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A study on cases of menorrhagia: Demography, etiology, management and follow up

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Abstract
Background: The aim of this study is to explore the relationship of various demographic factors, etiological factors, management aspects in terms of medical, hormonal and surgical and their followup in women presenting with menorrhagia.
Materials and Methods: All women of 15-45 years age group with complaints of menorrhagia attending the Gynaecology OPD during the period of two years from Feb 2018to January 2020 at VRK Women's Medical College, Hyderabad are included in the study after informed consent is obtained.
Results: A total of 81 patients with complaints of menorrhagia were analyzed. Out of the 81 patients, 86% presented with menorrhagia and 14% with PCOS. Among the 81 patients, most were diagnosed with Abnormal Uterine Bleeding (AUB) - 37%, followed by Pelvic Inflammatory disease (PID) - 25% and minimum were with Cervical Polyps (1%).
Conclusions: According to our experience, menorrhagia is influenced by various demographic factors like age, educational status, occupation and socioeconomic status. Menorrhagia is more common in women of greater than 30 yr. age group and should be screened and intervened earliest to avoid complications.

Keywords: menorrhagia, demographic factors, abnormal uterine bleeding, PCOS

Introduction

Abnormal menstrual cycle is any deviation from the normal cycle. Menstrual disorders prevailing in adolescent girls, including dysmenorrhea, amenorrhea, menorrhagia, hypomenorrhea, Polymenorrhea, oligomenorrhea, and premenstrual syndrome. Dysmenorrhoea is defined as
painful periods that may include severe menstrual cramps. Amenorrhea as absent menstrual periods for 3 months continuously, oligomenorrhea is infrequent menstrual periods which occur more than 35 days apart and polymenorrhea is frequent menstrual periods occurring less than 21 days apart [1].
Menorrhagia defines as bleeding that exceeds 8 days in duration on a regular basis. Hypomenorrhea: a condition in which uterine bleeding may be slight in volume, short in duration (<2 days), or both [2].
The word 'MENORRHAGIA' is derived from the Greek words 'MENO' meaning uterus and 'RHEGNUNAI' meaning to burst forth. Infrequent episodes of menorrhagia usually do not carry severe risks to women's general health.
Menorrhagia is defined as excessive uterine bleeding occur- ring at regular intervals or prolonged uterine bleeding lasting more than seven days. The classic definition of menorrhagia (i.e., greater than 80 mL of blood loss per cycle) is rarely used clinically.
While menorrhagia remains a leading reason for gynaecologic office visits, only 10-20% of all menstruating women experience blood loss severe enough to be defined clinically as menorrhagia. Approximately 5% of females seek medical attention for this condition. In recent years, there has been increased recognition of the scope and significance of gynaecological problems experienced by poor women in developing countries.
The World Health Organization reports that 18 million women aged 30-55 years perceive their menstrual bleeding to be exorbitant. Reports show that only 10% of these women experience blood loss severe enough to cause anemia or be clinically defined as menorrhagia.
In practice, measuring menstrual blood loss is difficult. Thus, the diagnosis is usually based upon the patient's history. Population studies show that the typical menstrual blood loss is 30-40ml, and that 90% of women have losses of less than 80ml Heavy menstrual flow that

interferes with regular lifestyle.

Menorrhagia must be distinguished clinically from other common gynaecologic diagnoses. These include metrorrhagia (flow at irregular intervals), menometrorrhagia (frequent, excessive flow), polymenorrhea (bleeding at intervals <21 d), and dysfunctional uterine bleeding (abnormal uterine bleed- ing without any obvious structural or systemic abnormality).

Menstrual disorders are common gynaecological problem for medical visits among women of reproductive age [3]. Heavy menstrual bleeding affects up to 30% of women in their reproductive period [4].

Abnormal Uterine Bleeding may be defined as any variation from the normal menstrual cycle such as changes in regularity and frequency, duration of flow or amount of flow and it accounts for one third of patients to visits gynaecologists [5].

It occurs in 9-14% of women between menarche to menopause, significantly impacting quality of life and imposing financial burden [6, 7, 8].

Aim: The aim of this study is to explore the relationship of various demographic factors, etiological factors, management aspects in terms of medical, hormonal and surgical and their followup in women presenting with menorrhagia.

Materials and Methods

Study Group: All women of 15-45 years age group with complaints of menorrhagia attending the Gynaecology OPD during the period of two years from ____to ____ at VRK Women's Medical College, Hyderabad are included in the study after informed consent is obtained.

Methodology

Clinical information proforma pertaining to demographic data, complete medical history with attention to menstrual history is taken and filled.

