Research Article

Perimenopausal bleeding: evaluation of various treatment modalities

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Abstract

Introduction: Perimenopause is defined as, the years prior to menopause that encompasses the change from normal ovulatory cycles to cessation of menses, marked by irregularity of menstrual cycles. Management consists of a stepwise evaluation of all possible organic causes of uterine bleeding. A patient's degree of menorrhagia, associated pain, desire for pregnancy, concurrent medical conditions, treatment side effects and her physician's comfort level should be taken into account when deciding on management. **Aims and objectives**: to study the various treatment modalities used to treat perimenopausal bleeding. **Materials and method:** Women attending gynecology department with perimenopausal bleeding were enrolled in the study. Detail history, clinical finding were recorded. Treatment was decided using standard criteria. And the outcome was measured. **Results:** Maximum 66 i.e. 82.5% cases had dysfunctional uterine bleeding followed by fibroid. Majority of the cases (13.75%) had hypertension as associated disorder. 42 cases received Norethisterone acetate which cured 35 i.e. 83.33% cases, while 14 cases received Tranexamic acid which cured 12 i.e. 85.71% cases. In 12 cases dilatation and curettage was performed which cured 9 i.e. 75% cases, while in 12 cases hysterectomy was done which cured all the cases. 16.25% women required blood transfusion to correct the anemia. **Conclusion:** In medical management low cost tranexamic acid (85.75%) is almost as effective as high cost hormone therapy, norethisterone acetate (83.33%).Low cost minor surgical procedures like dilatation and curettage is effective in 75% cases while high cost major surgery like hysterectomy is effective in all the cases as it removes the causative organ.
Keywords: Perimenopausal bleeding, Norethisterone acetate, dilatation and curettage.

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INTRODUCTION

Perimenopause is defined as, the years prior to menopause that encompasses the change from normal ovulatory cycles to cessation of menses, marked by irregularity of menstrual cycles[1]. Abnormal uterine bleeding is defined as all abnormal patterns of bleeding that may result from a wide variety of causes including anovulation, pregnancy, uterine pathology, and coagulopathies[2]. The cause of AUB in perimenopausal women is found in 50% to 60% of cases. The remaining cases where no organic cause is found are classified as dysfunctional uterine bleeding. Dysfunctional uterine bleeding (DUB) is defined as excessively heavy, prolonged or frequent bleeding of uterine origin that is not due to pregnancy or any recognizable pelvic or systemic disease.[3] Management consists of a stepwise evaluation of all possible organic causes of uterine bleeding. A patient's degree of menorrhagia, associated pain, desire for pregnancy, concurrent medical conditions, treatment side effects and her physician's comfort level should be taken into account when deciding on management[3]. Menorrhagia caused by fibroids can be treated with tranexamic acid, low-dose COCPs, androgens, or gonadotropin releasing hormone (GnRH) agonists[4]. Hysterectomy is an invasive surgical option that usually is recommended only after other therapies for AUB have failed and for women who do not wish to retain their fertility. Although hysterectomy is a definitive treatment for these conditions, it is a major surgical

procedure with inherent risks and the potential for complications.[5]

AIMS AND OBJECTIVES

To study the various treatment modalities used to treat perimenopausal bleeding.

MATERIAL AND METHOD

The present study was conducted at Swami RamanandTeerth Rural government Medical College and Hospital, Ambajogai during period of September 2009 to April 2011. All women coming to gynecological outpatient department (OPD) with abnormal uterine bleeding and those who were in the age group between 40-50 years were selected for study. Thus total 80 women were selected with perimenopausal bleeding. The detail information regarding age, socioeconomic status, literacy and parity was recorded on a prestructuredproforma. General and systemic examination was done in all cases. In every patient per speculum and per vaginal examination was performed. According to the findings on history and clinical examination, provisional diagnosis was made and further plan of management was decided. The patients were treated in outpatient department or they were admitted in gynaecology wards for further management depending upon the diagnosis and treatment required. Histopathological examination was done in surgically treated cases and the findings were noted.

Criteria used for the medical line management

1. Patient who had mild or moderate vaginal bleeding with haemoglobin>8gm%.
2. Patients from educated class with good health consciousness.
3. Patients who can attend OPD regularly.
4. Patients staying close to the hospital preferably so that they can come to hospital regularly without much traveling expenses.

