and curettage on an Outpatient basis. D & C is a minor procedure, and will confirm the diagnosis. As a part of standard patient care treatment by medical management like tranexamic acid, hormonal therapy like oc pills, pops. in this study, we will collect data among 100 patients who would respond to medical treatment and those who will need surgical management for their symptom's relief. The collected data was analyzed and sub-classified based on different variables considered in the performance. Data was entered in the excel spreadsheet. Descriptive statistics of the explanatory and outcome variables were calculated by the mean, standard deviation for quantitative variables, frequency, and proportions for qualitative variables. Inferential statistics like the Chi-square test were applied for qualitative variables. The level of significance was set at 5%

Probability values (p values) of <0.05 were considered to be statistically significant.

Inclusion criteria

Women aged more than 18 years, cases of abnormal uterine bleeding in the reproductive and perimenopausal and postmenopausal age group. AUB includes any of the following: a menstrual cycle of <24 days; a menstrual cycle of >38 days; irregularity of menses, between two cycles variation of >20 days during 12 months; duration of flow of >8 days; duration of flow of <3 days; the volume of blood loss >80 ml; the volume of monthly blood loss <5 ml and with signed informed consent to participate in this study.

Exclusion criteria

Pregnancy - related factors like threatened abortions, ectopic pregnancy, placental placement disorders, vaginal bleeding caused by trauma, post-menopausal bleeding women with an intrauterine device in situ, with endocrine disorders bleeding disorders and adnexal pathology.

Ethical committee clearance was obtained from Guru Gobind Singh Govt. Hospital, Jamnagar. The incidence of AUB, its clinical presentation, sonological findings, and histopathological findings was noted.

Statistical analysis

Data was collected in a preformed data sheet. Data were analyzed

using SPSS version 21 statistical analyses were performed using the chi-square test and student's t-test and results were analyzed.

RESULTS

The data of 100 patients were analyzed, and the prevalence of AUB among inpatients at our institute was 45.45% in which 16.6% to 25% underwent total abdominal hysterectomy. The women of reproductive and perimenopausal age groups were included in the study of which 36- to 40-year-old women had a high prevalence of AUB. The most common complaint was heavy menstrual bleeding, accounting for 94.4% of subjects. The duration of which lasted for 6 months to 1 year in 61.1% of subjects, causing considerable health- related discomfort.

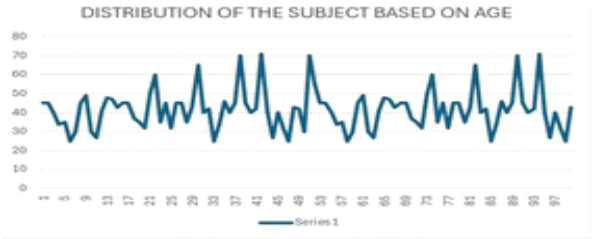


Figure 1: Distribution of subjects based on age.

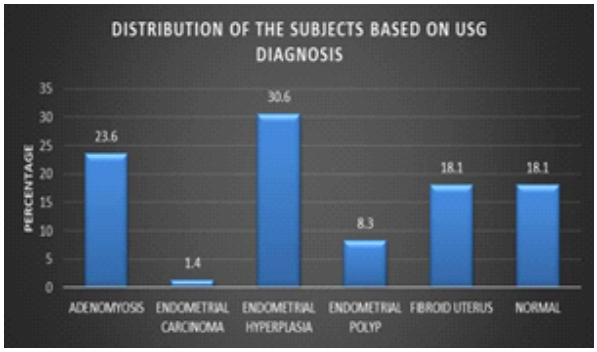


Figure 2: Distribution of the subjects based on USG diagnosis.

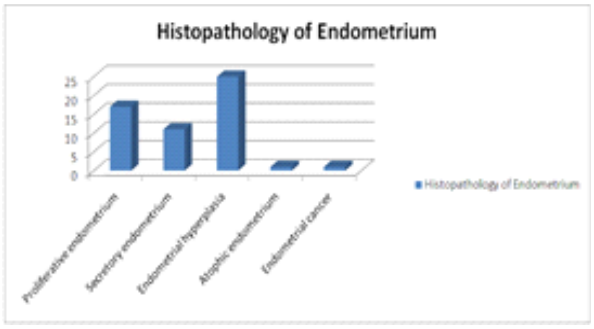


Figure 3: Distribution of the subjects based on HPR endometrium.

