

A clinical profile and factors associated with dysfunctional uterine bleeding at tertiary health care center

Bharti Anup Rathi¹, Shailaja Chhagan Chaudhari^{2*}

^{1,2}Assistant Professor, Department of OBGY, Dr. Ulhas Patil Medical College and Hospital, Jalgaon, Maharashtra, INDIA.

Email: prosh_2121@yahoo.co.in

Abstract

Background: Abnormal uterine bleeding is defined as any bleeding pattern that differs in the frequency, duration and 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. **Aims and Objectives:** To study Clinical profile and factors associated with Dysfunctional Uterine Bleeding at tertiary health care center. **Methodology:** After approval from institutional ethical committee a cross-sectional study was carried out in the department of OBGY during one year i.e. January 2015 to January 2016 in the patients who were diagnosed as Dysfunctional Uterine Bleeding (DUB). All the patients after written consent were included into the study, so in one year there were 61 patients included into the study. All details of the patients like age, parity, menstrual history, other associated complains, associated risk factors were asked. The data is presented in tabular form and expressed in percentages. **Result:** The majority of the patients were in the age group of 40-50 were 45.90%, followed by >50, 21.31, 30-40 -18.03%, 20-30 were 14.75%. The majority of the patients were Multiparous were 63.93%, followed by Grand multiparous were 29.51%. The majority of the patients were having bleeding Pattern Menorrhagia in 32%, followed by Polymenorrhoea in 14%, Metrorrhagia in 09%, Menometrorrhagia - 04 %. Pain abdomen in 90% of the patients, Back ache in 80%, Dysmenorrhea in 78%, Generalized weakness in 65%. Associated risk factors were -BMI (>30) -90%, H/o PCOD -85%, H/o Diabetes -75%, Endometrial 60%, Ovulatory dysfunction - 50%, Coagulopathy-45%, Polyp -40%, Adenomyosis -39%, Leiomyoma -32%, Suspected Malignancy and Hyperplasia - 30%. **Conclusion:** It can be concluded from our study that The majority of the patients were in the age group of 40-50. The majority of the patients were having bleeding Pattern Menorrhagia and Associated risk factors were -BMI (>30), H/o PCOD, H/o Diabetes, Endometrial, Ovulatory dysfunction, Coagulopathy, Polyp, Adenomyosis, Leiomyoma, Suspected Malignancy and Hyperplasia.

Key Words: Dysfunctional Uterine Bleeding (DUB), Clinical features of DUB, Risk factors of DUB, Menorrhagia.

*Address for Correspondence:

Dr. Shailaja Chhagan Chaudhari, Assistant Professor, Department of OBGY, Dr. Ulhas Patil Medical College and Hospital, Jalgaon, Maharashtra, INDIA.

Email: prosh_2121@yahoo.co.in

Received Date: 10/09/2017 Revised Date: 14/10/2017 Accepted Date: 04/11/2017

DOI: <https://doi.org/10.26611/1012421>

Access this article online

Quick Response Code:



Website:

www.medpulse.in

Accessed Date:
08 November 2017

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 gynaecological problem responsible for as many as one-third of all out patient gynaecologic 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

How to cite this article: Bharti Anup Rathi, Shailaja Chhagan Chaudhari. A clinical profile and factors associated with dysfunctional uterine bleeding at tertiary health care center. *MedPulse – International Journal of Gynaecology*. November 2017; 4(2): 25-27.

<http://medpulse.in/Gynaecology/index.php>

condition that affects all age groups. One third of patients attending gynaecology 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 climacteric, ovarian activity declines. Initially, ovulation fails, no corpus luteum forms, and no progesterone are 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.⁷

MATERIAL AND METHODS

After approval from institutional ethical committee a cross-sectional study was carried out in the department of OBGY during one year i.e. January 2015 to January 2016 in the patients who were diagnosed as Dysfunctional Uterine Bleeding (DUB). All the patients after written consent were included into the study, so in one year there were 61 patients included into the study. All details of the patients like age, parity, menstrual history, other associated complains, associated risk factors were asked. The data is presented in tabular form and expressed 00in percentages.

