

# **ABNORMAL VAGINAL BLEEDING**

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# ABNORMAL VAGINAL BLEEDING:

## Possible Causes

BY DR. J. A. OGENG'O

When I first saw Anet Kingiso, her major complaint was throbbing headache, and easy fatigue - a problem she had been having for almost a year then. On examination, I found her mildly anaemic, and laboratory investigations confirmed iron deficiency. I was however deeply touched by the clarity and accuracy of her history.

"Doctor, sometimes I get my periods twice a month and at other times I go for two to three months without the periods. When I get the periods, they could last ten to fourteen days. They come in clots and are often quite painful - sometimes the pain is disabling. I started getting my periods at 16 years, and ever since I have never known anything different. I have had D and C (Dilatation and Curretage) three times, but to not avail. I have been seeing the family gynaecologist, and several others, but I have come here because of the headache!"

She summarized eloquently. This was not surprising considering the wealth of experience she had collected from narrating the same story many times to different doctors. She did not relate the intolerable headaches with her long standing gynaecological problem.



*Dr. Ogengo "Abnormal vaginal bleeding can be due to a potentially lethal cause, and if severe, can on its own jeopardise one's performance and life"*

It was obvious that the only definite treatment for her anaemia was to normalise her periods. But how? I put her on iron supplements and referred her to an astute gynaecologist friend of mine. He (the gynaecologist) after a battery of investigations concluded that Anet was not ovulating, and put her on medication to stimulate ovulation.

I did not get to see Anet again until I visited New Jersey last month, two years after the referral. She was taking a Ph.D degree and had delivered twins four months prior to our meeting. Her periods seemed to have resumed normally after a few cycles of treatment, and certainly the anaemia had gone.

Abnormal vaginal bleeding in a non-pregnant women is a common complaint among women in

the reproductive age group. Often, by the time the woman decides to come to the doctor, she probably has endured a lot of suffering due to the cumbersome bleeding. Menstrual abnormalities are the commonest cause of abnormal vaginal bleeding, others being genital tumours, trauma, and foreign bodies.

Menstrual abnormalities can be defined as deviations from the accepted norm regarding the number and amount of menstrual flows that a woman experiences on a regular basis. Normal menstrual function implies a cycle in which ovulation occurs, and is said to be due to the "weeping of a frustrated uterus" after preparing for conception.

Approximately 95 per cent of all females from the onset of menstruation (menarche) to the end (menopause) have a pattern of menstrual flow that is repetitive for them in a predictable fashion. These flows usually occur regularly at intervals from 21-35 days. The flow varies from 40-100 ml per cycle. A change in this pattern can imply menstrual dysfunction for this individual.

The various types of menstrual dysfunction can be considered to be due to any of the following main categories:

- Abnormalities associated with

ovulation, such as pre menstrual spotting; excessive bleeding and mid-cycle spotting.

- Abnormalities associated with failure to ovulate such as too frequent and heavy periods; too infrequent heavy periods, among others.
- Abnormalities associated with physical disease of the genital organs, usually the uterus and/or the ovaries.
- Abnormalities due to hormonal imbalance; and other systemic diseases, such as liver disease, and blood clotting disorders.

In the adolescent age group, menstrual dysfunction and/or abnormal vaginal bleeding is usually associated with failure to ovulate, blood clotting abnormalities or hormonal imbalance in that order. A female who is not ovulating, and has excess irregular bleeding is usually considered a potential candidate for polycystic ovarian disease, a disease of the ovary in which there are multiple cysts.

Ten per cent of blood clotting disorders in adolescent females may present as excessive irregular uterine bleeding, the most common being haemophilia. Hormonal imbalances, such as low thyroid function (hypothyroidism) may account for a small per centage of the bleeding problems.

Cancer of the uterine body, the cervix, the vagina, and the vulva

may cause abnormal vaginal bleeding, but this is quite rare in adolescence.

In adulthood, uterine fibroids are well known to cause heavy menstruation. In this age group, the cancerous lesions of the genital organs gain prominence as a cause of abnormal vaginal bleeding. Indeed, cancer of the cervix peaks late in the reproductive years, while cancer of the uterus

***Except in trauma and foreign body injury, vaginal bleeding is usually not due to preventable causes, and the affected individual need not feel guilty; it is out of no fault of their own.***

and of the vagina peaks after menopause.

In both age groups, polyps and over development (hyperplasia) of the inner lining of the uterus (endometrium) could occur and cause abnormal uterine bleeding. Intrauterine contraceptive devices - "the coil" and oral contraceptives may alter menstrual flow in either age group. Indeed, the amount of blood lost in each menstrual cycle is significantly increased in women with 'coils'

compared to those without.

