

# Abnormal Uterine Bleeding

Dalton LaBarge, MS3

# 33y F presents for TVH for chronic AUB

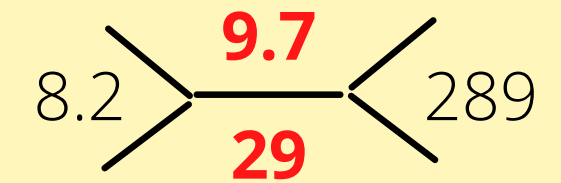
Regular since menarche (age 11y). Worsening **HMB** over 3 years. **Mirena IUD** placed 4 mo ago - continues to have heavy, painful BTB. Soaking tampon and diaper pants q2h. Persistently **tired** and **weak**.

**G6P4024** - 4 SVDs 2SABs. Sexually active with spouse. No desires for future pregnancies. **Contraception:**  
Laparoscopic Bilateral Salpingectomy

**PMH:** Obesity, HbC Disease, Iron Deficient Anemia

**FH:** Uterine fibroids (Maternal)

**Medications:** Daily Fe Supplement



**Pap/HPV** - Negative

**TSH/T4** - WNL

**UA, BV/STIs-** Negative

## TVUS

Uterus Retro 9x7x4, thick EM  
Two A/P Intramural Myomas

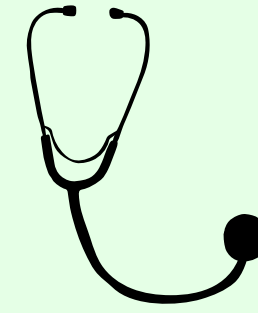
**EM Biopsy** - no hyperplasia

**Post-op tissue diagnosis:**  
**Adenomyosis (AUB-A)**

# Objectives

1

AUB Definition



2

Etiologies



3

Workup



4

Management

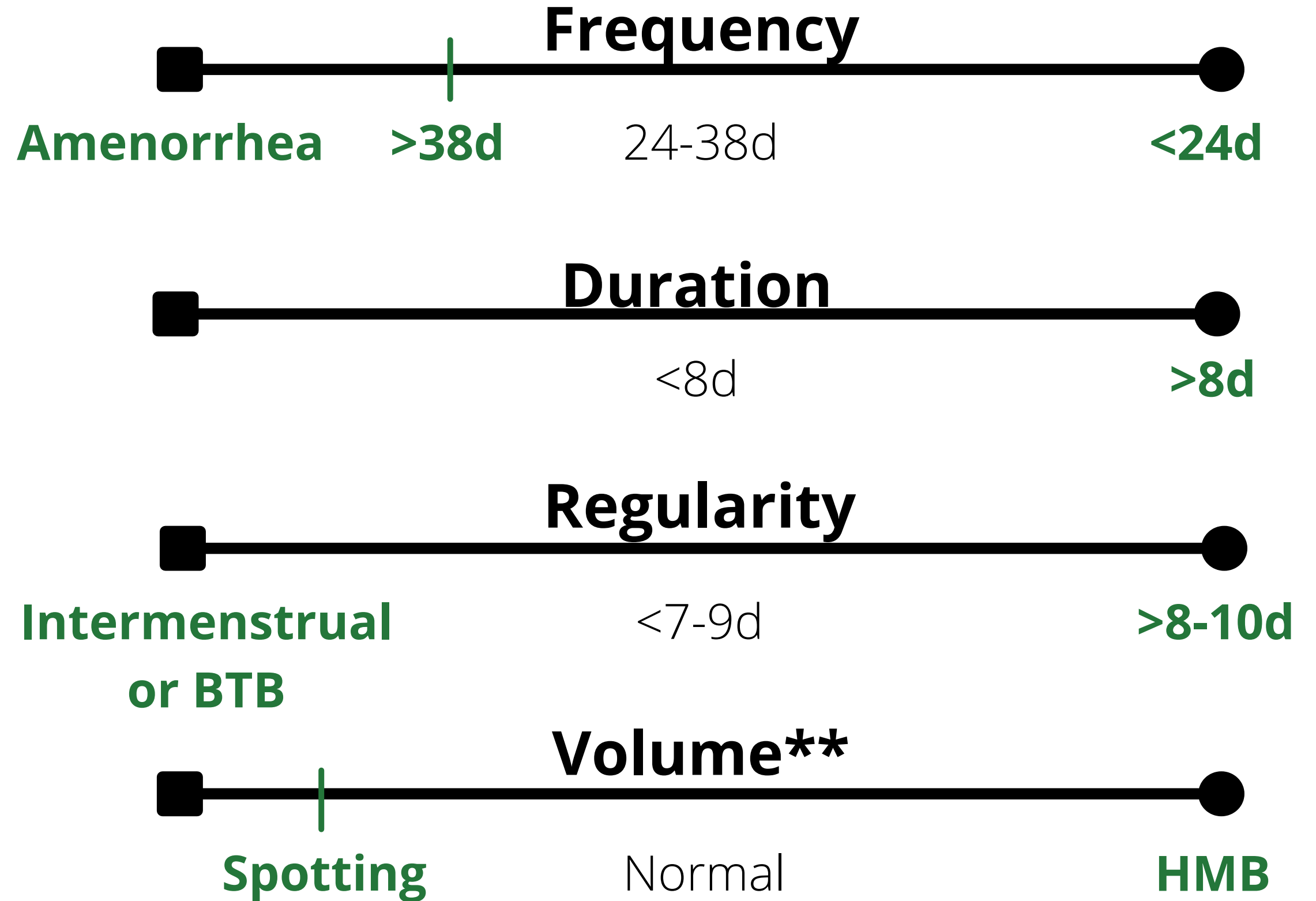




# Definition

**Non-gestational** bleeding from the uterine corpus that is abnormal in any: **frequency, duration, regularity** volume.

**Acute:** Episodic  
**Chronic:** >6mo



# FIGO Classification

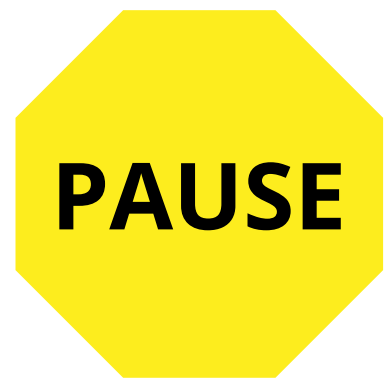


