

Clinical Profile of Patients with Dysfunctional Uterine Bleeding at a Tertiary Care Hospital

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Abstract

Introduction: Dysfunctional Uterine Bleeding (DUB) is excessive, erratic, or irregular bleeding usually associated either with hormonal disturbance or intrauterine pathology. It has remained one of the most frequent indications for hysterectomy in developing countries but 40% of cases were not associated with any definitive organic pathology. *Aim and Objectives:* To study Clinical profile of patients with dysfunctional uterine bleeding at a tertiary care hospital. *Material and Methods:* It's a cross-sectional, observational type of study carried out at tertiary care centre from September 2015 to August 2016 including 100 women between 20 to 50 years of age presenting with abnormal or dysfunctional uterine bleeding without any organic, systemic or iatrogenic cause. After obtaining an approval from institutional ethics committee, a detailed history and clinical examination was done. *Results:* A highest proportion of patients were in the age group of 31 – 40 years (49%) followed by 20-30 years (26%). A maximum of 31% patients attained the age of menarche at 12 years. Among all 71% were multiparous, 24% were grand multiparous. The most common bleeding pattern was menorrhagia (64%) followed by polymenorrhoea (28%), while pain in abdomen was the most common complaint encountered. *Conclusions:* DUB had serious impact on women's life. It is recommended that, training program is recommended for women in order to enhance their knowledge and skills regarding Dysfunctional uterine bleeding.

Keywords: Dysfunctional Uterine Bleeding.

Introduction

Dysfunctional uterine bleeding is one of the most common debilitating menstrual problems. DUB is defined as any bleeding pattern that differs in the frequency, duration and amount from a pattern observed during a normal menstrual cycle or menopause. It has great importance for its frequency, and because it negatively affects physical, emotional, sexual and professional aspects of the lives of women, worsening their quality of life [1]. Novak defined it as - bleeding without a causative uterine lesion such as tumour infection or complications of pregnancy, although frequently there may be associated cysts of the ovary [2]. It is excessive, erratic, or irregular bleeding usually associated either with hormonal

disturbance or intrauterine pathology. The most common etiologies in non-pregnant women are structural uterine pathology as (fibroids, endometrial polyps, adenomyosis), anovulation, disorders of hemostasis, or neoplasia [3,4].

Menorrhagia affects 10-30% of menstruating women at any one time, and may occur at some time during the perimenopause in up to 50% of women. One third of patients attending gynaecology OPD present with complaints of dysfunctional uterine bleeding [5]. Bleeding is said to be 'Dysfunctional' when the pattern is irregular, abnormal in duration (>7 days), or menorrhagia or abnormal amount (>80 ml/menses) [6].

After excluding pregnancy, the initial evolution includes a detailed history of bleeding and medical

history focusing on risk factors for endometrial cancer, coagulopathies, medications in use, concomitant diseases, as well as complete physical examination focusing on signs of polycystic ovarian syndrome, insulin resistance, thyroid diseases, petechiae, bruises, vagina or cervix lesions, and uterine size [7].

Aim and Objectives

To study Clinical profile of patients with dysfunctional uterine bleeding at a tertiary care hospital.

Material and Methods

It is a cross-sectional, observational type of study carried on patients presenting with dysfunctional uterine bleeding (DUB) to Department of Obstetrics and Gynaecology, Sardar Patel Medical College, Bikaner during the specified period from September 2015 to August 2016 were taken up for study. We included 100 women between 20 to 50 years of age presenting with abnormal or dysfunctional uterine bleeding without any organic, systemic or iatrogenic cause.

Inclusion Criteria

1. Patients in 20- 50 years age group
2. Those with dysfunctional uterine bleeding.

Exclusion Criteria

1. Patients less than 20 years of age and above 50 years of age.
2. Patients with uterine bleeding due to intra-uterine causes.

3. Patients not giving their consent to participate in the study.

Informed consent was taken from all the patients. After obtaining an approval from institutional ethics committee, a detailed history and clinical examination was done. As DUB is a diagnosis of exclusion, investigations were done to rule out any other possible cause for abnormal uterine bleeding. Data was collected using Pre tested semi structured Questionnaire which was filled by the investigator.

The endometrial samples (endometrial curettage/ biopsy and hysterectomy specimens) sent to pathology laboratory were analysed. Endometrial samples were hysterectomy specimens. Paraffin tissue blocks were prepared and 3-4 micrometre thick sections were cut and stained with routine haematoxylin and eosin. A detailed histological study was carried out and the findings were noted. Statistical analysis was done. It is done by using Micro soft excel and Statistical package for social sciences.