Criteria used for dilatation and curettage

1. In severe bleeding cases to stop bleeding immediately.
2. To obtain histological pattern of endometrium.
3. To study therapeutic efficacy of dilatation and curettage.

At the first visit to hospital, according to criteria it was decided whether the patient should be admitted in the hospital or should be given outpatient department treatment.

Further line of management

1. In the cases where definite lesion was found out by examination and after histopathological report the patients were treated according to the nature of lesion.
2. Where histopathological report of endometrium or biopsy was negative for malignancy and if there was no recurrence of bleeding after curettage patients were regularly followed up in outpatient department for at least 3 cycles.
3. Patients having persistent bleeding or recurrence of bleeding in spite of medical management and dilatation and curettage were subjected to hysterectomy.

After hysterectomy the specimen sent for histopathological study to find out whether preoperative histopathological diagnosis was correct or not and whether any other lesion found for which additional treatment was required.

RESULTS

Table 1: Distribution According to Age Group

	Mean	SD
Age	43.19	2.57

Mean age of the cases in the present study was 43.19±2.57 years. It was observed that majority of the cases (48.75%) were in the age group 40-42 years.

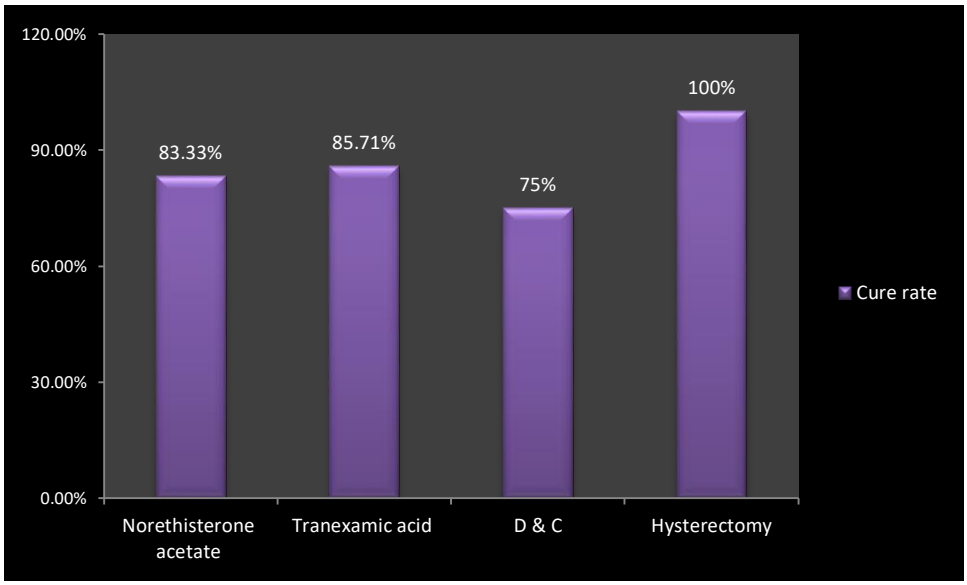
Table 2: Distribution of cases according to diagnosis and associated disorders

Variable		Cases (n=80)	Percentage
Diagnosis	Dysfunctional Uterine Bleeding	66	82.5%
	Fibroid	8	10%
	Adenomyosis	2	2.5%
	Endometrial Polyp	4	5%
Associated disorders	Hypertension	11	13.75%
	Obesity	4	5%
	Diabetes Mellitus	2	2.5%
	Bronchial Asthma	4	5%

Out of 80 cases maximum 66 i.e. 82.5% cases had dysfunctional uterine bleeding followed by fibroid which was present in 8 i.e.10% cases, while minimum 2 i.e. 2.5% cases had adenomyosis. It was observed that majority of the cases (13.75%) had hypertension followed by obesity and bronchial asthma (5% each) while only 2.5% had diabetes mellitus.