RESULT

Table 1: Distribution of the patients as per the age

Age	No.	Percentage (%)
20-30	9	14.75
30-40	11	18.03
40-50	28	45.90
>50	13	21.31
Total	61	100.00

The majority of the patients were in the age group of 40-50 were 45.90%, followed by >50 21.31, 30-40 -18.03%, 20-30 were 14.75%.

Table 2: Distribution based on Parity

Parity	No.	Percentage (%)
Nulliparous	4	6.56
Multiparous	39	63.93
Grand multiparous	18	29.51
Total	61.00	100.00

The majority of the patients were Multiparous were 63.93%, followed by Grand multiparous were 29.51%.

Table 3: Distribution of the patients as per the bleeding Pattern

Symptoms	No.	Percentage (%)
Menorrhagia	32	32
Metrorrhagia	09	09
Menometrorrhagia	04	04
Polymenorrhoea	14	14
Total	61	100

The majority of the patients were having bleeding Pattern Menorrhagia in 32%, followed by Polymenorrhoea in 14%, Metrorrhagia in 09%, Menometrorrhagia -04 %.

Table 4: Distribution of the patients as per other associated complains

Complains	No.	Percentage (%)
Pain abdomen	54.9	90%
Back ache	48.8	80%
Dysmenorrhoea	47.58	78%
Generalized weakness	39.65	65%

(*More than one complains present in the patients)

Pain abdomen in 90% of the patients, Back ache in 80%, Dysmenorrhoea in 78%, Generalized weakness in 65%

Table 5: Distribution of the patients as per the associated factors

Associated factors	No.	Percentage (%)
BMI (>30)	55	90%
H/o PCOD	52	85%
H/o Diabetes	46	75%
Endometrial	37	60%
Ovulatory dysfunction	31	50%
Coagulopathy	27	45%
Polyp	24	40%
Adenomyosis	24	39%
Leiomyoma	20	32%
Suspected Malignancy and Hyperplasia	18	30%

Associated risk factors were -BMI (>30) -90%, H/o PCOD -85%, H/o Diabetes -75%, Endometrial 60%, Ovulatory dysfunction -50%, Coagulopathy-45%, Polyp -40%, Adenomyosis -39%,Leiomyoma -32% Suspected Malignancy and Hyperplasia -30%

DISCUSSION

Abnormal uterine bleeding (AUB) is a significant clinical entity. AUB and its sub group, heavy menstrual bleeding (HMB), are common conditions affecting 14–25% of women of reproductive age^{8,9} and may have a significant impact on their physical, social, emotional and material quality of life¹⁰. A recent national audit in England and Wales (RCOG HMB audit) reported that at 1-year post referral, only a third of women (including those managed with surgery) were ‘satisfied’ (or better) at the prospect of current menstrual symptoms continuing, as currently experienced, for the next 5 years¹¹. While there may be relief from HMB during pregnancy and lactation, and an end to the problem at menopause, women affected will tend to suffer the adverse impacts of AUB over what should be the prime years of their lives. Fibroids (leiomyoma) represent the most common tumour of women; by the age of 50, almost 70% of white women and >80% of black women will have developed at least one fibroid¹². Fibroids are associated with subfertility, miscarriage, preterm labour and obstruction of labour. In addition, they may cause discomfort and pressure

symptoms, typically urinary. In rare circumstances, at larger sizes, they may cause compression of the renal tract and pelvic vasculature leading to impaired renal function and venous thromboembolism, respectively. Conversely, many women with fibroids will be entirely asymptomatic¹³. However, many women most commonly present to gynaecological services with AUB and associated iron-deficiency anaemia. For women with uterine fibroids, everyday life is often disrupted and fibroids remain a leading indication for hysterectomy^{14,15}. In our study we have seen that The majority of the patients were in the age group of 40-50 were 45.90%, followed by >50, 21.31, 30-40 -18.03%, 20-30 were 14.75%. The majority of the patients were Multiparous were 63.93%, followed by Grand multiparous were 29.51%. The majority of the patients were having bleeding Pattern Menorrhagia in 32%, followed by Polymenorrhoea in 14%, Metrorrhagia in 09%, Menometrorrhagia - 04 %. Pain abdomen in 90% of the patients, Back ache in 80%, Dysmenorrhea in 78%, Generalized weakness in 65%. Associated risk factors were -BMI (>30)-90%, H/o PCOD -85%, H/o Diabetes -75%, Endometrial 60%, Ovulatory dysfunction -50%, Coagulopathy-45%, Polyp-40%, Adenomyosis -39%, Leiomyoma -32%, Suspected Malignancy and Hyperplasia -30%. These findings are similar to Radha Nair *et al*¹⁶ they found the most common presenting symptom was pain abdomens (28%) followed by dysmenorrhea (16%), and back ache (2%). The most common bleeding pattern was menorrhagia (64%) followed by polymenorrhoea (28%), metrorrhagia (18%) and menometrorrhagia (8%).

