

DOI: <http://dx.doi.org/10.18203/2320-1770.ijrcog20160396>

Research Article

Assessment of perimenopausal bleeding

Mimansa Baghel, N. Chandwaskar, Sweta Agrawal*, Shikha Sonker

Department of Obstetrics and Gynaecology, Sri Aurobindo institute of Medical sciences, Indore, India

Received: 05 January 2016

Accepted: 22 January 2016

***Correspondence:**

Dr. Sweta Agrawal,

E-mail: msa.sweta@gmail.com

Copyright: © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

ABSTRACT

Background: Abnormal uterine bleeding (AUB) is one of the most common presenting complaints encountered in a Gynecologist's office and accounts for almost 10% consultations in any busy out-patient clinic. Perimenopause is defined as the time around menopause during which menstrual cycle and endocrine changes are occurring but 12 months of amenorrhea has not yet occurred. Patients usually present first to their family physicians, who can do most of the diagnostic workup and management.

Methods: 200 women of perimenopausal age group with AUB presenting to gynecology OPD and wards of Department of Obstetrics and Gynecology, SAMC & PGI, Indore. The study was conducted from May 2013 to April 2014.

Results: In our present study majority (57%) of the women in our study were in the age group 40-45 years and rest were having age more than 46 years. In our present study 52% of the women presented with menorrhagia, 16.5% presented with polymenorrhagia, 11.5% presented with metropathia haemorrhagica, 9% presented with polymenorrhoea, 4.5% presented with metrorrhagia.

Conclusions: There are various menstrual irregularities during perimenopausal period, some due to variation in hormones which are physiological some due to pathological changes. Every case of perimenopausal bleeding needs evaluation. Base line investigations should be offered to all the patients. Public awareness programme in the community and yearly physical checkup should be advised to all the patients.

Keywords: Menorrhagia, Polymenorrhagia, Perimenopausal bleeding, Abnormal uterine bleeding, Metorrhagia, Metropathia haemorrhagica

INTRODUCTION

Abnormal uterine bleeding (AUB) is one of the most common presenting complaints encountered in a Gynecologist's office and accounts for almost 10% consultations in any busy out-patient clinic. AUB is defined as 'bleeding that is excessive or occurs outside of normal cyclic menstruation and accounts for two-thirds of hysterectomies.

Although most patients have benign disease, thorough investigation is necessary, particularly in the peri- and post-menopausal woman.

In premenopausal women, AUB is diagnosed when there is a substantial change in frequency, duration, or amount of bleeding during or between periods. Variations from the normal cyclical pattern in the perimenopausal age may be due to physiological hormonal changes on one hand or may be due to neoplastic changes either benign or malignant, on the other hand. Therefore, accurate diagnosis of the causative factor of AUB in this age group is of utmost importance so that appropriate management can be established.

Stages and nomenclature of the menopausal transition were defined by experts in 2001 at the "Stages of Reproductive Aging Workshop (STRAW)". The group

recognized seven stages of the reproductive aging continuum, and acknowledged that most women do not progress precisely through each stage. These stages are also described by the following terms:

- **Pre-menopause:** the time up to the beginning of the perimenopause, but is also used to define the time up to the last menstrual period.
- **Perimenopause:** the time around menopause during which menstrual cycle and endocrine changes are occurring but 12 months of amenorrhea has not yet occurred.
- **Postmenopause:** begins at the time of the last menstrual period, although not recognized until after 12 months of amenorrhea.

A hot flash or flush refers to the spontaneous sensation of warmth, often associated with perspiration, resulting from a vasomotor response to declining oestrogen levels. Night sweats are hot flashes or flushes occurring at night, often while sleeping. Other symptoms, such as vaginal dryness, sleep disturbance, mood symptoms, cognitive disturbances, somatic complaints, urinary complaints; uterine bleeding problems, sexual dysfunction, and reduced quality of life are also attributed to the menopausal transition.

Patients usually present first to their family physicians, who can do most of the diagnostic workup and management. Specialist care is sought when first-line medical treatments have failed or specialized testing is required. An approach to diagnosis and management of AUB in women of all ages is, therefore, important for family physicians.

