

## **CONCISE NOTES ON PREMENOPAUSAL ABNORMAL UTERINE BLEEDING (AUB)**

This is a complex area with many confusing guidelines. AUB includes heavy regular and irregular bleeding, post-coital bleeding and intermenstrual bleeding. A 'normal' cycle is around 7 days every 21-35, and averages around 40ml in amount. The symptom of 'heavy period' is subjective and if it interferes with a woman's physical and/or, social, emotional quality of life it is accepted.

### **CAUSES**

- Around 80% are due to non-pathological hormonal issues.
- The other 20% are due to fibroids, endometrial polyps, adenomyosis, endometriosis, endometritis, pelvic inflammatory disease. A small percentage are due to endometrial hyperplasia which can progress to endometrial cancer to varying degrees. A very small percentage are due to endometrial cancer in the pre-menopausal age-group.
- Thyroid and haematological disease plays a very small part and blood tests in these areas are only needed if these are clinically suspected.
- Iatrogenic causes include copper IUCDs and anticoagulant therapy.

### **Important 'red flags' Include**

- Anaemia
- Obesity (BMI>30) especially if Diabetic
- Age 45 years or older
- History of Infertility
- Nulliparity
- History of unopposed oestrogen therapy
- Family history of endometrial cancer
- Family history of Hereditary non-polyposis colorectal cancer syndromes
- History of breast cancer
- History of Tamoxifen therapy
- History of PCOS

### **Investigation**

1. Assess for anaemia and undertake FBC and ferritin.
2. Examination including abdominal (?mass), bimanual and speculum (to exclude cervical cancer). Bring Cervical Smear up to date.
3. If periods are regular, examination normal and no 'red flags' above consider treatment with oral medications (COCP, Tranexamic acid, NSAID) or Mirena in appropriate cases.
4. Otherwise consider transvaginal pelvic ultrasound for endometrial thickness, myometrium and ovaries.
5. Refer all with 'red flags', abnormal scans (e.g. uterus enlarged or endometrial thickness greater than 12mm) for possible endometrial biopsy and as necessary for consideration of more detailed investigations (e.g. hysteroscopy D and C) and Mirena or endometrial ablation or hysterectomy, after informed discussion and decision making depending on symptoms and needs (e.g. fertility).