16.7% of patients diagnosed with AUB had severe anemia requiring blood transfusion. 4.2% of subjects in the study were nulliparous. The most common clinical findings were bulky uterus. The most common ultrasound features of the subjects involved in the study were 59.7% of subjects had an endometrial thickness 10 mm to 14.9 mm in the transvaginal sonography. following were ultrasonographic diagnosis and histopathological of the subjects with myometrial changes adenomyosis (23.6%), fibroid (23.6%), and normal or endometrial hyperplasia in 52.8% of cases. 88.9% of participants did not have any comorbidities. 2.8% had a history of cases. 88.9 % of participants did not have any commodities.

A total of 30.6% of the study population had USG diagnosis as endometrial hyperplasia, 23.6% had USG diagnosis of adenomyosis, and other diagnosis includes fibroid uterus (18.1%), endometrial polyp (8.3%), endometrial carcinoma (1.4%).

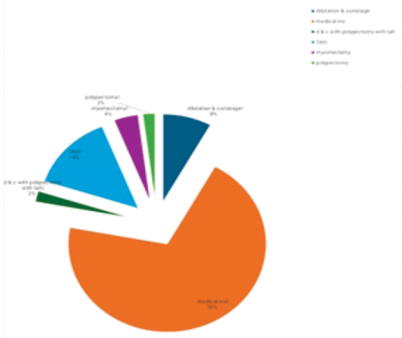
Table 1: Cross Tabulation Of HPR Endometrium And Endometrial Thickness.

HPR endometrium	Endometrial thickness						Total
		<4.9	5- 9.9	10-14.9	15-19.9	≥20	
Endometrial carcinoma	Count	0	0	1	0	0	1
	%	0.00	0.00	1.40	0.00	0.00	1.40
Inadequate for opinion	Count	1	0	2	0	0	3
	%	1.40	0.00	2.80	0.00	0.00	4.20
Proliferative endometrium	Count	0	9	15	0	1	25
	%	0.00	12.50	20.80	0.00	1.40	34.70
Secretory endometrum	Count	0	7	12	0	0	19
	%	0.00	9.70	16.70	0.00	0.00	26.40
Simple hyperplasia	Count	0	10	13	1	0	24
	%	0.00	13.90	18.10	1.40	0.00	33.30
Total	Count	1	26	43	1	1	72
	%	1.40	36.10	59.70	1.40	1.40	100.00

34.7% of patients had a histopathological diagnosis of proliferative endometrium, 33.3% of patients had a diagnosis of simple hyperplasia, 26.4% had proliferative endometrium, 4.2% of samples were inadequate for opinion, and among the 100-study population, one patient was diagnosed to have endometrial carcinoma. 43.1% of the subjects in the study underwent a total abdominal hysterectomy.

TREATMENT	No.	PERCENTAGE
Hysterectomy	47	47
Polypectomy	08	08
Cystectomy	00	00
Dilation and curettage	19	19
Myomectomy	05	05

Correlation between USG diagnosis and HPR endometrium using Chi-square tests and a p value of 0.00 was obtained indicating a significant association between the diagnosis. correlation between HPR endometrium and endometrial thickness using Chi-square tests and a p value of 0.024 was obtained indicating a significant association between the variables.



DISCUSSION

Patients with AUB can present acutely or chronically with heavy menstrual bleeding or intermenstrual bleeding.

In this study AUB was found to be most common in the 41 - 45 year age group followed by the 46- 59 year age group.

In this study the most common cause of AUB found is leiomyoma (30%) followed by adenomyosis (21%) and endometrial disorders (19%) and polyps (8%).

In this study, the most common treatment / surgical management in AUB patients was hysterectomy (47%) and medical management without surgery (21%) and dilatation and curettage (19%) and polypectomy (8%).

CONCLUSION

In the evaluation of AUB, transvaginal ultrasound is a simple, non-invasive, and cost-effective tool. Histopathological study of the endometrium will confirm, and categorize AUB and decide further management.

In this study the prevalence of AUB among the patients attending Gynecology opd during this study period is 20.40%.

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