METHODS

This study was carried out in the Department of Obstetrics and Gynecology, SAMC & PGI, Indore (M.P.). This is an observational study with convenient sampling of 200 women of perimenopausal age group with AUB presenting to gynecology OPD and wards of Department of Obstetrics and Gynecology, SAMC & PGI, Indore (M.P.). The study was conducted from May 2013 to April 2014.

Inclusion Criteria

All women attending outpatient department with abnormal uterine bleeding.

Exclusion Criteria

Women aged less than 40 years and more than 55 years, women with normal menstrual pattern, women on hormonal replacement therapy, AUB due to obstetric causes, patient with bleeding disorders/dyscrasias, patients on anticoagulant therapy.

Methodology

All women underwent a general physical examination and systemic examination and gynecological examination. Abdominal and transvaginal sonography was done for all women. All women underwent D & C for histopathology of endometrium. In inferential statistics we applied McNemar and Chi-square test. All statistical analysis was done with the help of SPSS version 20.0 software.

RESULTS

In our present study Majority (57%) of the women in our study were in the age group 40-45 years and rest were having age more than 46 years. Thus, all the women were in the perimenopausal age (Table 1). Majority (76%) of the women in our study group were having parity more than 2, with 48% having parity less than or equal to 2 (Table 2).

Table 1: Distribution of patients according to age.

Age (years)	No. of patients (n = 200)	Percentage
40-45	111	57
46-50	66	32
51-55	23	10
Total	200	100

Table 2: Distribution of patients according to parity.

Parity	No. of patients (n = 200)	Percentage
≤ 2	48	24
>2	152	76
Total	200	100

Table 3: Clinical presentation of patients.

Clinical presentation	No of Patients (n = 200)	Percentage
Menorrhagia	106	53
Polymenorrhoea	18	9
Polymenorrhagia	33	16.5
Metrorrhagia	9	4.5
Hypomenorrhoea	11	5.5
Metropathica haemorrhagica	23	11.5
Total	200	100

In our present study 52% of the women presented with menorrhagia, 16.5% presented with polymenorrhagia, 11.5% presented with metropathica haemorrhagica, 9% presented with polymenorrhoea, 4.5% presented with metrorrhagia (Table 3). In our study diagnosis by USG showed Majority (44%) were normal, in 15.55% fibroid uterus was diagnosed, in 15% bulky uterus was diagnosed, in 6% endometrial hyperplasia was diagnosed,

other diagnosis made by USG were prolapsed, ovarian cyst, PID, bulky cervix, atrophic, polyp, carcinoma endometrium, carcinoma cervix, adnexal mass and ovarian tumour (Table 4).

Table 4: Diagnosis by USG.

USG diagnosis	No of Patients (n = 200)	Percentage
Normal	88	44
Fibroid uterus	31	15.5
Bulky	30	15
Endometrial hyperplasia	12	6
Prolapse	11	5.5
Ovarian cyst	7	3.5
PID	7	3.5
Bulky cervix	5	2.5
Atrophic	3	1.5
Polyp	2	1
Carcinoma endometrium	1	0.5
Carcinoma cervix	1	0.5
Adnexal mass	1	0.5
Ovarian tumour	1	0.5
Total	200	100.0

DISCUSSION

Perimenopausal bleeding presents as a perplexing clinical problem and a diagnostic challenge to the gynecologist. A thorough clinical examination and imaging studies no doubt provides a gynecologist with considerable information but that is not sufficient in arriving at a diagnosis or pinpointing the cause of Perimenopausal bleeding in all cases.

The demographic profile revealed that majority of the women (57.9%) belonged to 40-45 years age group followed by 46-50 years age group (32.1%). Thus, 90% of patients belonged to 40-50 years age group. The mean age of subjects in this study was 45-59 years. The result of the present study is comparable to studies of mahadik et al 2010 and tariq et al 2005 whose age distribution was 40-45 yrs and 75% fell in the age group of 41-50yrs and 100% in the age group of 40-50% respectively.

