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THE RELEVANCE OF DYSFUNCTIONAL UTERINE BLEEDING IN GYNECOLOGY

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Annotation: Dysfunctional uterine bleeding is bleeding that occurs not in the presence of organic changes in the female genital organs, but due to a violation of the hormonal activity of the ovaries, a violation of the functioning of gonadotropic hormones. In this case, morphological changes are always observed in the endometrium. Dysfunctional uterine bleeding accounts for 10-15% of gynecological diseases and is observed in women of different ages, even in girls, in juvenile bleeding, in women of childbearing age, before menopause and in climacteric age. The course of the menstrual cycle in a woman's body is a very complex biological process, which is based on the interaction of the cerebral cortex - hypothalamus - pituitary - ovary - uterus. These 5 links are interconnected, and when one of them is disrupted, a violation of the menstrual cycle is observed. One of the manifestations of menstrual cycle disorders is dysfunctional uterine bleeding.Dysfunctional uterine bleeding is a sign of ovarian dysfunction syndrome, manifested by a delay in menstruation (up to half a year), acyclicity and prolonged blood loss (up to 7 days).

Key words: dysmenorrhea, bleeding, complication, diagnostics, treatment

Women have a menstrual cycle from 11-12 years to about 50 years. During this 40-year period, women may have several episodes of bleeding that are not typical for the cycle. If this abnormality persists, you should be concerned and consult a gynecologist. There may be an increase in bleeding days, heavy bleeding with clots, pain, or bleeding may be irregular. It is normal for a woman's monthly bleeding to last up to 7 days. Abnormal bleeding can occur when menstrual periods are irregular (bleeding lasts longer than usual), heavier than usual, or when bleeding patterns change.

The menstrual cycle begins on the first day of bleeding of one menstrual period (called D1) and ends on the first day of the next menstrual period. The average cycle lasts about 28 days, but it can be shorter or longer. If a cycle is longer than 35 days or shorter than 21 days, it is considered abnormal. Abnormal uterine bleeding includes:

• Bleeding between periods

• Bleeding after intercourse

• Spotting at any time during the menstrual cycle

• Bleeding that is heavier or longer than normal

• No menstruation for 3 or more regular cycles or 6 months

Abnormal bleeding can occur at any age. It is normal for a woman to have some irregular periods in her life. Most often, a girl's periods are irregular for the first few years after her period starts (around 9 to 16 years of age). It is normal for women to have shorter menstrual cycles starting at age 35, and often as a woman approaches menopause (around age 50). It is also normal for a woman to miss a period or have lighter bleeding. However, if the bleeding becomes heavier, it should be checked out.

There are many causes of abnormal bleeding. Some of these problems are not serious and can be easily treated with counseling or medication. Others can be more serious. All of them should be checked out. It can occur when the body does not produce enough or too much of a certain hormone. Problems with certain birth control methods, such as intrauterine devices or oral contraceptive pills, can also cause abnormal bleeding. Pregnancy-related causes are also responsible for abnormal bleeding. Sometimes, tumors or even cancer in the uterus can be the cause.

A detailed history should be taken along with a physical examination to determine the cause of abnormal bleeding. In addition, several blood tests and an ultrasound may be needed to rule out problems with the uterus. Keeping a menstrual calendar is helpful because if the pattern is present for 4-6 months, it will give a good idea of the problem. It is also important to check the thyroid gland, as disorders of thyroid hormone secretion can cause abnormal bleeding. In addition to this hysteroscopy, an examination of the uterine cavity (endoscopic evaluation) or D&C may be required to make a diagnosis. Sometimes a laparoscopy is needed to rule out other causes.

