



Spotlight on:

Abnormal Bleeding

Abnormal gynecologic bleeding (referred to as AGB in this article) is a very common gynecologic problem - approximately one-third of visits to the gynecologist are related to this. Abnormal bleeding can be from many sources including vaginal, cervical, and uterine and sometimes can be confused with bleeding from the rectum or bladder.

What Age is abnormal bleeding more common?

- The occurrence of this problem in women ages 18 to 50 years is 53/1000 women. Here are several ways to classify AGB.

What is a normal menstrual cycle?

- A normal cycle is typically between 21 and 38 days.

When is bleeding abnormal?

- Heavy menstrual bleeding, or HMB, occurs with regular cycles but heavy flow. The average flow is 5 to 80 cc but easier to think of in terms of soaking a large tampon or pad every two hours or more. This can also include flow lasting longer than 7 days. Intermenstrual bleeding is bleeding between menses. Post-menopausal bleeding is any bleeding that occurs more than one year after menses stop.

What causes abnormal bleeding?

- There are many potential causes for AGB. These include structural abnormalities. Leiomyomas, also known as fibroids, are common and can affect 25-40% of women. These are rarely malignant but can cause nuisance problems such as pain, bleeding, or pressure. Polyps of the cervix or endometrium (the inner lining of the uterus) sometimes require special studies to diagnose. A condition similar to endometriosis but of the muscle of the uterus called adenomyosis can cause AGB as well as pain, fullness and discomfort.
- There are non-structural causes of endometriosis. These include ovulatory dysfunction, bleeding disorders, and side effects of certain medications or IUD's. Infections and inflammation are common causes of AGB, especially in younger women. Malignancy is rare but uterine cancer is the most common cause of gynecologic malignancy and is very treatable in the early stages. The most common symptom of uterine cancer is abnormal bleeding.
- Lastly, bleeding disorders can cause problems, such as Von Willebrand's disease.

Diagnosing Abnormal Bleeding

- When AGB occurs, we evaluate this at the OBGYN office on several levels. A thorough history including menstrual history, medication exposures, family history are reviewed. Exam of the vulva and vagina for infection, tenderness, or cervical irritation are performed. We will rule out other sources such as blood from the urethra or rectum.

- Laboratory tests may include testing for pregnancy, infection, anemia. Additionally, it is common to evaluate hormonal function with testing for thyroid disease, prolactinemia, and menopausal hormone testing. Occasionally coagulation evaluation is performed to rule out bleeding disorders.
- Sometimes additional studies are required. An ultrasound can test for fibroids, adenomyosis, large polyps, ovarian cysts or polycystic ovaries. These are all potential sources of abnormal bleeding.
- Cervical cancer screening is performed with the pap smear. On occasion, and endometrial biopsy is required but fortunately this is a quick test that can be done in the office.
- Saline-infusion sonography (SIS) - will help identify polyps or adhesions within the endometrium. In this test an ultrasound is performed while injecting a small amount of saline into the cervix so that small lesions may be outlined.
- Hysteroscopy - is performed where a small camera is placed into the cervix to visualize the inner part of the uterus. This also allows for treatment at the same time i.e... removing a polyp or fibroid.

Medication treatment options for Abnormal Bleeding:

Fortunately, we live in a time where many options are open for treatment. My personal style is to be able to offer as many options for women as I can.

- This includes hormonal methods of management such as oral contraceptive pills (ocp) or progesterone.
- Some people improve with simply treating the heavy menstrual days with a tranexamic acid which is a non-hormonal method to decrease bleeding.
- The Mirena IUD is also a very effective treatment for AGB in many cases.

There are several surgical methods for treating abnormal bleeding these include:

- Endometrial ablation which can be done in the office or outpatient procedure setting. This may take three months to reach efficacy but works 85% of the time in producing no or normal menses. The advantage is quick return to function, with many people being able to work the next day. Additionally, there are no hormonal side effects.
- For severe cases unresponsive to other treatment, a Hysterectomy can be life-saving and results in a marked improvement in quality of life for almost every woman who has to go this far.