

Therapeutic Role of Dilatation And Curettage, Oral Contraceptive Pills and Ormeloxifene (Sevista) in Abnormal Uterine Bleeding

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Abstract

Total 140 cases of menorrhagia were selected on basis of history, clinical examination and investigation who came in OPD of department of Obstetrics and Gynaecologist B.J.Medical College, Ahmedabad, between august 2016 to June 2017. Dilation and curettage shows improved result and increased compliance is because of prompt and immediate result, less hospital stay decreased morbidity, probably no side effects. Oral contraceptive pills is the choice of treatment in patients of younger age group with dysfunctional uterine bleeding, and patient who were not feet for surgery but most of the patients show non-compliance towards the treatment due to longer duration of treatment, and also because of misunderstanding as contraceptive. Ormeloxifene is treatment of choice in patient who are not feet for surgery and contraindicated for Oral contraceptive use. Though the treatment is effective but most of patient shows non-compliance towards the treatment due to longer duration and timing.

I. INTRODUCTION

Menorrhagia

Menorrhagia is menstruation at regular cycle interval but with excessive flow and duration. A normal menstrual cycle is 21–35 days in duration, with bleeding lasting an average of 5 days and total blood flow between 25 and 80 ml. Menorrhagia is defined as total menstrual flow >80ml per cycle, or soaking a pad/tampon ever 2 hours or less. Deviations in terms of frequency of menses, duration of menses, or volume of menses qualifies as abnormal uterine bleeding. Bleeding in between menses is also abnormal uterine bleeding and thus requires further evaluation.

Complications of Menorrhagia could also be the initial symptoms. Excessive bleeding can lead to anemia which presents as fatigue, shortness of breath, and weakness. Anemia can be diagnosed with a blood test.

CAUSE:

Usually no causative abnormality can be identified and treatment is directed at the symptom, rather than a specific mechanism. However, there are known causes of abnormal uterine bleeding that need to be ruled out. Most common causes based on the

AIMS AND OBJECTIVES

The aim of this study is to select a better option out of available medical and surgical interventions for treatment in Abnormal uterine bleeding.

Materials and Methods:

Total 140 cases of menorrhagia were selected on basis of history, clinical examination and investigation who came in OPD of department of Obstetrics and Gynaecologist B.J.Medical College, Ahmedabad, between august 2016 to June 2017.

Inclusion Criteria: Out of these ...on 100 patients Dilatation & Curettage performed, 30 were given Oral Contraceptive pills and 10 were given Ormeloxifene. F'up taken after >3 cycles of menstruation after treatment.

Exclusion Criteria : Treatment plan not include Intra uterine contraceptive device or transcervical resection of endometrium or Thermal ablation as it is costly and non available this setup.

nature of bleeding is listed below followed by the rare causes of bleeding (i.e. disorders of coagulation).

Consideration

➤ Excessive menses but normal cycle:

- **Painless:**
- **Fibroids (leiomyoma) :** fibroids in the wall of the uterus cause increased menstrual loss if they protrude into the central cavity and thereby increase endometrial surface area.
- **Endometrial polyp**
- **Coagulation defects (rare):** Blood disorders of platelets (such as ITP) or coagulation (such as von Willebrand disease) or use of anticoagulant medication (such- as warfarin) are therefore possible causes, although a rare minority of cases. Platelet function studies can also be used to ascertain platelet function abnormalities
- **Endometrial cancer (cancer of the uterine lining) :** bleeding can also be irregular, in between periods, or after the menopause (post-menopausal bleeding)

- **Painful:**
- **Pelvic inflammatory disease**
- **Endometriosis** - extension of the endometrial tissue outside of the uterus tries to shed causing painful and abnormal bleeds
- **Adenomyosis** - extension of the endometrial tissue into the wall of the uterus tries to shed causing painful and abnormal bleeds
- **Pregnancy related complication (i.e. miscarriage)**
- **Short cycle (less than 21 days)** but normal menses. These are always anovulatory cycles due to hormonal disorders.
- **Short cycle and excessive menses** due to ovarian dysfunction and may be secondary to blockage of blood vessels by tumours.