Treatment for abnormal bleeding depends on many factors, including the cause, your age, the severity of the bleeding, and whether you want to get pregnant in the future. It can be treated with hormones or other medications, or surgery may be needed. It may take several cycles to see if the medications are working. The first line of treatment is non-hormonal medications that can help reduce pain and bleeding when taken during your period. If these help, you may need to take them for several cycles. Hormones are another medication that may be needed if you have a hormonal imbalance. Progesterone (a type of hormone) helps prevent and treat endometrial hyperplasia. It may take several months for the hormones to control your bleeding. Your periods may be heavier for the first few months. However, they will lighten over time.

Causes

Dysfunctional uterine bleeding is caused by a disruption in the hormonal control of your ovaries. The causes include:

The first group - physical changes that occur in the uterus:

• Myoma (benign tumors that form in the muscle layer of the uterus),

• Polyps (excessive growths in the lining of the uterus),

• Endometrial hypoplasia (excessive growth of the lining of the uterus),

• Adenomyosis (invasion of endometrial cells into the muscular layer of the uterus).

The second group is hormonal imbalance and other factors:

• Thyroid diseases or PCOS (polycystic ovary syndrome),

• Malfunction of the hypothalamic-pituitary system,

• Blood clotting disorders,

• Severe stress or sudden weight changes.

• Juvenile period: injuries, vitamin deficiency, thyroid dysfunction, childhood infections.

• Reproductive age: climate change, toxic poisoning, infections, abortions.

• Premenopausal period: decreased gonadotropins, cycle disorders, endometrial hyperplasia.

Bleeding can be heavy and prolonged, require treatment and may recur.

Symptoms of Dysfunctional Uterine Bleeding

Symptoms of dysfunctional uterine bleeding:

In young girls and women of childbearing age:

• Dizziness

• Irregular menstrual periods

• Pale skin

• Bleeding between periods

• Extreme fatigue

• Blood clots larger than a penny.

• Having to get up at night to change sanitary napkins.

• Not having a period for more than 3 months (amenorrhea), followed by heavy bleeding.

• The pain is so severe that it makes it difficult to work or do household chores.

During premenopause:

• Irregular prolonged bleeding after menstruation (menometrorrhagia).

• Regular uterine bleeding at intervals of up to 21 days (polymenorrhea).

• Often prolonged and heavy menstruation (hypermenorrhea).

• Bleeding between periods (metrorrhagia).

diagnostic methods are used.

• For example, ultrasound of the uterus (UTT) helps to detect fibroids or polyps.

• Blood tests provide information about hormonal balance and hemoglobin levels.

Endometrial biopsy – this method is performed to exclude cancer or other pathologies by taking a tissue sample from the inner lining of the uterus.

• Hysteroscopy – this is an endoscopic examination that allows you to look into the uterine cavity with a miniature camera. This method detects polyps, hyperplasia and other changes in the endometrium.

Laboratory tests:

• Complete blood count (CBC) – to assess hemoglobin levels.

• Coagulogram – to exclude disorders in the blood clotting process.

• Hormone tests (FSH, LH, prolactin, TTG, estrogens) – to assess hormonal balance.

• Surgery

A small number of women with abnormal uterine bleeding may require surgery to remove the growths (such as fibroids or polyps) that are causing the bleeding. This can often be done with a hysteroscopy. However, sometimes another surgery is needed. Endometrial ablation is also used to treat abnormal uterine bleeding. This treatment uses heat to destroy the lining of the uterus. It is designed to permanently reduce or stop bleeding. An endometrial biopsy is needed before treatment. After ablation, a woman cannot become pregnant.

Hysterectomy, the removal of the uterus, is another procedure that can be used to treat abnormal bleeding. It may be performed when other forms of treatment are ineffective or not possible. Hysterectomy is a major surgery. After this procedure, a woman will not have her period. She will also not be able to get pregnant.

Conclusion

Abnormal uterine bleeding is a pathological process that can lead to many complications in women. If this disease is ignored, the patient will be in a serious condition due to complications. If timely help is not provided, the woman may die. To prevent this, every woman should not neglect her health and should immediately consult a doctor if she notices a lengthening of the menstrual period and an increase in the amount of blood loss.

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