It is noteworthy that sometimes, there may be a decrease in the amount and frequency of menstrual flow. This condition is called digomenorrhoea, and is most commonly related to oral contraceptives or post-surgical dilatation and curettage (D, and,C). However, insidious development of symptoms of reduced flow may suggest development of hormonal imbalance.

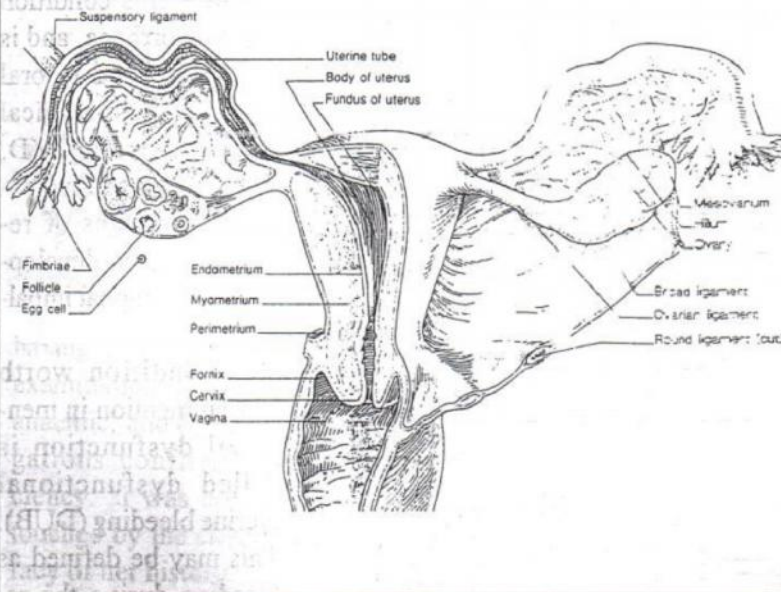
A condition worth special mention in menstrual dysfunction is called dysfunctional uterine bleeding (DUB). This may be defined as bleeding during the reproductive years which fulfils the following criteria:

- It significantly deviates from the normal.
- Usually results from failure of ovulation
- Is not associated with any recognizable physical abnormality

Dysfunctional uterine bleeding most commonly occurs during extremes of the reproductive years - during adolescence, or the pre-menopause. The extent of bleeding varies from inter menstrual spotting, to bleeding severe enough to be a direct threat to life. When the bleeding is severe, it is important to be sure-through laboratory tests-that one does not have blood clotting abnormalities.

Sometimes it is possible for vaginal bleeding to be seen in baby girls. If this occurs in new-

Figure 19.3 Dorsal view of the female reproductive organs showing the relationship of the ovaries, uterine tubes, uterus, cervix, and vagina.



borns, it may be due to withdrawal of maternal hormones. In older babies and pre-pubertal girls, foreign bodies, and trauma from rape or other forms of sexual assaults; or from inanimate objects inserted into the vagina through play or malice, are recognized causes of vaginal bleeding.

Last, but not the least, for emphasis sake, abnormal uterine bleeding is the only reliable symptom of endometrial (inner uterine lining) cancer. Any post-menopausal staining or bleeding demands diagnostic examination. Approximately one third of patients with post-menopausal bleeding tend to harbour a cancerous growth; one third bleed from non-cancerous growths; while in another one third, no cause can be found.

There are several ways of evaluating vaginal bleeding. A

lot of information can be obtained from a careful history of the patient. The history combined with physical examination (plain, and instrumental) will allow nearly 80 per cent of the diagnoses to be made accurately. Dilatation and curettage (D and C) can be both curative and diagnostic. In the latter, the endometrial scrapings are taken for microscopic examination. Blood tests for hormonal levels and otherwise can provide the most confirmatory information. Ultrasound and CT scans of the pelvic organs (and even of the brain); and biopsy of parts of the genital tract; laparoscopy, among others, are all valuable.

*The definitive treatment of abnormal vaginal bleeding depends on accurate diagnosis of its primary cause*

The definitive treatment of abnormal vaginal bleeding depends on accurate diagnosis of its primary cause. There are cases which are treated by medication. Cancerous growths on the other hand are usually treated by surgical removal of the affected part and/or X-ray treatment (radiotherapy). In some cases, the surgery may be as radical as the removal of the entire uterus, the fallopian tubes and the ovaries.

The anaemia that frequently results from abnormal vaginal bleeding can be treated with regular iron supplements and a good balanced diet.

Except in trauma and foreign body injury, vaginal bleeding is usually not due to preventable causes, and the affected individual need not feel guilty; it is out of no fault of their own. The best one can do is to consult their doctor in good time before a lot of time and resources have been wasted.

Abnormal vaginal bleeding can be due to a potentially lethal cause, and if severe, can on its own jeopardise one's performance and life. Yet something

can be done about most of them. Do not attempt to mop the floor before you turn off the leaking tap!

See your gynaecologist now for evaluation of your vaginal bleeding.