Diagnosis

- Complete medical history followed by physical examination
- Ultrasound And Laboratory Tests
- Pelvic and rectal examination to ensure that bleeding is not from lower reproductive tract (i.e. vagina, cervix) or rectum
- Pap smear to rule out cervical neoplasia
- Endometrial biopsy to exclude endometrial cancer or atypical hyperplasia
- TSH and T4 dosage to rule out hypothyroidism

Treatment

Where an underlying cause can be identified, **OBSERVATION AND DISCUSSION:**

Age of the Patients: The age ranges of patients of menorrhagia is between 15-54 years. Among the

treatment may be directed at this. Clearly heavy periods at menarche and menopause may settle spontaneously.

Medications :

- Combined oral contraceptive pills to prevent proliferation of the endometrium
- Ormeloxifene (sevista)
- Tranexamic acid an antifibrinolytic agent
- Non-steroidal anti-inflammatory drugs (NSAIDS)
- Oral Progestogen (e.g. norethisterone), to prevent proliferation of the endometrium

Surgery :

- Dilation and curettage (D&C)
- Myomectomy to remove fibroids over 3 cm in diameter
- Hysterectomy (removal of the uterus)- A definitive treatment for menorrhagia.

Complications

Aside from the social distress of dealing with a prolonged and heavy period, over time the blood loss may prove to be greater than the body iron reserves or the rate of blood replenishment, leading to anemia. Symptoms attributable to the anemia may include shortness of breath, tiredness, weakness, tingling and numbness in fingers and toes, headaches, depression, becoming cold more easily, and poor concentration.

total 140 patients who were studied the most affected group is between 25-34 year and second affected group is between 35-44 years so that they were selected for the conservative treatment.

Cause Of Menorrhagia	Total cases	Total no.of cases Where Dilatation & Curretage performed		Effective		Non-Effective	
		Cases	%	Cases	%	Cases	%
Dysfunctional Uterine Bleeding	70	64	91%	55	86%	9	14%
Fibroid	28	14	50%	4	28%	10	72%
Adenomyosis	21	10	48%	7	70%	3	30%
Endometrial hyperplasia	14	8	58%	2	25%	6	75%
Others	7	4	57%	0	0%	4	100%
Total	140	100		68		32	

Cause Of Menorrhagia	Total cases	Total no.of cases of Ormeloxifene given		Effective		Non-Effective	
		Cases	%	Cases	%	Cases	%
Dysfunctional Uterine Bleeding	70	2	3%	1	50%	1	50%
Fibroid	28	3	10%	0	0%	3	100%
Adenomyosis	21	1	5%	0	0%	1	100%
Endometrial hyperplasia	14	2	14%	0	0%	2	100%
Others	7	2	28%	1	50%	1	50%
Total	140	10		2	20%	8	80%

Age of the Patients

Age Group in Years	No. of Patients	(%)
15-24	28	20 %
25-34	63	45 %
35-44	40	28 %
45-50	9	7 %

Marital status of patients :

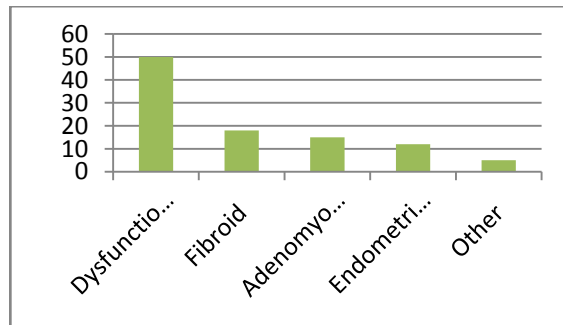
Married	118 cases	84%
Unmarried	22 cases	16%

Hemoglobin of patient :Among the studied 140 cases the Hemoglobin of most of the patient Of menorrhagia ranges between 7-10 gm/dl
 In our setup most of the patient having mild anaemia and when they exposed to > 3 cycles of menorrhagia they becomes more anaemic.

Hb (gm/dl)	Cases	(%)
7-10	112	80%
6-7	14	10%
5-6	9	7%
<5	5	3%

CAUSES OF MENORRHAGIA : Among the studied 140 cases from all cause of menorrhagia most common cause of menorrhagia is Dysfunctional uterine bleeding as there is no underlying pathology so that respond well to conservative treatment.

