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Abnormal Bleeding

- PCOS
  - Polyfollicular ovary syndrome
  - Hyperandrogenism + oligo ovulation + polycystic ovaries on ultrasound
  - Features: acne, male pattern baldness, hirsutism, insulin resistance, hyperinsulinaemia
  - Infertility may be an issue
  - Management
    - Smoking avoidance
    - Detect and treat: DM, HT and hyperlipidaemia
    - Encourage weight loss and exercise
- Endometriosis
  - Pathology
    - Foci of endometrial glandular tissue occuring beyond the uterine cavity
    - Common locations: ovary, recto vaginal pounch, utero scaral ligaments, pelvic peritoeum
    - Less common locations: umbilicus, lower abdo scars, distant organs e.g. lungs
    - Adeomyosis - endomterial tissue foci found in uterine wall muscle
    - Prevalence: 10% of all wome; upto 50% of women with infertility
    - Possible causes: retrograde menstruation (free blood irritates provoking fibrosis, adhesions and infertility); cell metaplasia
  - Presentation
    - Asymptomatic (even if extensive)
    - Pelvic pain
      - Classically cyclical
      - May be constant if due to adhesions
    - Secondary dysmenorrhea and deep dyspareuria
    - Heavy and frequent periods
    - May present with infertility
  - Diagnosis
    - PV: fixed retroverted utrerus, uterosacral ligament nodules and general tenderness suggestive
    - Laparoscopy: powder purn lesions, cysts, peritoneal deposits
  - Treatment
    - If aysmptomatic don't treat
    - Join endometriosis support group
    - Try analgesia +/- NSAIDs
    - Stress can exacerbate so help manage this
    - Hormonal therapy
      - Aim to suppress ovulation for 6 - 12 months - lesions may atropy in this time
      - Side effects are those of premature menopause
    - Laproscopic
      - Ablation by diathermy - safe
      - Excision - more effective
      - Surgery useful if symptoms severely impact patient, but relapse / repeat surgery need is common
  - Complications
    - Obstruction (GI, ureteric, fallopian)
    - Infertility
    - Low grade malignancy (rare)
  - Prognosis
    - Chronic, relapsing, progressive in 50% of cases
- Fibroids
  - Pathology
    - Benign smooth muscle tumour of uterus
    - Can be multiple and vary greatly in size
    - Common, 20% of women
    - Increase in frequency with age, and in non caucasians
  - Natural history
    - Fibroids are oestrogen dependent
    - Enlarge during pregnancy and on OCP; atropy after the menopause
  - Presentation
    - Many asymptomatic
    - Menorrhagia: heavy and prolonged periods, rarely cause intramestrual bleeding or post menopausal bleeding
    - Fertility problems: firboids may act as natural IUCS or distort uterine cavity and cause miscarriage
    - Pain: torsion of a fibroid can limit its blood supply and cause pain
    - Mass: large fibroid may be felt abdominally or cause pressure effects
  - Treatment
    - In many women watch and wait
    - Menorrhagia - responds poorly to anti prostaglandins, progestogens, or damazol
    - Mirena (IUD) may decrease fibroid size
    - Analogues of LHRH can cause a reversible post menopausal state and shrink fibroid
    - Surgically shelled out (myomectemy)
- Abnormal Menstruation
  - Primary amenorrhoea
    - Failure to start menstruating
    - A cause of great anxiety although in most cases puberty is just late
  - Secondary amenorrhoea
    - When period stop for > 6 months
    - Other than pregnancy, hypothalamic-pituitary-ovarian axis disorders are common
    - Ovarian and endometrial causes are rare
  - Menorrhagia
    - Heavy blood loss
    - In girls: pregnancy; dysfunctional bleeding
    - Increasing age: IUCD, fibroids, endometriosis, adenomyosis, pelvic infection, polyps
    - Perimenopausal women: endometrial carcinoma
  - Intramenstrual bleeding
    - Midcycle fall in oestrogen production
    - Other causes: cervical polyps, ectropion, carcinoma, hormonal contraception, pregnancy
  - Post coital bleeding
    - Causes: cervical trauma, polyps, carcinoma, cervicitis, vaginitis
    - Screen for chlamydia and treat if positive
  - Post menopausal bleeding
    - Bleeding at least 1 year after last period
    - Endometrial carcinoma until proven otherwise
    - Other causes: vaginitis, foreign bodies, polyps, oestrogen withdrawal (HRT)
- Investigations
  - Limitation of pelvic ultrasound
  - Smears protocol
  - Mgt of abnormal smears