Additional important information includes prior pregnancies and contraceptive method, medications, social history (including domestic violence and assault), and review of general well-being, gastrointestinal and genitourinary symptoms if any associated with menorrhagia. The physical examination include vital signs and abdominopelvic evaluation.

Tests include a urine pregnancy test, Pap smear. In addition, endometrial biopsy performed on women over age 35 with abnormal bleeding to rule out endometrial hyperplasia. Blood tests includes complete blood count, Prothrombin/ partial thromboplastin times, thyroid stimulating hormone, prolactin, FSH, LH if required.

Additional studies include a pelvic ultrasound to rule out fibroids or any structural pathology involved.

Statistical analysis

Statistical analysis of the study was performed using statistical software SPSS.

Results: A total of 81 patients who fulfil the inclusion criteria were studied for demographic profile and evaluated for menorrhagia.

Table 1: Age distribution of Menorrhagia.

Age	Number	Percentage
Puberty (<20 years)	11	14%
Reproductive age (20-40 years)	38	47%
>40 years	32	40%
Total	81	100%

About 61% of the women are below 40 years and 40% belonged to above 40 years.

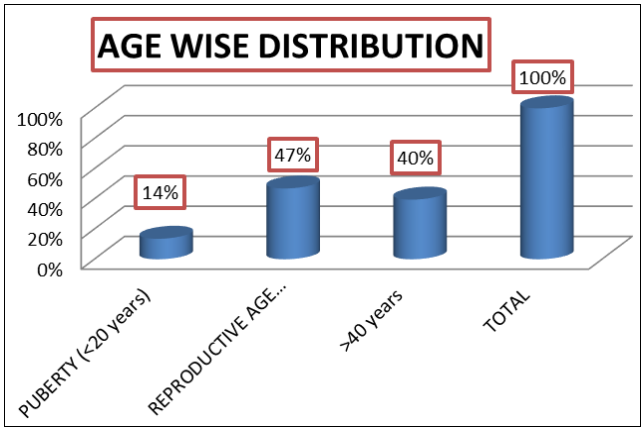

Fig 1: Age distribution

Concerned with other complaints associated of the patients who visited Gynaecology department with heavy menstrual cycles and pain in abdomen was reported by about 62%, and about 19% reported white discharge, history of fever is given by about 11%, urinary symptoms are reported by 12%. About 8% showed past history of Blood transfusions. 21% are with diabetes and 18% with hypertension and 40% of the women presented with Hb% <8gm/dl.

Table 2: Presenting symptoms

Presenting Symptoms	Percentage
pain in abdomen	37%
white discharge	19%
history of fever	11%
urinary symptoms	12%

Based on the Symptoms and signs, around 70 patients were presenting with menorrhagia and 11 were with clinical features of Poly Cystic Ovarian Syndrome (PCOS) and irregular periods.

Table 3: Based on the Symptoms and signs

Symptoms and signs	Number (Frequency)	Percentage
Menorrhagia	70	86%
PCOS	11	14%
TOTAL	81	100%

Out of the 81 patients, 86% presented with menorrhagia and 14% with PCOS.

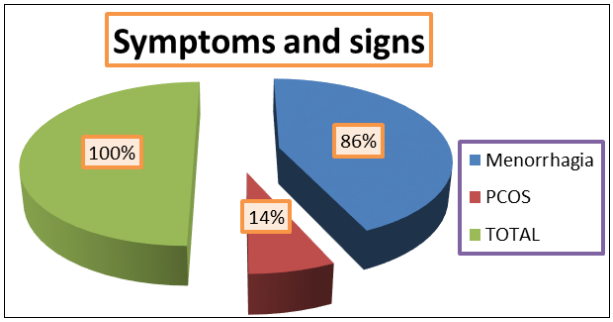

Fig 2: Symptoms and Signs

With the clinical history, thorough general and abdominopelvic examination, ultrasonography, the following percentage of cases were found with the respective diagnoses.

Table 4: Diagnosis

Diagnosis	Number(Frequency)	Percentage
Abnormal Uterine Bleeding (AUB)	30	37%
Uterine Fibroid	18	22%
Adenomyosis of Uterus	02	2%
Polycystic Ovarian Syndrome (PCOS)	10	12%
Pelvic Inflammatory disease(PID)	20	25%
Cervical Polyp	01	1%
TOTAL	81	100%

Among the 81 patients, most were diagnosed with Abnormal Uterine Bleeding (AUB) - 37%, followed by Pelvic Inflammatory disease (PID) - 25% and minimum were with Cervical Polyps (1%).

