

RELEVANCE OF ABNORMAL UTERINE BLEEDING

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GENERAL INFORMATION Abnormal uterine bleeding (AUB) is bleeding that is excessive in duration (more than 8 days), volume of blood loss (more than 80 ml) and/or frequency (interval less than 24 days). Heavy menstrual bleeding is excessive menstrual blood loss, having a negative impact on the physical, social, emotional and/or material well-being of a woman. The obsolete terms "menorrhagia", "metrorrhagia", "hypermenorrhea", "hypomenorrhea", "menometrorrhagia", "dysfunctional uterine bleeding" are currently replaced by AUB, heavy menstrual bleeding and intermenstrual bleeding. The concept of "AMB" includes the terms: • heavy menstrual bleeding, which means a heavier or longer period of menstruation, • irregular and prolonged menstrual bleeding. However, anemia is not a mandatory criterion for heavy uterine bleeding. It should be noted that AUB includes bleeding from the body and cervix of the uterus, but not from the vagina and vulva. Abnormal uterine bleeding (AUB) not associated with pregnancy has remained one of the leading reasons for visiting a gynecologist for many years; the incidence of AUB is about 30% among patients of reproductive age and can reach 70% in the perimenopausal period. Repeated AUB lead to the development of iron deficiency anemia, significantly reduce the quality of life, and are also associated with additional costs for hygiene products.

Key words: abnormal uterine bleeding (AUB); reproductive period, menopause, anemia, diagnostics.

Relevance: Despite the progress in medicine, uterine bleeding remains a well-known medical problem. Abnormal uterine bleeding has a negative impact on the physical, emotional, social, including material well-being of the female population. About a third of women seek medical help from a gynecologist due to abnormal uterine bleeding. Their frequency increases with age: if in reproductive age it is 20-30%, then in the period of peri- and postmenopause it increases to 80%. Abnormal uterine bleeding ranks 2nd among the reasons for hospitalization of women in gynecological hospitals, and serves as an indication for most surgical interventions, including destructive ones.

The prevalence of abnormal uterine bleeding among women of reproductive age worldwide is estimated to be between 3% and 30%, with higher rates occurring during menarche and perimenopause. Many studies are limited to uterine bleeding, but when

irregular and intermenstrual bleeding are considered, the prevalence of AUB increases to 35% or more.

AUB is one of the main causes of anemia and iron deficiency in the female population, leading to increased maternal morbidity and mortality in pregnant women with pre-existing anemia [7]. Women with menstrual irregularities are more likely to report anxiety, depression, insomnia, excessive sleepiness, and pain syndrome than women without menstrual problems [8]

Classification and terminology For a long time, there was no unified terminology and universal classification system for AMC, which significantly complicated the conduct of scientific research and the development of standards for patient care.

In 2011, the International Federation of Gynecology and Obstetrics (FIGO) developed a new classification system for AUB – PALM-COEIN. PALM-COEIN is an abbreviation that allows classifying the main causes of abnormal uterine bleeding. The first part, "PALM", describes the structural causes of bleeding. The second part, "COEI," describes nonstructural causes. "N" stands for "not otherwise classified."

- P: polyp
- A: adenomyosis
- L: leiomyoma
- M: endometrial hyperplasia/cancer.
- C: coagulopathy/bleeding disorder
- O: ovulatory dysfunction
- E: endometrial causes
- I: iatrogenic causes
- N: not classified

Iatrogenic causes of AUB include exogenous therapy that may result in uterine bleeding. This includes AUB associated with the use of systemic pharmacotherapy or intrauterine systems or devices. In addition to sex steroids such as estrogens, progestins, and androgens, and agents that directly affect their production or function, this category now includes nonsteroidal drugs that promote ovulation disorders, drugs that affect dopamine metabolism, including phenothiazines and tricyclic antidepressants. In the original classification, women with AUB associated with anticoagulant use were classified in group coagulopathies – AMK-C; in the new revision they are considered iatrogenic and classified as AMK-I [1]. This group of drugs includes vitamin K antagonists and modern oral direct anticoagulants. Recent studies have shown an increased risk of AMK with the use of rivaroxaban compared with other oral direct anticoagulants or warfarin.

Classification of AMC by age groups

- Juvenile period (menarche - 17 years);

- Reproductive period (17-45 years);
- Premenopausal period (46-55 years);
- Postmenopausal period.

Classification of AMC according to ovarian function

- Ovulatory;
- anovulatory (table 2).

SYMPTOMATICS

- Menorrhagia (hypermenorrhea) — excessive (more than 80 ml) or prolonged (more than 7 days) menstruation with a regular interval of 21–35 days:– a small number of blood clots in profuse blood discharge;– iron deficiency anemia of moderate to severe severity;– the appearance of hypovolemic disorders on menstrual days.

Metrorrhagia is irregular intermenstrual bloody discharge from the uterus (usually of a non-intensive nature).

- Menometrorrhagia is irregular prolonged uterine bleeding (the most common symptom is the absence of a rhythm of uterine bleeding: - frequent occurrence of bleeding after periods of oligomenorrhea; - periodic increase in bleeding against the background of scanty or moderate blood discharge;– a marked difference in the duration of bleeding.

- Polymenorrhea — frequent menstruation with an interval of less than 21 days.

CLINICAL PICTURE

- Acyclic bleeding;
 - lasting for a long time;
 - always painless;
 - contributes to progressive anemia
- and possible development of DIC syndrome.

DIAGNOSIS

- Gynecological examination;
- ultrasound examination (US) of the pelvic organs taking into account the thickness and structure of the endometrium (M-echo);
- cytological examination of aspirate from the uterine cavity;
- hysteroscopy and diagnostic curettage of the endocervix and endometrium; conducting a pathological examination of endometrial biopsy material;
- determining the content of β -hCG in urine or blood serum in sexually active girls.

In short, abnormal uterine bleeding seriously affects a woman's health, lifestyle, and work. Severe anemia can be recognized as a complication.

Due to anemia, the blood supply to vital organs is disrupted, and dystrophic changes occur in them. The woman feels tired, lethargic, her movements slow down, and her memory deteriorates. Therefore, if abnormal bleeding is detected, the woman must immediately undergo a medical examination and receive the necessary treatment.

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