Case study

Case Report on Management of abnormal uterine bleeding with anemia

Abstract :

Introduction: The most prevalent condition seen in the gynecology outpatient department is abnormal uterine bleeding (AUB). AUB can be caused by a variety of conditions 1 .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. 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 gynecologists, 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 gynec ward sawangi meghe wardha with chief complaint of abnormal uterine bleeding since 2 month, abdominal pain since 1 week, weakness. **Medical management:** patient treated with anticoagulant, antibiotic, iron supplement. **Nursing management:** administrative IV fluid monitor vital sign, and medication given by doctor's 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 anemia in premenopausal women. In the premenopausal age group, menstrual disorders account for 5%10% of the women who present with iron deficiency anemia (I DA). [5]

Menorrhagia is an aggravating factor that leads to severe anemia in impoverished countries like India, where dietary Iron deficiency is quite common in premenopausal age group women. In this age range, anemia 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, anemia in these patients must be treated as soon as possible prior to surgery. Oral iron is usually not recommended in these individuals because anemia 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 suc rose 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 co re 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 transfused blood 1 bag and reffered 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: 149cmWeight: 40 kg Vital parameter: Blood pressure: 110 /80mhgTemperature: 98.6^{o} F Pulse: 94 beats/min. Respiration: 22 breath/ min.SPO_2:99 %Systemic Examination CVS S_1 S_{2+} 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 estrogen, 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 us 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)

Conclusion:

Abnormal uterine bleeding is characterized by bleeding between periods. AUB is not normally a serious issue, although it can cause anemia in some girls and women. Patient with such type of abnormal uterine bleeding can cause endometrial cancer, some premenausal symptoms, hormonal changes, menorrhagia or metrorrhagia, special attention is require to find out the cause. The treatment is depends upon overall health and medical history, the tolerance for specific medications procedures or therapies. And also advantage of tranexemic acid helps to reduce menstrual blood loss.

Ethical clearance: The writers have acquired and saved patients' permission and ethical approval in accordance with international standards or university standard guidelines.

Source of funding:- Self

Conflict of interest:- Nil

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