

# The Atlantic Provinces Medical Peer Review



## MANAGEMENT OF SPECIFIC DISEASE ENTITIES Obstetrics & Gynecology #4 – ABNORMAL UTERINE BLEEDING

It is important to note that these guidelines are meant to be of assistance to assessors in making observations. They should not be taken as standards of any of the Atlantic Provinces Licensing Authorities.

Pathophysiology: anovulation (90% of DUB is anovulatory); mid-cycle bleeding; frequent menses  
deficiency of luteal phase; prolonged corpus luteum activity; other (polyps, lesions, carcinoma, thyroid, ectopic pregnancy, hydatidiform mole, thyroid)

Etiology: CA of vagina, cervix, uterus or ovaries  
multiple organ pathologies: thrombocytopenia, thyroid or liver disease, hypertension;  
DM, adrenal disorders  
pregnancy; trauma of the cervix, vulva or vagina; other (infection, ectopic pregnancy, mole, blood dyscrasias, medications, excessive weight gain, stress)

Signs & Symptoms:

- ✓ uterine bleeding unrelated to menses; in excess of normal menstrual flow;
- ✓ irregular pattern; rarely painful

Diagnosis:

- ✓ history & pelvic exam
- ✓ tests: determination of ovulatory status: menstrual cycle charting; basal body temperature monitoring
- ✓ pap smear; endometrial biopsy in selected patients; HCG; TSH; PT/PTT; CBC; prolactin
- ✓ imaging: U/S; diagnostic procedures: endometrial biopsy; D & C

Treatment:

- ✓ medications: first line acute emergent non-ovulatory: estrogens, then OCP or progestin
- ✓ acute non-emergent non-ovulatory: estrogen & progesterone
- ✓ non-acute non-ovulatory: OCP; progestin; NSAIDS; progesterone-releasing IUD's; GNRH agonists
- ✓ second line: Danazol; Cyclokapron; surgery: hysterectomy; endometrial ablation

	N/A	E	S	D
Clinical history and physical exam are documented.				
It is evident that appropriate tests have been ordered and completed.				
Appropriate therapies are used and regularly reviewed.				

COMMENTS: \_\_\_\_\_  
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