**Teaching to the Texts**

**Te Linde’s Chapter 26: Normal and Abnormal Uterine Bleeding**

CREOG Educational Objectives

1. For the following presenting conditions, perform pertinent history and evaluation, including diagnostic procedures, consult subspecialists when appropriate, counsel, and manage medically and surgically:
	1. Abnormal bleeding, including the following sources:
		1. Uterine (polyp, adenomyosis, leiomyoma, and malignancy/hyperplasia– coagulopathy, ovulatory, endometrial, iatrogenic, not classified [PALM–COEIN])
		2. Nonuterine gynecologic (cervical, vulvovaginal)
		3. Nongynecologic (gastrointestinal, genitourinary, bleeding disorders)

Practice Questions

1. A 36-year-old, gravida 3, para 3, presents to your office for irregular vaginal bleeding for the past 9 months. She states her menstrual cycles occur every 2-3 months without warning and will last from 10-15 days. She reports a 30-pound weight gain over the past 2 years. Her BMI is 35. A urine pregnancy test is negative and an endometrial biopsy is negative for hyperplastic cells or malignancy and shows disordered, proliferative endometrium. What is the MOST likely reason for her irregular bleeding?
	1. Anovulation
	2. Endometriosis
	3. Hypothyroidism
	4. Pregnancy
	5. von Willebrand disease

From: TrueLearn Question Bank

1. A 36 y.o. G1P1 presents after a recent heavy menstrual cycle wherein she bled for 7-10 days, passed large clots, and soaked pads frequently. Before this past cycle, she reports menstrual cycles lasting 4-5 days without clots. She also notes new onset of fatigue and shortness of breath. On physical exam, she is pale and her capillary refill is 3 seconds. There are scattered ecchymotic areas on her legs. Her pelvic exam and recently performed cervical cytology are normal. Pelvic ultrasound reveals a normal uterus, endometrial thickness of 3 mm, and normal adnexa. Lab tests show a hemoglobin of 9 g/dL, platelets 81,000/mL, white blood cells 3,000/mL, AST 25, ALT 32, blood urea nitrogen 10 mg/dL, and creatinite 0.9 mg/dL. A rheumatologic panel and HIV test were negative. In addition to evaluation of the coagulation pathway, the best way to confirm her diagnosis is
	1. Bone marrow biopsy
	2. Endometrial biopsy
	3. Office hysteroscopy
	4. Serum hepatitis panel

 From: Gynecology & Surgery Prolog, 8th Edition, Question 24

1. A 42 y.o. G2P2 reports heavy menses and is concerned she is starting menopause. She reports long-standing irregular menses that have become increasingly heavy and lengthy in the past 9 months. Her medical history is significant for PCOS and type 2 diabetes. Her BMI is 35. Her pelvic exam is normal. On lab evaluation, her TSH is 1.8 mIU/L; hemoglobin is 10.2 g/dL; platelets are 254,000/mL; urine pregnancy test is negative; and cervical cytology is normal. In addition to initiating iron therapy, the best next step in the management of this patient is
	1. FSH testing
	2. Hysteroscopy
	3. Office endometrial biopsy
	4. Pelvic ultrasound
	5. Sonohysterography

 From: Gynecology & Surgery Prolog, 8th Edition, Question 126

High-Yield Associated Resources

1. ACOG Practice Bulletin 128: [Diagnosis of Abnormal Uterine Bleeding in Reproductive-Aged Women | ACOG](https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2012/07/diagnosis-of-abnormal-uterine-bleeding-in-reproductive-aged-women)
2. ACOG Practice Bulletin 136: [Management of Abnormal Uterine Bleeding Associated With Ovulatory Dysfunction | ACOG](https://www.acog.org/clinical/clinical-guidance/practice-bulletin/articles/2013/07/management-of-abnormal-uterine-bleeding-associated-with-ovulatory-dysfunction)
3. UptoDate: [Approach to abnormal uterine bleeding in nonpregnant reproductive-age patients](https://www.uptodate.com/contents/approach-to-abnormal-uterine-bleeding-in-nonpregnant-reproductive-age-patients?search=abnormal+uterine+bleeding&source=search_result&selectedTitle=1%7E150&usage_type=default&display_rank=1)
4. Pearls of Exxcellence: [Evaluation and Management of Bleeding in Perimenopausal Women](https://www.exxcellence.org/list-of-pearls/evaluation-and-management-of-bleeding-in-perimenopausal-women/?categoryName=&searchTerms=abnormal+uterine+bleeding&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending)
5. Pearls of Exxcellence: [Abnormal Uterine Bleeding in Adolescents](https://www.exxcellence.org/list-of-pearls/abnormal-uterine-bleeding-in-adolescents/?categoryName=&searchTerms=abnormal+uterine+bleeding&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending)

Answers: 1-a, 2-a , 3-c