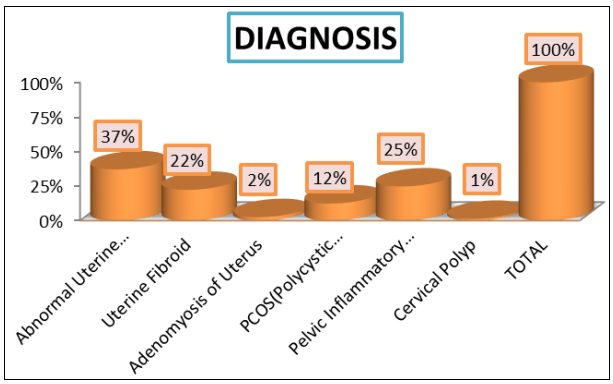

Fig 3: Diagnosis

In 67 out of the 81 patients with enlarged uterus found on ultrasonography, following percentages in each category were found among the patients.

Table 5: Diagnosis by Ultrasonography

Diagnosis	Number(Frequency)	Percentage
Normal Sized Uterus	25	31%
Bulky Uterus	32	40%
Uterus size (>12-14 weeks)	10	12%
TOTAL	81	100%

Out of 81 patients with menorrhagia, majority presented with a bulky uterus (40%) and 12% with 14 weeks sized uterus.

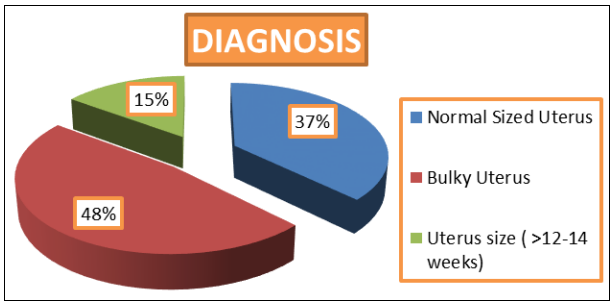

Fig 4: Histopathology

Histopathology reports showed normal endometrium in 76% women; Cystic Glandular hyperplasia in 8%; Simple Endometrial Hyperplasia without Atypia in 8%; Simple Endometrial Hyperplasia with Mild Atypia in 2%; Adenomatous Endometrial Polyp in 6% cases.

Table 6: Diagnosis on Histopathology

Diagnosis on Histopathology	Percentage
normal endometrium	76%
Cystic Glandular hyperplasia	8%
Simple Endometrial Hyperplasia without Atypia	8%
Simple Endometrial Hyperplasia with Mild Atypia	2%
Adenomatous Endometrial Polyp	6%

Discussion

Of the 81 patients who have attended Gynaecology department during the period from, 86% complained of Menorrhagia. Our study, which is a population–based survey, reflects the prevalence of menorrhagia in the outpatient setting in current health system in VRK Medical College, Hyderabad According to previous studies, 1 in 5 women bleeds so heavily each month. Of the women who came to Gynaecology Department most were about greater than 30 years age.

According to the studies of Catharina A. H. Janssen, Piet C. Scholten and A. Peter M. Heintz menstrual bleeding increased significantly with age and the percentage of women with menorrhagia was significantly higher above 40 years of age [9].

The working women may not complain that easily about their problem due to busy schedule unless associated with any problem like pain and white discharge. At this juncture my study coincides with that of a Scottish postal survey which suggested that the prevailing clinical preoccupation with heavy periods does not reflect the epidemiology of reported symptoms and problems. Reporting heavy or painful periods was common but reporting problem periods was less so. Reporting severe pain was at least as strongly associated with problem periods as very heavy periods and severe pain affected many more women than very heavy periods. Therefore the clinical preoccupation with heavy periods does not reflect the epidemiology of menstrual symptoms or problem.

According to previous studies long cycles, irregular cycles, and intermenstrual bleeding were associated with a history of infertility. Menorrhagia is more common in multiparous women that is they have 3.5. Times more risk than other women who are taking pills 2.6 times more risk than who are not sterilized. This is in accordance with studies conducted by Catharina A. H, Janssen CA, Scolten PC, Heintz AP on Menorrhagia a search for epidemiological risk markers. Their objective was to isolate epidemiological risk factors for menorrhagia. They found that menstrual blood loss increased significantly with age and the percentage of women with menorrhagia was significantly higher above 40 years of age. The ratio of parous: nulliparous women for menorrhagia was found to be 2.27:1

No case of bleeding disorder or with family history of bleeding abnormalities has been reported. This gives an entirely wrong opinion that bleeding disorders are not that common. This may be due to the reason of poor knowledge of woman and as said by a Scottish postal survey that clinical preoccupation with heavy periods does not reflect the epidemiology of menstrual symptoms or problem and complications. The clinical correlation of bleeding disorders has been proved by Friberg B, Orno AK, Lindgren A, Lethagen S. According to their studies thirty-seven percent experienced heavy menstruation and of these 22% had different drugs as treatment for menorrhagia. Thirty-eight percent had a family history of heavy menstruation and half of them suffered from heavy menstruation themselves [10].

