

# Abnormal Uterine Bleeding

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# Financial Disclosure:

I have no financial relationships to disclose

# Objectives:

- Definition
- PALM
- COIEN
- Management

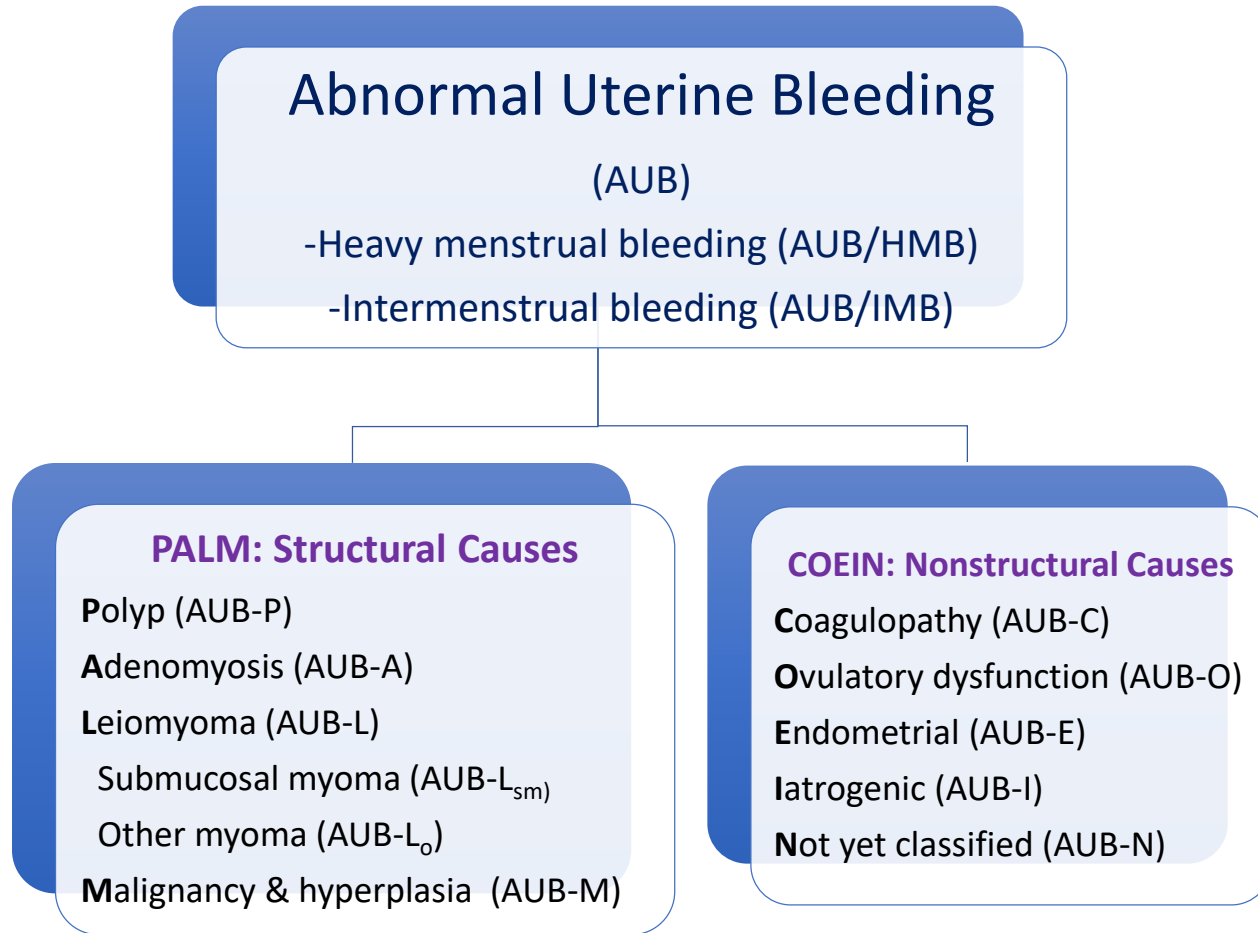
# Individualized Approach:

- Type and severity of symptoms
- Cause of AUB
- Patient age
- Reproductive plans and obstetrical history

# Definition-AUB

- Any bleeding that is not regular cyclic menstrual flow
- Intermenstrual spotting
- Post coital bleeding
- Excessively heavy bleeding
- Unpredictable bleeding

# FIGO Nomenclature: PALM-COEIN



# PALM-COIEN Classification

- PALM-Structural causes
  - Polyp (AUB-P)
  - Adenomyosis (AUB-A)
  - Leiomyoma (AUB-L)
    - Submucosal
    - Other myoma
  - Malignancy/hyperplasia(AUB-M)

# PALM-COEN Classification

- COEIN: Nonstructural causes
  - Coagulopathy (AUB-C)
  - Ovulatory dysfunction (AUB-O)
  - Endometrial (AUB-E)
  - Iatrogenic (AUB-I)
  - Not yet classified (AUB-N)



# Average menses

- Estrogen + progesterone withdrawal
- 5 day flow (2-8 normal)
- Volume loss 30 cc (>80 cc abnormal)
- Average cycle range 21-35 days



# History is the most important

- Qualify and quantify bleeding: type of protection, frequency of change saturation, clotting
- Establish current complaint and find out what 'normal' menses usually are like OFF any hormonal contraceptives (many women don't think of hormonal contraceptives as a medication)
- Other symptoms such as cramping, dyspareunia
- Evaluate use of medications prescriptive as well as OTC and herbal supplements

# Evaluation

- Exclude pregnancy
- Laboratory studies (CBC and endocrinopathy)
- Imaging
- Endometrial sampling

# Special Population - Adolescents

- 55% of cycles first year are anovulatory
- Usually at least 15 months from menarche to achieve 10 cycles
- Normal fertile adults have 1-2 anovulatory and 10-12 cycles per year
- Adolescent menstrual pattern ends 2-3 yrs after menarche
  
- 10% with menorrhagia will have coagulopathy
- Most common are ITP, Von Willebrand's, Glanzmann's, Thalassemia major and Fanconi's anemia
- Tests: INR, PTT, bleeding time, platelet count and Von Willebrand's screen

# Treatment of AUB

- Anatomic causes treat and usually bleeding controlled. If not likely hormone issue
- Thyroid dysfunction treatment will resolve AUB once normal functions after 2 months
- Hyperprolactinemia treat with cabergoline or bromocriptine. When prolactin normal, normal menses in 2 cycles
- If unable to treat cause then cyclic progestins or hormonal contraceptives best treatment.

# Treatment of hemorrhage

- Usually at extremes of menstrual ages
- Rule out pregnancy, trauma, coagulopathy; replace blood products as needed
- Endometrial biopsy depending on age and history
- High dose IV conjugated estrogen 25 mg Q4-6 hrs till bleeding slows then switch to oral estrogen and progestin. Give for 3 weeks then withdrawal. Antiemetics
- Oral high dose E+P an option if stable
- Cycle with hormonal contraceptives 2 months

Thank you

