

Case Report on Management of abnormal uterine bleeding with anemia

Abstract :

Menorrhagia is the medical word for menstrual cycles that are unusually heavy or protracted. Although excessive monthly bleeding is a frequent worry, most women do not have significant enough blood loss to be classified as menorrhagia. A 42 year female who have chief complaints of abnormal uterine bleeding is bleeding from the uterus that is longer than usual or that occurs at an irregular time. Bleeding may be heavier or lighter than usual an occur often or randomly

Introduction Adolescents are prone to abnormal uterine bleeding (AUB). [1] The most common cause of AUB in this age range is immaturity of the hypothalamus pituitary ovarian (HPO) axis. [2].As detailed in this chapter, several characteristics of underlying hereditary or acquired blood disorders increase the "anticipated" hormonal imbalance at this age, hence worsening the morbidity of the underlying condition axis .Despite the fact that blood problems can cause AUB, uterine structural and/or endocrine abnormalities are frequently missed when a blood illness is present [5]. Hematologists and gynaecologists, as well as adolescent medicine experts, must work to get her to treat a complex etiology. [3, 4].

Patient history: - A 42 year old female was admitted in AVBRH in gyn ward sawangi meghe wardha with chief complaint of abnormal uterine bleeding since 2 month, abdominal pain since 1 week, weakness. **Clinical finding:** the patient had done all necessary investigation by physician order. **Medical management:** patient treated with anticoagulant, antibiotic, iron supplement. **Nursing management:** administrative iv fluid monitor vital sign, and medication given by doctors order. **Conclusion:** Women should be asked about their previous menstrual cycle, regularity, desire for reproduction, contraception, and sexual health by their primary care providers. If abnormal uterine bleeding is detected at the primary care level, additional history, examination, and testing can be undertaken, and appropriate consultations can be scheduled. timely treatment and management of abnormal uterine bleeding with anemia.

Keyword : abnormal uterine bleeding, anemia, hypothalamus pituitary ovarian axis, Intervention.

Introduction :

Heavy menstrual blood loss has been described as the most common cause of anaemia in perimenopausal women. In the perimenopausal age group, menstrual disorders account for 5%10% of the women who present with iron deficiency anaemia (IDA). [5]

Menorrhagia is an aggravating factor that leads to severe anaemia in impoverished countries like India, where dietary Iron deficiency is quite common in perimenopausal age group women. In this age range, anaemia contributes to an increase in morbidity and mortality. Cases requiring active surgical intervention.

Anemia prior to surgery increases the likelihood of a blood transfusion, a per-operative complication, and a delayed postoperative recovery.

As a result, anaemia in these patients must be treated as soon as possible prior to surgery. Oral iron is usually not recommended in these individuals because anaemia must be corrected quickly before the next bout of bleeding. As a result, in these patients, blood transfusion or parenteral iron preparation is the preferred treatment.

Blood transfusion, on the other hand, has its own set of risks and should be avoided. The widespread usage of iron preparations on the market, such as iron sucrose and iron dextran, is hampered by their life-threatening side effects and the necessity for several doses.

FCM (ferric carboxymaltose), a new iron complex consisting of a ferric hydroxide core stabilized by a carbohydrate shell, enables for the regulated delivery of iron to target tissues, delivering a replenishment dose of up to 1000 mg of iron in under 15 minutes. [6]

Case presentation

Patient specific information :

A 42 year old female was admitted in AVBRH sawangi meghe wardha with chief complaint of abnormal uterine bleeding since 2 month, abdominal pain since 1 week, weakness.

Primary concern and symptoms of patient : A 42 year old female was admitted in AVBRH in gyn ward on date 31 /5/21 sawangi meghe wardha with chief complaint of excessive clot, abnormal uterine bleeding since 2 month, abdominal pain since 1 week, weakness.

