Abnormal uterine bleeding

GLMS 19.8.2026

AUB

- Abnormal regularity, volume, frequency or duration in the absence of pregnancy
- Secondary amenorrhoea – no bleeding for more than 180 days
- Infrequent menstrual cycle – no bleeding for more than 38 days
- Frequent menstrual cycle – bleeding more often than every 24 days

- HMB/IMB/PCB/PMB

Causes for AUB

Polyp
Adenomyosis
Leiomyoma
Malignancy & hyperplasia

Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not otherwise classified

Figure 2: The FIGO Classification system (PALM- COEIN) for causes of abnormal bleeding in non-pregnant women of reproductive age group [6].

Non uterine causes

Table 3: Common non-uterine causes of lower genital tract bleeding

- Vulvovaginal atrophy/ atrophic vaginitis
- Vulval dermatoses
- Sexually transmitted infections - e.g. chlamydia
- Malignancy - cervix, vagina, vulva
- Cervical ectropion
- Urethral causes e.g. urethral caruncle

Case 1

38 years old

Heavy menstrual bleeding

Irregular cycle

Nulliparity

BMI 38

- Take a good history
- Examination:

The examination needs to be done in a culturally responsive manner, acknowledging the sensitive nature of the gynaecological examination. Care must be taken to understand patients' context, establish trust, obtain appropriate informed consent and offer a chaperone.

General

Check for pallor, pulse, BP, BMI, signs of androgen excess (e.g., hirsutism, acne), metabolic syndrome and other endocrine diseases such as thyroid disease.

Abdominal and Gynaecological exam:

- Palpate the abdomen for masses
- Exclude other causes for bleeding by inspection (vulva, vaginal, cervix and urethra)
- Perform speculum examination*, visualise the cervix, collect liquid-based cytology and high-risk HPV screen (if not performed in the last 6 months) and take swabs for STIs if appropriate
- Perform bimanual examination *.

2.3.1 Urine and blood tests

- CBC, Ferritin
- Urine bHCG if appropriate
- Other investigations as clinically indicated such as:
    - Testosterone if signs or symptoms of hyperandrogenism or anovulation
    - HbA1c if risk factors present for diabetes
    - TSH if signs or symptoms of thyroid disease
    - Coagulation screen if suspected coagulopathy

Imaging - USS

Indications for imaging with TVUSS

1. History or examination suggests structural cause for bleeding
2. Conservative management has failed
3. There is a risk of malignancy
   a. Recommended in all women > 45
   b. Women <45 with risk factor(s) (See **Table 5**).

Table 6: ET at different stages of the menstrual cycle [21-23]

- During menstruation: 2-4 mm
- Early proliferative phase (day 6-14): 5-7 mm
- Late proliferative/preovulatory phase: up to 11 mm
- Secretory phase: 7-16 mm

These measurements are a guide only, as endometrial thickness may be variable from individual to individual.

ULTRASOUND FINDINGS: heterogeneous, hypervascularity, cystic appearance = possible endometrium pathology

To pipelle or not to pipelle

Recommendations

Women aged 19 and under

Endometrial sampling is not routinely recommended for women who present with AUB in this age group. An individualised approach should be taken for assessment and if endometrial sampling is considered, a referral to secondary care is indicated.

Women between the ages of 20 and 30

The decision to perform endometrial sampling should be individualised in women under the age of 30 based on imaging and risk factors.

Endometrial sampling should be considered at, or soon after, the initial presentation in those who have had long-standing unopposed oestrogen stimulation and or those who have multiple risk factors for EH or EC.

Women between the ages of 30 and 45

Endometrial sampling is recommended for women who present with AUB and have risk factor(s) for EH or EC.

Women over the age of 45 until menopause

Endometrial sampling is recommended in all women who present with AUB over the age of 45 particularly in the presence of risk factors.

If an endometrial sample is unable to be performed or the sample is considered inadequate for histopathological assessment referral to secondary care is indicated.

Aspiration endometrial sampling (Pipelle) where indicated should ideally be performed in primary care as it will reduce delays in investigation and treatment.

Hysteroscopy

Recommendations

Hysteroscopy with directed endometrial sampling is recommended for those with structural endometrial pathology on ultrasound scans. These include:

- Endometrial polyps or thickness ≥ 16 mm
- Hypervascularised/heterogenous endometrium
- Endometrium with cystic spaces
- Symptomatic submucosal fibroid(s) not responsive to medical treatment

Endometrial sample (Pipelle) is recommended if a delay in hysteroscopy is expected.

Mirena and Breast Ca

There is a theoretical risk of breast cancer recurrence with hormonal contraceptive use in women with a history of breast cancer; the association between hormonal contraceptive use and breast cancer recurrence in breast cancer survivors has not been well studied. There is no clear evidence from available evidence that the LNG-IUD (Mirena ®) affects the risk of breast cancer recurrence or breast cancer-related deaths [46].

Endometrial sampling

- Chronic endometritis
  - Doxycycline 100mg BD for 10 days

- Disordered proliferativeEndometrium
  - increase risk of EH without Atypia
  - Treat as EH without atypia

- **Endometrial hyperplasia without atypia**

- Risk of <5% concurrent or developing EC

- **Treatments:**
- Mirena
- Provera 30mg daily
- Repeat sampling 6 months and 12 months
- 2 normal, then try for pregnancy
- If low risk and normal, no further treatment.
- If high risk, continue with Progesterone and annual sampling

- **Endometrial hyperplasia WITH ATYPIA**

-risk of ≥ 25% concurrent or subsequent endometrial ca

Treatments:
-if family complete: for Total hysterectomy + bilateral salpingectomies

- If family not complete:
  - Mirena
  - Provera 400mg/day
  - 6 monthly pipelle
  - 12 months hysteroscopy

Case 1

- 38 years old
- AUB/HMB/ IMB/ PCB
- Take a history
- Perform examination
- Investigations
  - Bloods including HCG
  - Smear
  - USS?
  - Pipelle?

- USS report:
  - Endometrium is ill defined
  - Vascularity seen
  - No focal lesion
  - Thickness 14mm

- Pipelle report
  - Proliferative endometrium

What is the next step?