## STRUCTURAL

**P**olyp  
**A**denomyosis  
**L**eiomyoma  
**M**alignancy  
(Hyperplasia)

## NON-STRUCTURAL

**C**oagulopathy  
**O**vulatory  
**E**ndometrial  
**I**atrogenic  
**N**ot classified



- ✓ Not premenarche or postmenopause
- ✓ Not pregnant

## Polyp

- Benign
- Malignancy risk 1.7%  
(**Risk** ↑ age + syndromes)
- Stroma/Glands **Outgrowth**
- **Vascular Core**



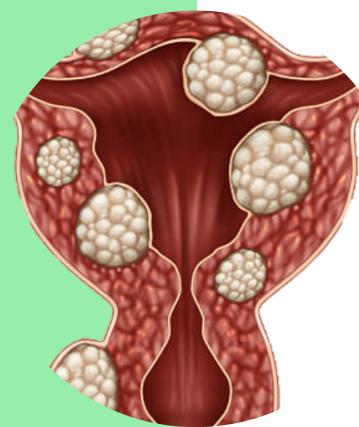
## Adenomyosis

- **Pain**
- Stroma/glands in muscularis,  
**myometrium hypertrophy**
- **Diffuse vascularity**



## Leiomyoma

- Benign **fibromuscular** monoclonal tumor
- **Submucosal, Intramural, Subserosal**
- Asymptomatic or painful



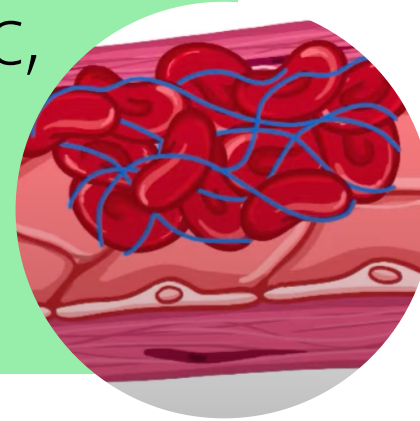
## Malignancy (Hyperplasia)

- Benign Hyperplasia, EIN, EC
- **Estrogen** mediated
- **Risk** ↑ **Postmenopause**
- **5%** Syndromic (**Lynch**, Cowden)



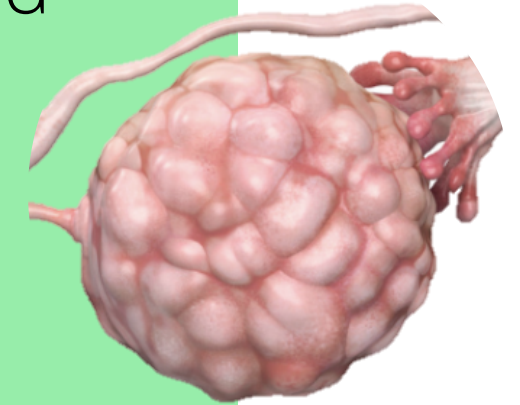
## Coagulopathy

- Positive bleeding history
- *Inherited*: vWD, HPA-B
- *Acquired*: AML, CLL, Aplastic, ITP, DIC, Renal/Liver failure



