Dysfunctional Uterine Bleeding

Dysfunction uterine bleeding is a common gynecologic abnormality and includes menorrhagia, amenorrhea, and metrorrhagia. Anovulation related to hypothalamic-pituitary-ovarian axis dysfunction is the most common cause of abnormal uterine bleeding. Other causes include endometrial cancer and lifestyle stressors. Medications indicated to treat dysfunctional uterine bleeding include combined oral contraceptives and tranexamic acid (Lysteda). Invasive interventions include balloon thermotherapy, and dilation and curettage. Treatment depends on the etiology of abnormal uterine bleeding, the patient's current health status, and the desire for children in the future. Dysfunctional uterine bleeding has a bimodal age distribution pattern and is more commonly seen in teenagers beginning menses and older women beginning menopause.

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Assessment

Bimodal Age Distribution

Graph with Bimodal-peaks

Dysfunctional uterine bleeding may be more frequently seen in certain age groups. Women in their early cycles as teenagers or menopause are more likely to experience abnormal uterine bleeding.

Painless Vaginal Bleeding

No Pain-bolt signs and Vagina-violets Bleeding

Abnormal vaginal bleeding is usually painless. Irregular shedding of the uterine lining may cause heavy bleeding known as menorrhagia.

Amenorrhea

Amen-tampon

Amenorrhea is defined as an absence of menstruation. Primary amenorrhea occurs if menses does not begin by 16 years old or by 14 years old in females with secondary sex characteristics. Secondary amenorrhea occurs if menstrual cycles cease after menses occurs. Causes of amenorrhea include damage to the ovaries or uterus, pregnancy, breastfeeding, and premature menopause. Medications such as antipsychotics, chemotherapy, and antidepressants may also induce secondary amenorrhea.

Menorrhagia (Heavy Menstrual Bleeding)

Very bloody Tampon-with-rags

Menorrhagia is characterized by excessive or prolonged menstrual bleeding lasting more than 7 days and/or excessive bleeding defined as more than 80mL. Causes of menorrhagia include anovulatory uterine bleeding, clotting disorders, uterine fibroids, and endometrial polyps.

Metrorrhagia (Bleeding Between Menses)

Metro-tampon between periods

Metrorrhagia is characterized by irregular bleeding or breakthrough bleeding between menses. Causes of metrorrhagia include spontaneous abortion, ectopic pregnancy, endometrial polyps, infection, and endometrial cancer.

Interventions

Balloon Thermotherapy

Balloon Thermal

Balloon thermotherapy is indicated to treat patients experiencing menorrhagia. The technique involves the insertion of a flexible balloon into the uterus. The balloon is inflated with warm sterile fluid and left in the uterus for 8 minutes to ablate the endometrium. The uterine lining sloughs off within the next 7-10 days. Balloon thermotherapy is contraindicated in patients desiring kids in the future. The procedure is also contraindicated in patients with uterine abnormalities such as fibroids or endometrial cancer. If severe bleeding occurs during the procedure, the patient requires hospitalization.

Hormone Medications

Harmonica and Med-bottles

Combined oral contraceptives are indicated for amenorrhea. In anovulatory cycles, the corpus luteum fails to produce progesterone. This hormone is needed to prevent the excessive buildup of endometrial lining, which increases the risk of developing endometrial cancer. A combination of oral estrogen and progesterone may help stabilize the endometrium and minimize blood loss in women experiencing menorrhagia.

Dilation and Curettage (DandC)

Dyed-dilation at cervix with Carrot-trap

Dilation & curettage (D&C) is a surgical procedure reserved in patients experiencing acute excessive bleeding lasting 12-24 hours. D&C is also indicated for older women when information obtained from endometrial biopsy and ultrasonography have not provided sufficient diagnostic information.

Considerations

Monitor for Anemia

Monitor and Anemone

Patients with menorrhagia experience excessive blood loss. Frequent episodes of menorrhagia increases the patient's risk of developing anemia. The patient should be monitored for symptoms of anemia, such as low levels of hemoglobin and hematocrit, fatigue, shortness of breath, pale skin, and coldness in the extremities.