Conclusion

We conducted a cross sectional study on demographic pro- file that includes information about age, educational status, occupation, socio economic status, BMI; detailed gynaec history, marital life, obstetric history, any history of blood transfusions, any drug history, any significant past medical and surgical history, personal habits is noted; general examination, and tests like HB and pap smear, Dilatation-Curettage are conducted for evaluation. The prevalence of menorrhagia is more in reproductive age group and in premenopausal women. It is more prevalent in low socio economic group people that is about 75% of which many are house wives and daily wage workers. About 41% are with BMI >25. It is more common in women who are unmarried and women who are married for about 20-30 years. The prevalence in sterilized women is more than the women who are not sterilized and those on pills. It is more common in women who are multiparous.

Concerned with other complaints associated of the patients who visited Gynaecology department with heavy menstrual cycles and pain in abdomen was reported by about 62%, and about 19% reported white discharge, history of fever is given by about 11%, urinary symptoms are reported by 12%. About 8% showed past history of Blood transfusions. 21% are with diabetes and 18% with hypertension and 40% of the women presented with Hb% <8gm/dl.

Ultrasound reports showed fibroid uterus in 11% women; adenomyosis in 4%; ovarian pathology in 8%. Histo pathology reports showed normal endometrium in 76% women; Cystic Glandular hyperplasia in 8%; Simple Endometrial Hyperplasia without Atypia in 8%; Simple Endometrial Hyperplasia with Mild Atypia in 2%; Adenomatous Endometrial Polyp in 6% case.

According to our study; menorrhagia is influenced by various demographic factors like age, educational status, occupation and socioeconomic status. Menorrhagia is more common in women of greater than 30 yr. age group.

Frequency of menstrual disorders and their impact on women's health status, quality of life and social integration suggest that proper evaluation and treatment should be given a higher priority. Prophylactic treatment should focus on reducing the quantity of blood loss in addition iron supplement prevents or reduces the risk of bleeding complications in haemostatic challenges such as surgery.

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Conflict of Interest

None

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Nil

References

1. French L. Dysmenorrhea. American Family Physician 2005;71:285-291.
2. Munro MG, Critchley HO, Fraser IS. The FIGO systems for nomenclature and classification of causes of abnormal uterine bleeding in the reproductive years: Who needs them? American Journal of Obstetrics and Gynaecology 2005;207(4):259-265.
3. Kjerulff KH, Erickson BA, Langenberg PW. Chronic gynaecological conditions reported by US women: findings from the national health interview survey, 1984 to 1992. Am. JPublic Health 1996;86:195.
4. Market Opinion and Research International (MORI). Women's health in 1990.Research study conducted on behalf of Parke-Davis Laboratories]. London: MORI 1990.
5. Barnard K, Frayne SM, Skinner KM, Sullivan LM. Health status among women with menstrual symptoms. J Women's Health (Larchmt) 2003;12:911-9.
6. Cote I, Jacobs P, Cumming D. Work loss associated with increased menstrual loss in the United States. Obstet Gynecol 2002;100:683-7.
7. Mahmoud Aseel Ghazi Rifat, Endometrial Histo-pathological Changes in Women with Abnormal Uterine Bleeding in Kirkuk City, a Clinico-pathological Study, Medical Journal of Babylon 2013;10(3):1023.
8. Mary Gayle Sweet MD, Tarin A. Schmidt-Dalton MD, Patrice M et al. Evaluation and Management of Abnormal Uterine Bleeding in Premenopausal Women, Am Fam Physician 2012;85(1):35-43.
9. Catharina Janssen AH, Piet Scholten C, Peter A, Heintz M. Menorrhagia - a search for epidemiological risk markers, Maturitas 1997;28(1):19-25. ISSN 0378-5122.
10. Friberg B, Ornö AK, Lindgren A, Lethagen S. Bleeding disorders among young women: a population-based prevalence study. Acta Obstet Gynecol Scand 2006;85(2):200-6. Doi: 10.1080/00016340500342912. PMID: 16532915.