

MENSTRUAL DISORDERS

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REPRODUCTIVE HEALTH

Outline

- Definition
- Types
- Causes
- Diagnosis
- Management

Definition

- Any deviation from normal menstruation
- Normal menstruation is cyclic bleeding that marks the end of one cycle and beginning of the next
 - Regular intervals (cyclicity) – range 21-35 days
 - Duration of 3-7 (2-8) days
 - Total loss of 60-80 ml of blood
- Disorders relate to frequency, regularity, duration, quantity of blood loss

Types of menstrual disorders

- Polymenorrhoea
 - Menses that are too frequent; interval < 21 days
- Hypermenorrhoea
 - Excessive bleeding but of normal duration and at regular intervals
- Menorrhagia
 - Prolonged and increased menstrual bleeding

Types contd.

- Metrorrhagia
 - Intermenstrual bleeding at irregular intervals
- Menometrorrhagia
 - Prolonged menstrual flow with intermenstrual bleeding
- Oligomenorrhoea
 - Reduced menstrual flow and/or reduced frequency (> 35 days)

Causes

- Abnormal uterine bleeding – prior to evaluation to determine cause
- Usually organic or non-organic causes
- Organic causes:
 - Systemic diseases or specific lesions in the reproductive tract
- Non-organic causes:
 - Endocrine disorders and abnormal reproductive hormone secretion (DUB)

Organic causes – systemic diseases

- Coagulopathies
 - May account for up to 20% of AUB in adolescents
 - Include von Willebrands dx, ITP, Prothrombin deficiency, etc.
- Liver disease
 - Inability to break down estrogen
 - Low levels of fibrinogen and other coagulation factors
- Renal disease
 - Reduced excretion of estrogen, progesterone

Systemic diseases contd.

- Obesity
 - Increased conversion of androgens to estrone in fat – affect GnRH, FSH production
- Endocrine diseases
 - Thyroid, Diabetes, Adrenal disorders, Prolactin
 - disturb feedback mechanisms between ovary, pituitary gland, hypothalamus
- Iatrogenic causes
 - Administration of steroid hormones (FP), anticoagulants, chemotherapeutic agents (antimetabolites cause ovarian failure)

Diseases local to the reproductive tract

- Fibroids
 - Large surface area, impaired myometrial contraction, pressure on veins, endometrial hyperplasia
- Uterine/cervical polyps
 - Irregular erratic shedding – intermenstrual bleeding
- PID
 - Endometrial inflammation, disordered ovarian function
 - Cervicitis - friable tissue – intermenstrual or contact bleeding

Local diseases contd.

- Hormone producing ovarian tumors
- Use of the IUCD
- Neoplasms of the uterus and cervix
- Pregnancy – bleeding from ectopic, threatened abortion and GTD may be perceived as AUB

Non-organic causes - DUB

- Usually due to anovulation as a result of altered neuro-endocrine function
- Unopposed estrogen action leading to irregular shedding
- May also occur with cyclic ovulation but with luteal phase deficiency – irregular shedding

Diagnosis

- History
 - Establish pattern hence possible causes
 - Medical history – rule out endocrinopathies, coagulopathies
- Physical exam
 - Look for possible pelvic lesions, other signs suggestive of hormonal aberrations e.g. galactorrhoea, hair distribution etc.

Investigations

- Pelvic ultrasound
- Endometrial biopsy
- Hysteroscopy
- Hormonal profiles – FSH, LH, Prolactin, testosterone, dehydroepiandrosterone, Cortisol
- LFT's, Renal function tests
- Thyroid function tests – TSH, T3, T4
- Coagulation studies

Management

- Dependent on specific cause
- General:
 - Stop bleeding
 - Determine and correct Hb - haematenics, transfusion