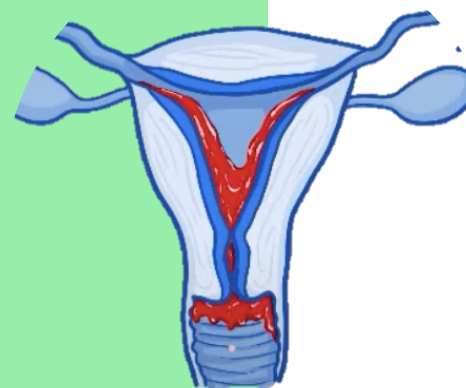
## Ovulatory

- HPO dysfunction
- Hyperprolactinemia, Thyroid
- Anorexia, Obesity
- PCOS
- Luteal-Out-Phase Event



## Endometrial

- **Dysfunction** of local hemostasis
- Normal HPO function + anatomy
- Chronic **endometritis**  
*Chlamydial Infection*



## Iatrogenic

- Hormonal Contraceptives
- Antidepressants, Anticoags

## Not classified

- AVMs
- Uterine Isthmocele



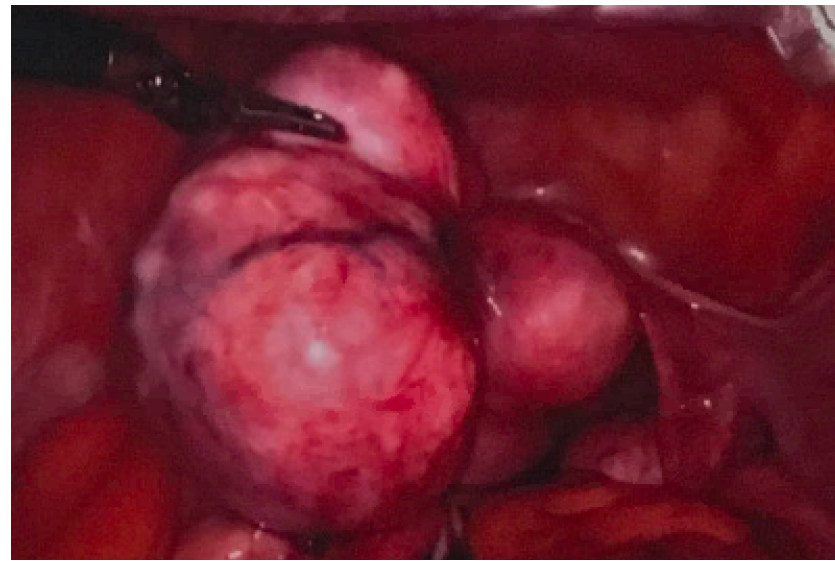
# Workup



1   H&P	2   LABS	3   IMAGES
<b>Ovulatory Function</b>	<b>UPREG / bHCG</b>	<b>TVUS</b>
<b>Family Planning</b>	<b>CBC / Iron Studies</b>	Sonohysterography
<b>GYN History</b>	PAP/HPV	<b>Hysteroscopy</b>
PMH, FH, SH	STI Panels	D&C or OP biopsy
Medications	Coagulation Studies	-----
Pelvic + Abdominal Exam	TSH	MRI**
	Prolactin, FSH, Estrogen, Testosterone	



# Management



## Medical

### Hormonal Contraceptives

- LNG-IUS
- Oral Progesterone
- OCPs

### Tranexamic Acid

- Anti-fibrinolytic

### NSAIDs

- COX-inhibitor

## Surgical

### Polypectomy

### Myomectomy

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### Uterine Artery Embolization

### Endometrial Ablation

### Hysterectomy

- TVH, TAH, TLH +/- BSO

# Summary



1

Frequency Duration Regularity Volume



2

Pregnant = OB workup PM = r/o Malignancy



3

Anatomical: **TVUS** Malignancy: **Biospy**



4

First-line Medical. Refractory to Surgery

# References

Committee on Practice Bulletins-Gynecology, on Practice Bulletins-Gynecology. **“Practice Bulletin No. 128: Diagnosis of Abnormal Uterine Bleeding in Reproductive-Aged Women.”** *Obstetrics and gynecology* (New York. 1953) 120.1 (2012): 197–206.

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