Results

From the Table 1, it was found that highest proportion of patients were in the age group of 31- 40 years (49%) followed by 20- 30 years (26%) and 41- 50 years (25%). In this study, 31% of patients attained the age of menarche at 12 years, 27% of patients attained the age of menarche at 13 years, 20% of patients attained the age of menarche at 11 years, 18% of patients attained the age of menarche at 14 years, 4% of patients attained the age of menarche at 16 years.

With regard to the parity status, 71% were multiparous, 24% were grand multiparous and only 05% were nulliparous while, irregular menstrual cycles were found in 24% of patients.

Table 1: Distribution of patients according to different variables

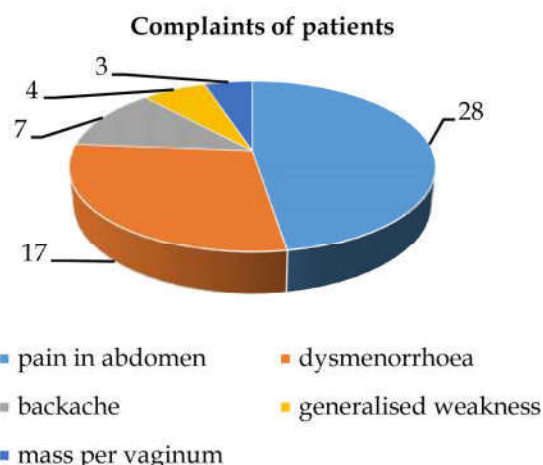
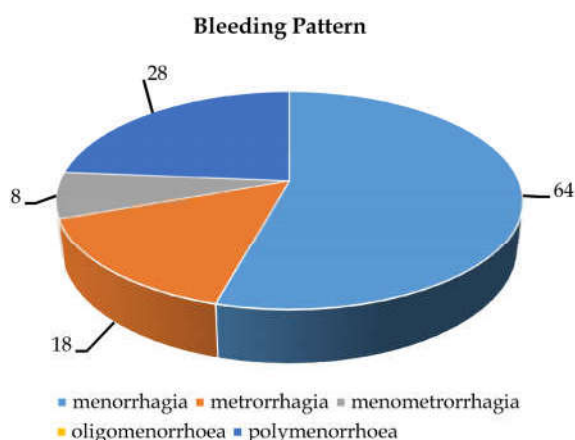
| Different variables | | Frequency (N=100) |
|----------------------------|-------------------|-------------------|
| Age intervals (in years) | 20-30 | 26 |
| | 31-40 | 49 |
| | 41-50 | 25 |
| Age of Menarche (in years) | 11 | 20 |
| | 12 | 31 |
| | 13 | 27 |
| | 14 | 18 |
| | 16 | 04 |
| Parity status | Nulliparous | 05 |
| | Multiparous | 71 |
| | Grand Multiparous | 24 |
| Menstrual Cycle | Regular | 76 |
| | Irregular | 24 |

Table 2: Distribution of patients based on bleeding pattern

| Variable | Types | Frequency (N=100) |
|------------------|------------------|-------------------|
| Bleeding Pattern | Menorrhagia | 64 |
| | Metrorrhagia | 18 |
| | Menometrorrhagia | 08 |
| | Oligomenorrhoea | 00 |
| | Polymenorrhoea | 28 |

Table 3: Distribution of patients based on complaints

| Variable | Complaints | Frequency (N=100) |
|------------------------|----------------------|-------------------|
| Complaints of patients | Pain in abdomen | 28 |
| | Dysmenorrhoea | 17 |
| | Backache | 07 |
| | Generalised weakness | 04 |
| | Mass per vagina | 03 |



From above Tables (2 and 3), it is clear that the most common bleeding pattern was menorrhagia (64%) followed by polymenorrhoea (28%), metrorrhagia (18%) and menometrorrhagia (8%), while the most common complaint encountered among these patients was pain in abdomen (28%) followed by dysmenorrhea (17%) and back ache (07%).

Discussion

Dysfunctional uterine bleeding continues to be one of the most common and perplexing problems in gynaecological practice. It may present at any age between puberty and menopause. It's highest incidence was noted in 31 to 40 years age group in the present study which is in concordance with the results of the study by Bhattacharji et. al. [8] while Mehrotra et al, Wagh and Swamy and Dawn reported maximum incidence in 21-30 years age group [9,10,11].

In the present study, the highest incidence of DUB was seen in multiparous (71%), which is in

concordance with the results of the studies by Bhattacharji et. al. [8] (46%), Joshi SK et. al. [12] (48.6%), Pillai et. al. [13] (87%) and Sadia K et. al. [14] (54%). The lowest incidence was seen in nulliparous women in the present study which is in concordance with the result of the study by Mehrotra et. al. [9] (20%). A possible explanation for this might be that Mutiparous women have a slightly more average blood loss as compared to nulliparous. The most common complaint encountered among these patients was pain in abdomen (28%) followed by dysmenorrhea (17%), and back ache (07%).