Medical family and psychosocial history : patient have treated in AVBR hospital sawangi (m) wardha. patient belongs to nuclear family. There are 3 member are present in her family. Both family members are healthy and all family members are maintain good relationship with doctor and nurse. **Relevant past intervention and outcomes :** The patient was admitted in civil hospital yavatmal with chief complaint of abnormal uterine bleeding, pain in abdomen and excessive clot since 8 days there patient general condition was poor so from their patient was referred to AVBRH sawangi Meghe wardha for further management.

Clinical finding : General examination State of health: unhealthy General condition – not satisfactory State of consciousness: conscious built: Moderate Hygiene: poor General Parameter: Height: 149cm Weight: 40 kg Vital parameter: Blood pressure: 110 /80mmhg Temperature: 98.6° F Pulse: 94 beats/min. Respiration: 22 breath/ min. SPO₂: 99 % Systemic Examination CVS S₁ S₂ + CNS - conscious oriented.

Diagnostic Assessment :-

Physical review on the basis of patient history, physical examination and other all blood investigation done .

Diagnostic tests :- Blood urea = normal Creatine – serum = slightly decrease Serum- Pottasium = normal Sodium (Na⁺) = Normal Complete blood count Potassium = decrease Hb% = 8 gm(decrease) Total RBC count = Normal Total platelet count = Normal Total WBC count = normal No any challenges experienced during diagnostic evaluation. Prognosis: Prognosis:

After patient prognosis is good to fair. Endometrial tissue sample may not be essential for all women with AUB, but it should be done on those who are at high risk of hyperplasia or cancer. In women over the age of 45 who have AUB, an endometrial biopsy is considered the first-line test.

Therapeutic Interventions : vital sign checked 4 hourly, medication given as by doctors order. Hormonal treatments are the first-line of treatment for acute abnormal uterine bleeding. Acute AUB can be treated with intravenous (IV) conjugated equine oestrogen, combination oral contraceptive pills (OCPs), and oral progestins. Tranexamic acid can be used to treat acute AUB because it inhibits fibrin breakdown.

Medical management:

Inj.cetax1 gm BD , inj. Metro 100 ml IV TDS ,Inj. Amikacine 500 mg IV BD, inj .pause 5 ml TDS, inj. Panprazole 40 mg BD, syp. k-sol 10 ml in 1 glass of water BD, ORS powder in 1 litre water, thrombophob ointment 2 times in daily Inj. multi vitamin in 500 ml 5% D5, tab. Folic acid BD.

Follow-up and outcomes:

The findings measured by the clinician and patient: Significant medical follow-up and other test outcomes: Adherence to action and tolerability Unfavorable and unanticipated occurrences:

Discussion:- A 42 year old female was admitted in AVBRH in Gynec ward on date 31 /5/21 sawangi meghe wardha with chief complaint of excessive clot, abnormal uterine bleeding since 2 month, abdominal pain since 1 week, weakness.

Anemia is defined as Hb levels in women of less than 12.0 g/dl, according to the WHO. (5) One of the most prevalent problems seen by a gynecologist with premenopausal patients is menorrhagia with severe blood loss anemia. According to the National Family Health Survey³, anemia affects 55 percent of people between the ages of 15 and 49. Nutritional iron deficiency in the Indian population is a key cause. Because anemia is a late symptom of iron insufficiency, the prevalence of iron deficiency is estimated to be 2.5 times that of anemia. [6]

One of the most common health issues among this age range is abnormal uterine bleeding Women who are iron deficient nutritionally are at risk for severe IDA owing to blood loss. Women in the premenopausal age group with menorrhagia and severe anemia have traditionally been treated with blood transfusions followed by active surgical intervention.

Allogeneic red blood cell transfusion, on the other hand, is linked to a higher risk of signify and side effects. [7]

In women with IDA who have menorrhagia and significant uterine hemorrhage, intravenous iron treatment was compared to oral iron supplementation. When compared to oral iron and, intravenous iron causes a substantially larger increase in Hb levels. [8] The causes and therapies of aberrant uterine bleeding during the reproductive years are best understood within the context of normal menstrual physiology. A regular cycle begins when pituitary follicle-stimulating hormone stimulates the production of oestrogen by ovarian follicles.[9](1)

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