






# Abnormal vaginal bleeding

Heavy, prolonged and/or irregular menstrual bleeding is a common presentation in general practice. Most causes are benign but serious disease needs to be excluded. Many GP registrars are known to have limited exposure to women's health in the hospital setting and this presentation can be very challenging for many.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• A reminder of the basic physiology of menstruation is useful!</li> <li>• 'Ovulatory' and 'non-ovulatory' patterns of bleeding, and common causes of each (including medications)</li> <li>• Red flags for serious causes e.g. PCB, IMB, pelvic pain, weight loss, age</li> <li>• Risk factors for endometrial cancer</li> <li>• Appropriate investigation for different presentations – bloods, swabs, pap, imaging</li> <li>• Indications for referral</li> <li>• Management options for different presentations, both medication and surgical</li> </ul>				
<p><b>PRE-SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• As the GP registrar to undertake the Clinical Reasoning Challenge under exam conditions (7 minutes) and bring along to discuss</li> </ul>				
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• Definition of menorrhagia is excessive menstrual blood loss that has a significant impact on lifestyle or that results in iron deficiency.</li> <li>• A detailed history is essential for menorrhagia as a physical exam is usually normal.</li> <li>• Always do a pregnancy test!</li> <li>• Have a low threshold for considering a STI</li> <li>• Ensure that your GP registrar is confident undertaking PV and speculum examinations</li> <li>• Conservative management with a wide variety of drugs is usually effective and is commonly undertaken in general practice without the need for specialist referral.</li> <li>• Up to 20% of endometrial cancers are diagnosed in pre-menopausal women</li> <li>• Postmenopausal bleeding always needs referral</li> </ul>				
<p><b>RESOURCES</b></p> 	<table border="1"> <tbody> <tr> <td data-bbox="336 1659 432 1890"><b>Read</b></td> <td data-bbox="432 1659 1489 1890"> <ul style="list-style-type: none"> <li>• Australian Doctor article (2009) - <a href="#">Menorrhagia</a></li> <li>• AAFP article (2012) - <a href="#">Evaluation and Management of Abnormal Uterine Bleeding in Premenopausal Women</a></li> <li>• Flow Chart - <a href="#">Abnormal Vaginal Bleeding in Pre and Post Menopausal Women</a></li> <li>• <a href="#">Brief guide to Menstrual Cycle Problems</a></li> <li>• <a href="#">RCH Guidelines Adolescent Menorrhagia</a></li> </ul> </td> </tr> <tr> <td data-bbox="336 1890 432 1944"><b>Listen</b></td> <td data-bbox="432 1890 1489 1944"> <ul style="list-style-type: none"> <li>• Podcast – <a href="#">Bits and Bumps Managing acute Menorrhagia</a></li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• Australian Doctor article (2009) - <a href="#">Menorrhagia</a></li> <li>• AAFP article (2012) - <a href="#">Evaluation and Management of Abnormal Uterine Bleeding in Premenopausal Women</a></li> <li>• Flow Chart - <a href="#">Abnormal Vaginal Bleeding in Pre and Post Menopausal Women</a></li> <li>• <a href="#">Brief guide to Menstrual Cycle Problems</a></li> <li>• <a href="#">RCH Guidelines Adolescent Menorrhagia</a></li> </ul>	<b>Listen</b>	<ul style="list-style-type: none"> <li>• Podcast – <a href="#">Bits and Bumps Managing acute Menorrhagia</a></li> </ul>
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<p><b>FOLLOW UP/ EXTENSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Role play an anxious patient presenting with perimenopausal bleeding and risk factors for endometrial cancer (FHx, overweight, nulliparous)</li> </ul>				

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## Clinical Reasoning Challenge

Helen is a 43 year old project manager who presents with a six month history of increasingly heavy and irregular periods. She denies any significant PMHx, and takes no medications. She is married, is a never-smoker and drinks alcohol rarely.

QUESTION 1. What other key features should be sought on history? List the most important features.

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QUESTION 2. Further enquiry reveals no significant history. What aspects of a physical examination would you perform? List the most important aspects..

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QUESTION 3. Examination is within normal limits. What is the most likely diagnosis?

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QUESTION 4. What tests would you order to investigate these symptoms? List as many tests as appropriate.

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QUESTION 5. Helen returns a week later for the results of investigations, all of which are normal. What is your next step in management?

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## ANSWERS

### QUESTION 1

What other key features should be sought on history? List the most important features.

- Red flag symptoms e.g. pain, fevers, weight loss
- Risk factors for endometrial cancer
- Last pap smear
- Family history of endometrial cancer
- Effect on quality of life
- Patient concerns

### QUESTION 2

Further enquiry reveals no significant history. What aspects of a physical examination would you perform? List the most important aspects.

- Abdominal exam
- Speculum exam and bimanual (as appropriate)
- Urinalysis
- Pregnancy test

### QUESTION 3

Examination is within normal limits. What is the most likely diagnosis?

- Dysfunctional uterine bleeding, or anovulatory abnormal uterine bleeding

### QUESTION 4

What tests would you order to investigate these symptoms? List as many tests as appropriate.

- FBC
- Ferritin
- TSH
- Pregnancy test
- Pelvic USS

### QUESTION 5

Helen returns a week later for the results of investigations, all of which are normal. What is your next step in management?

- Mirena
- Tranexamic acid
- Oral hormonal contraception
- NSAIDs