Dysfunctional uterine bleeding may present with variable patterns. The present study showed that most common bleeding pattern was menorrhagia (64%), followed by polymenorrhoea (28%), metrorrhagia (18%) and menometrorrhagia (8%). The results of present study are in concordance with the results of the study by Nair R et. al. [15]. While, another study by Mohamed AH et. al [16] shows menorrhagia was the most common (47.0%) followed by post-menopausal bleeding (27.9%), menometrorrhgia

(15.3%), and metrorrhagia (8.8%). Some variation has been observed among national and international studies. Juhi et. al. [17] found that, menorrhagia was the most prominent (57.4%) presenting symptom, followed by postmenopausal bleeding (17.9%), metrorrhagia (10.3%), polymenorrhagia (9.7%) and menometrorrhagia (4.6%).

Summary and Conclusions

In this study, 31 to 40 years of age group, multiparity and menorrhagia were more commonly associated clinical presentations with Dysfunctional uterine bleeding. DUB had serious impact on women's life. The study recommended that, training program is recommended for women in order to enhance their knowledge and skills regarding Dysfunctional uterine bleeding.

References

- Dangal G. A study of endometrium of patients with abnormal uterine bleeding at Chitwan valley. Kathmandu University Medical Journal. 2003;1(2): 110-2.
- Jonathan S. Berek. Novak's Gynaecology. 13th Edition. USA: Lippincott Williams & Wilkins; 2002. Chapter 13:366.
- Munro MG, Critchley HO, Broder MS, et. al., FIGO Working Group on Menstrual Disorders. FIGO classification system (PALM-COEIN) for causes of abnormal uterine bleeding in nongravid women of reproductive age. *Int J Gynaecol Obstet*; 2011; 113:3-13.
- Tsai MC & Goldstein SR. Office diagnosis and management of abnormal uterine bleeding. *Clin Obstet Gynecol*; 2012;55(3):635-650.
- Mirza T, Akram S, Mirza A, Aziz S, Mirza T, Mustansar T. Histopathological Pattern of Abnormal Uterine Bleeding in Endometrial Biopsies. *J Basic and Applied Sciences*. 2012;8:114-7.
- Speroff L, Fritz MA. In: *Clinical gynaecologic endocrinology and infertility*. 7th edition. Jaypee Brothers Med Publishers (P) Ltd. Menopause and the peri-menopausal transition, 2005.
- Awwad JT, Toth TL, Schiff I. Abnormal Uterine Bleeding in the Perimenopause. *International Journal of Fertility & Menopausal Studies*. 1993;38(5):261-9.
- Bhattacharji SK. Dysfunctional Uterine bleeding Correlation of endometrial pattern with clinical behavior. *J Obstet Gynecol India*. 1964;14(2):372-9.
- Mehrotra VG, Mukerjee K, Pandey M, Samanth V. Functional uterine bleeding (A review of 150 cases). *J Obstet Gynaecol India*. 1972;22:684-9.
- Wagh KV, Swamy V. Functional uterine Haemorrhage. *J Obstet and Gynecol India*. 1964; 14:87-392.
- Dawn CS. Environment and dysfunctional uterine haemorrhage. *J Obstet Gynaecol India*. 1964;14:408-12.
- Joshi SK. Atypical uterine bleeding-Histopathological audit of endometrium A study of 638 cases. *Al Ameen J Med Sci*. 2013;6(1):21-8.
- Pillai GS, Sethi B, Dhaded AV, Mathur PR. Dysfunctional Uterine Bleeding (Study of 100 cases). *J Obstet Gynaecol India*. 2002;52(3):87-9.
- Khan S, Hameed Sadia Ghani NA, Abdulrazak AA, Abdullah EM. Abnormal uterine bleeding: A histopathological study. *World Res J Pathol*. 2012;1(1):6-8.
- Nair R, Mallikarjuna M; Clinical profile of patients with abnormal uterine bleeding at a tertiary care hospital; *Int J Reprod Contracept Obstet Gynecol*. 2015 Dec;4(6):1753-1757.
- Mohamed AH; Abnormal Uterine Bleeding and Its Impact on Women Life; *IOSR Journal of Nursing and Health Science*; 2017 Sep. -Oct.;6(5):30-37.
- Juhi S, Ruchika B, Vinay B, et. al. A study Of Spectrum of Morphological Changes in Endometrium in Abnormal Uterine Bleeding *Journal of Advance Researches in Biological Sciences*, 2013;5(4):370-375.