Table 3: Distribution According to Different Treatment Modalities

Treatment		No. of Cases	Cured	Not Cured
Medical treatment	NEA	42	35 (83.33%)	7 (16.67%)
	TA	14	12 (85.71%)	2 (14.29%)
Surgical treatment	D and C	12	9 (75%)	3 (25%)
	Hysterectomy	12	12 (100%)	0 (0%)



Graph 1: Cure rate of Different Treatment Modalities

It was observed that out of 80 cases 56 cases were medically treated. out of which 42 cases received Norethisterone acetate which cured 35 i.e. 83.33% cases while 14 cases received Tranexamic acid which cured 12 i.e. 85.71% cases. Whereas remaining 24 were treated surgically. Out of which in 12 cases dilatation and curettage was performed, which cured 9 i.e. 75% cases, while in 12 cases hysterectomy was done, which cured 12 i.e. 100% cases.

Table 4: Distribution According Haemoglobin level and requirement of Blood transfusion

Hemoglobin(gm%)	No. of cases	Cases required blood Transfusion
≤6	1	1
6-8	24	12
8-10	55	0
>10	0	0

Distribution of the cases according to hemoglobin level and no. of cases required blood transfusion. Out of 80 cases maximum 55 i.e. 68.75% cases were having hemoglobin level between 8-10 gm% who did not required blood transfusion followed by 24 i.e. 30% cases were having hemoglobin level between 6-8 gm% among which 12 cases required blood transfusion, while minimum only 1 i.e. 1.25% case had hemoglobin level <6 gm% who required blood transfusion.

DISCUSSION

In the present study we studied the various treatment modalities used in women with preimenopausal bleeding. The study was conducted at SRTR government medical college and hospital and total 80 patients were enrolled in the study. The mean age of the cases with perimenopausal bleeding was 43.19±2.57. Mean age of this study is comparable with the study carried out by Dasgupta S. *et al*[6](46.2 years) and Waleed E *et al*[7] (46.8 years). The most common type of pathology in perimenopausal bleeding cases was dysfunctional uterine bleeding. It was followed by fibroid. Similar observations were reported by Knol HM *et al*[8] and Muhammad M. *et al*.[9] The most common associated medical disorder was hypertension (13.75%) and obesity (5%)but the findings were not comparable with Waleed E. *et al*[7] who found obesity in 77% cases. Most of the patients were from low socioeconomic status so obesity and hypertension like medical disorders may be uncommon in the present study. In present study 56 cases were medically treated out of which 42 cases received norethisterone acetate and 14 cases received tranexamic acid. Out of 42 cases who were treated with norethisterone acetate 35 i.e. 83.33% cases were cured which was comparable with Fraser IS. *et al*[10] who found it effective in 81.25% cases. Out of 14 cases treated with tranexamic acid 12 i.e. 85.71% cases were cured which was not comparable with Padubidri VG *et al*[11] who found it effective in 50% cases. Chakraborty S *et al*[12] found combined effectivity of norethisterone acetate and tranexamic acid 76.66% which was lesser than present study. Thus we could sate that in medical management low cost tranexamic acid (85.75%) is almost as effective as high cost hormone therapy, norethisterone acetate (83.33%). Out of 80 cases 24 cases were surgically treated. Out of which in 12 cases dilatation and curettage was performed which cured 9 i.e. 75% cases. Butthese findings were not comparable with Padubidri VG *et al*[11] who found it effective in only 30-40%. This

shows the therapeutic value of dilatation and curettage in dysfunctional uterine bleeding cases which is really cost effective if compared with newer technique of endometrial ablation. In 12 cases hysterectomy was done which took care of the problem permanently which is comparable with study carried out by Marjoribanks J[13]. It was observed that 31.25% cases had hemoglobin level <8gm%, which was comparable with study done by Corlin J. *et al*[14](36%). In present study all the cases had hemoglobin level less than 12gm% which was not comparable with study done by Knol HM *et al*[8]who found only 29% cases with anemia i.e. hemoglobin level <12gm%.This may be because of the fact that most of the patients in present study are from low socioeconomic group and are more prone to malnourishment and anemia. It was observed that 16.25% women required blood transfusion to correct the anemia. Whereas the remaining cases were managed by giving iron supplementation.

CONCLUSION

In medical management low cost tranexamic acid (85.75%) is almost as effective as high cost hormone therapy, norethisterone acetate (83.33%).Low cost minor surgical procedures like dilatation and curettage is effective in 75% cases while high cost major surgery like hysterectomy is effective in all the cases as it removes the causative organ

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