Causes Of Menorrhagia	Cases	%
Dysfunctional Uterine Bleeding	70	50%
Fibroid	28	20%
Adenomyosis	21	15%
Endometrial Hyperplasia	14	10%
Other	7	5%



Dilatation and curettage performed : Study shows that among studied 140 cases, in cases where dysfunctional uterine bleeding is cause of menorrhagia there dilatation and curettage works effectively, other cases where cause is different there recurrence and failure is seen

Histopatho Reports :

Endometrial Pattern	(%)
Proliferative Phase of Endometrium	62%
Secretory Phase of Endometrium	23%
Menstrual Phase of Endometrium	10%
Endometrial Hyperplasia	5%

Oral Contraceptive Pills given : Study among 140 patients shows that poor result with Oral Contraceptive Pills is mainly because of non-compliance of patients....

Cause Of Menorrhagia	Total cases	Total no.of cases of Oral contraceptive given		Effective		Non-Effective	
		Cases	%	Cases	%	Cases	%
Dysfunctional Uterine Bleeding	70	6	6%	2	33%	4	66%
Fibroid	28	12	28%	2	17%	10	83%
Adenomyosis	21	8	28%	1	0%	8	100%
Endometrial hyperplasia	14	2	14%	1	100%	0	0%
Others	7	2	14%	0	0%	2	100%
Total	140	30		6	20%	24	80%

Causes of Recurrence : Study shows out of 24 cases were oral contraceptive pills is non-effective..22 cases shows non-compliance of patients and rest only 2 cases where there is failure...Poor result with Oral Contraceptive Pills is mainly because of non-compliance of patients because of longer duration and misconception as a contraceptive medicine...

Non-Compliance	22 cases	91 %
Failure	2 cases	9 %

Ormeloxifene (Sevista) given:- Study Among 140 patients shows that poor result with Ormeloxifene mainly because of non-compliance of patients

Causes of Recurrence:- Study shows shows out of 10, there are 8 cases were Ormeloxifene is non-effective..7 cases shows non-compliance of patients and rest only 1 case where there is failure... that poor result with Ormeloxifene, is mainly because of non compliance of patients timing and longer duration of treatment

Non-Compliance	7 cases	88 %
Failure	1 cases	12 %

RESULT :

This study concluded that most of the patients of menorrhagia are between the age group 25-34 years married womens. Most of them have Hb value between 7-10 gm/dl. Major cause of menorrhagia is Dysfunctional uterine bleeding followed by fibroids. Out of 100 cases of Dilation and Curettage 68 patient have relieved symptoms, 32 patients shows again same problems. Out of 30 patients given Oral contraceptive pills only 6 patients is satisfied with treatment, 24 patients complains same continue complain of menorrhagia. Study shows that major reason behind it is non-compliance of patients to the treatment.Out of 10 patients who were given Ormeloxifene 2 patients have relives symptoms, 8 patients have same complain with same reason non-compliance of patients.

CONCLUSION :

The study concluded that

Dilation and curettage: improved result and

increased compliance seen with Dilation and curettage is because of prompt and immediate result seen in next cycle,less hospital stay, decreased morbidity, probably no side effects.

Oral contraceptive pills : Oral contraceptive pills is the choice of treatment in patients of younger age group with dysfunctional uterine bleeding, and patient who were not feet for surgery but most of the patients shows non-compliance towards the treatment due to longer duration of treatment, and also because of misunderstanding as contraceptive .

Ormeloxifene : Ormeloxifene is treatment of choice in patient who are not feet for surgery and contraindicated for Oral contraceptive use. Though the treatment is effective but most of patient shows non-compliance towards the treatment due to longer duration and timing.

Overall this study conclude that patients with Abnormal uterine bleeding specially because of Dysfunctional uterine bleeding should be treated with conservative methods like Dilation and curettage because patients shows good compliance

towards the treatmentit provides less hospitalization less and morbidity and probably no side effects with good results as compare to major surgery

Oral contraceptive pills and Ormeloxifene are though effective but most of the patients shows non-compliance toward the treatment.

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