CONCLUSION

It can be concluded from our study that The majority of the patients were in the age group of 40-50. The majority of the patients were having bleeding Pattern Menorrhagia and Associated risk factors were -BMI (>30), H/o PCOD, H/o Diabetes, Endometrial, Ovulatory dysfunction, Coagulopathy, Polyp, Adenomyosis, Leiomyoma, Suspected Malignancy and Hyperplasia.

REFERENCES

1. Dangal G. A study of endometrium of patients with abnormal uterine bleeding at Chitwan valley. Kathmandu University Medical Journal. 2003; 1(2):110-2.

2. Khare A, Bansal R, Sharma S. Morphological spectrum of endometrium in patients presenting with dysfunctional uterine bleeding. People's Journal of Scientific Research. 2012; 5(2):13-6.
3. Livingstone M, Fraser IS. Mechanisms of abnormal uterine bleeding. Human Reproduction Update. 2002; 8(1):60-7.
4. Mirza T, Akram S, Mirza A, Aziz S, Mirza T, Mustansar T. Histopathological Pattern of Abnormal Uterine Bleeding in Endometrial Biopsies. J Basic and Applied Sciences. 2012; 8:114-7.
5. Awwad JT, Toth TL, Schiff I. Abnormal Uterine Bleeding in the Perimenopause. International Journal of Fertility and Menopausal Studies. 1993;38(5):261-9.
6. Speroff L, Fritz MA. In: Clinical gynaecologic endocrinology and infertility. 7th edition. Jaypee Brothers Med Publishers (P) Ltd. Menopause and the peri-menopausal transition, 2005.
7. Padubidri VG, Daftary SN. Howkins and Bourne Shaw's Textbook of Gynaecology. 14th ed. Noida: Elsevier, A division of Reed Elsevier India Private Limited; 2008. Perimenopause, Menopause, Premature Menopause and Post-menopausal Bleeding. In: Padubidri VG, Daftary SN, editor. 2008: 52-62.
8. Fraser I.S., Langham S., Uhl-Hochgraaber K. Health-related quality of life and economic burden of abnormal uterine bleeding. Expert Rev Obstet Gynecol. 2009; 4:179-189.
9. Shapley M., Jordan K., Croft P.R. An epidemiological survey of symptoms of menstrual loss in the community. Br J Gen Pract. 2004; 54:359-363. [PubMed]
10. NICE. Clinical Guideline 44; Heavy menstrual bleeding 2007. National Institute for Health and Clinical Excellence (NICE); Available at: <http://www.nice.org.uk/nicemedia/pdf/CG44FullGuideline.pdf>.
11. RCOG. RCOG; London: 2014. National heavy menstrual bleeding audit final report.
12. Baird D.D., Dunson D.B., Hill M.C. High cumulative incidence of uterine leiomyoma in black and white women: ultrasound evidence. Am J Obstet Gynecol. 2003; 188:100-107.
13. Brahma P.K., Martel K.M., Christman G.M. Future directions in myoma research. ObstetGynecolClin North Am. 2006; 33:199-224. xiii.
14. Merrill R.M. Hysterectomy surveillance in the United States, 1997 through 2005. Med Sci Monit. 2008; 14:CR24-31.
15. Stewart E.A. Uterine fibroids. Lancet. 2001; 357:293-298.
16. Radha Nair, Mallikarjuna M. Clinical profile of patients with abnormal uterine bleeding at a tertiary care hospital. Int J Reprod Contracept Obstet Gynecol. 2015 Dec; 4(6):1753-1757.

Source of Support: None Declared
Conflict of Interest: None Declared