

Abnormal Uterine Bleeding

The menstrual period is the time during a woman's monthly cycle when bleeding occurs. Bleeding may last up to 7 days and should occur roughly every 28 days. Abnormal uterine bleeding occurs when the menstrual cycle is not regular, bleeding lasts longer than 7 days, is heavier in flow than normal, or bleeding occurs between periods.

There are certain times in a woman's life when it can be normal for her period to be irregular. This includes the first few years of onset of menses, usually around ages 9-16 and also as a woman approaches menopause. In the perimenopausal woman periods may become lighter or heavier due to decreased rate of ovulation. Once a woman completes menopause any uterine bleeding is considered abnormal, unless she is on hormone replacement therapy. Increased frequency of bleeding as a woman approaches menopause is also abnormal.

A symptom of abnormal uterine bleeding also includes:

- complete absence of menstrual periods
- bleeding between periods
- bleeding after sexual intercourse
- spotting
- any changes in normal flow

One of the causes for abnormal uterine bleeding is a hormone imbalance (when the body makes too much or not enough of a particular hormone). Hormonal imbalance caused by:

- Weight loss or gain
- Heavy exercise
- Stress
- illness
- Use of some medications

The most common result of a hormone imbalance is anovulation when the ovaries do not release an egg and a woman does not have a period. Anovulation can cause endometrial thickening (hyperplasia) which can eventually lead to an increased risk for uterine cancer. Anovulation may occur if the ovaries produce too much of the male hormone (androgen).

Abnormal uterine bleeding can also be caused by:

- Various pregnancy states: normal, miscarriage or ectopic pregnancy.
- Side effects of different birth control methods: intrauterine contraceptive (IUC), birth control pills, patch, or rings.
- Infections of the uterine or cervix
- Uterine fibroids
- Disorders related to normal blood clotting
- Certain types of cancer (uterine cervix or vagina)
- Chronic medical conditions such as hyperthyroidism or diabetes

Diagnosis of abnormal uterine bleeding

The diagnosis depends on a history of your past illness, use of medications (including birth control), lifestyle choices: such as eating habits, exercise habits, weight, and stress level. In order to properly diagnose this disorder an accurate log of dates and length of periods is needed.

The diagnostic tests may include a pregnancy test, thyroid function test, blood count, and hormone levels. Other tests may be needed based on your symptoms.

Treatment

Treatment for abnormal uterine bleeding can vary depending on the underlying cause, but can include the following:

- Medication and hormonal replacement therapy (birth control, progesterone, or thyroid medication)
- Endometrial biopsy
- Dilation and curettage (D&C)
- Hysterectomy or myomectomy

Uterine Fibroids

Fibroids are benign (noncancerous) growths in the uterus. Fibroids develop from the cells that make up the muscle of the uterus. Many women are not aware that they have fibroids because they are usually small and asymptomatic. Fibroids may appear inside the uterus, on its outer surface, within its wall or attached to it by a thin structure. The fibroids can range in size from ½ an inch to 5-6 inches, some have been known to grow very large and fill the pelvis and abdomen.

Symptoms

Fibroid symptoms vary from woman to woman. Some women have no symptoms, while others may experience some or all of the symptoms described below:

- Changes in menstruation
 - More bleeding
 - Longer or more frequent periods
- Menstrual pain (cramps)
- Vaginal bleeding at times other than menstruation
- Anemia
- Pain
 - In the abdomen or lower back (sharp or dull)
 - Pain during sex
- Abdominal Pressure
- Difficulty urinating or frequent urination
- Constipation, rectal pain or difficulty with bowel movements
- Abdominal cramps

- Miscarriages and infertility

Fibroids that are attached to the uterus by a thin structure may twist and cause pain, nausea or fever. Fibroids may also become infected. This happens only when there is an infection already in the area. These symptoms also may be signs of other problems, therefore you should see your provider if you have any of these symptoms.

Pelvic exam and ultrasound are the most common diagnostic devices.

Treatment

Small fibroids that do not cause any symptom do not usually require treatment. Nor do women who are menopausal or premenopausal. Women who experience the symptoms that described above may be treated using hormonal therapy, myomectomy (surgical removal of the fibroid) or hysterectomy (surgical removal of the uterus and fibroid).

Uterine Fibroids and Pregnancy

If you are pregnant and have fibroids, they likely will not cause problems for you or your baby. During pregnancy, fibroids may grow larger from blood flowing to the uterus. Growth of the fibroid may cause discomfort, pelvic pressure, or pelvic pain. Fibroids generally decrease in size after delivery.

Possible Complications of Fibroids during Pregnancy:

- Miscarriage (in which the pregnancy ends before 20 weeks)
- Preterm birth
- Breech birth (in which the baby is in a position other than head down)
- A large fibroid can block the opening of the uterus or keep the baby from passing into the birth canal. In this case, a cesarean delivery is done.
- In most cases, a large fibroid will move out of the fetus's way as the uterus expands during pregnancy.
- Women with large fibroids may have more blood loss after delivery.
- Pregnant women with fibroids may need to be placed on bed rest at home or in the hospital because of pain, bleeding, or threatened preterm labor.

In rare cases, myomectomy may be performed in a pregnant woman. In this case, cesarean birth is indicated to prevent rupture of the uterus due to contractions.