In present study, 24% of subjects had parity less than two, and 76% of subjects had parity more than two. Thus parity more than 2 formed bulk of cases i.e. 72.16% which is significant $p < 0.01$.

In present study when perimenopausal bleeding was analysed as per pattern of bleeding the incidence of menorrhagia was 53%, polymenorrhagia was 16.5%, metropathica haemorrhagica was 11.5%, polymenorrhoea was 9.0%, hypomenorrhoea was 5.5% and metrorrhagia was 4.5%. In comparison, in the study by Muzaffar et al, while menorrhagia was the commonest (51.9%) type of bleeding, metrorrhagia was the next common type

followed by polymenorrhoea and polymenorrhagia. While in the study of Mahadik et al⁸, menorrhagia was 58.6%, polymenorrhagia was 25.3%, metropathica 6.8% and polymenorrhoea 9.3%.

Study by goldsteine et al 2007, a total of 341 patients (79%) had ultrasonographic evidence of no anatomic abnormality, and dysfunctional uterine bleeding requiring no further studies was diagnosed. Fifty-eight patients (13%) had focal polypoid masses, all of which were removed hysteroscopically and confirmed pathologically. Twenty-two patients (5%) had submucous myomas; 10 patients (23%) had globally thickened endometrium which is comparable to our study.

CONCLUSIONS

There are various menstrual irregularities during perimenopausal period, some due to variation in hormones which are physiological some due to pathological changes. Every case of perimenopausal bleeding needs evaluation. Base line investigations should be offered to all the patients. Public awareness programme in the community and yearly physical checkup should be advised to all the patients.

Funding: No funding sources

Conflict of interest: None declared

Ethical approval: Not required

REFERENCES

1. Kotdawala P, Kotdawala S, Nagar N. Evaluation of endometrium in perimenopausal abnormal uterine bleeding. J Midlife Health. 2013;4(1):16-21.
2. Hunter DC, McClure N. Abnormal uterine bleeding: an evaluation endometrial biopsy, vaginal ultrasound and outpatient hysteroscopy. Ulster Med J. 2001;70(1):25-30.
3. Vilos GA, Lefebvre G, Graves GR. Guidelines for the management of abnormal uterine bleeding. J Obstet Gynecol Can. 2001;23(8):704-9.
4. Subhankar D, Chakraborty B, Karim R, Aich RK, Mitra PK, Ghosh TK. Abnormal Uterine Bleeding in perimenopausal Age: diagnostic options and accuracy. J Obst Gynecol India. 2011;61(2):189-94.
5. Soules MR, Sherman S, Parrott E, Rebar R, Santoro N, Utian W et al. Executive summary: stages of reproductive aging workshop (STRAW) Park City, Utah, July 2001. Menopause. 2001;8:402-7.
6. Nelson HD, Haney E, Humphrey L, Miller J, Nedrow A, Nicolaidis C et al. 120 management of menopause-related symptoms: summary; current as of March 2005.
7. Telner DE, Jakubovicz D. Approach to diagnosis and management of abnormal uterine bleeding. Can Fam Physician. 2007;53(1):58-64.
8. Roy PK, Singh P, Singh VK, Mahadik K, Jain R National J Integr Res Med. 2013;4(2):144-8.

9. Tariq S, Humaira T. Histopathological findings in menorrhagia: a study of hysterectomy specimens. *Pal J Pathol.* 2005;16(3):83-5.
10. Joshi SK, Deshpande DH. Clinico-pathological study in 274 cases of dysfunctional uterine haemorrhage. *J Obstet Gynecol India.* 1964;14(2):360-71.
11. Goldstein SR, Zeltser I, Horan CK, Snyder JR, Schwartz LB. Ultrasonography-based triage for

perimenopausal patients with abnormal uterine bleeding. *Am J Obstet Gynecol.* 1997;177(1):102-8.

Cite this article as: Baghel M, Chandwaskar N, Agrawal S, Sonker S. Assessment of perimenopausal bleeding. *Int J Reprod Contracept Obstet Gynecol* 2016;5:487-90.