



### Causes of Abnormal Uterine Bleeding (AUB) in Mid – life Women – A New Classification System by FIGO (International Federation of Gynecology and Obstetrics)

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#### ABSTRACT:

More than 10 million + women between the ages of 35 and 49 are affected by Abnormal Uterine Bleeding (AUB) in the U.S. Menstrual disorders are a common indication for medical visits among women of reproductive age and heavy menstrual bleeding affects up to 30% of women throughout their reproductive lifetime. These complaints may significantly affect quality of life, result in time off work, lead to surgical intervention including hysterectomy, and ultimately have a significant impact on the health care system.

**Key words :** Abnormal Uterine Bleeding, FIGO, PALM – COEIN

#### Introduction:

Abnormal uterine bleeding (AUB) is one of the common gynecological problems of woman seeking medical advice frequently. Regular cyclic menstruation results the choreographed relationship between the endometrium and its regulating factors. Any type of disturbance between the regulatory mechanism of pituitary ovarian axis or pelvic diseases results in abnormal uterine bleeding. Abnormal uterine bleeding affects 10-30% of reproductive aged woman and up to 50% of perimenopausal woman. Pattern and causes of AUB differs in different age group and reproductive status of the woman. Abnormal uterine bleeding increases significantly in adolescents, reproductive and perimenopausal age group woman than peripubertal and postmenopausal groups. Being a very common presentation in women's life, many women seek late medical advice, delay its treatment and ultimately land on chronic ill health due to excessive blood loss and anemia leading to economic loss and decreased productivity.

#### DEFINITION OF AUB:

AUB may be defined as any variation from the normal menstrual cycle, and includes changes in regularity and frequency of menses, in duration of flow, or in amount of blood loss. Under the category of AUB, further definitions may be subdivided based on volume of menstruation, regularity, frequency, duration, chronicity, and timing related to reproductive status. Bleeding not related to menses may be further characterized as well. Heavy menstrual bleeding is the most common complaint of AUB. It has been defined as "excessive menstrual blood loss which interferes with the woman's physical, social, emotional, and/or material quality of life . [that] can occur alone or in combination with other symptoms.

#### EPIDEMIOLOGY & NOMENCLATURE OF AUB

AUB is reported to occur in 9 to 14% women between menarche and menopause . The prevalence varies in each country. In India, the reported prevalence of AUB is around 17.9%. Descriptive terms that have been used to characterize AUB patterns include menorrhagia, metrorrhagia, polymenorrhea, dysfunctional uterine bleeding and heavy menstrual bleeding.

#### CLASSIFICATION ON CAUSES OF AUB

The International Federation of Gynecology and Obstetrics (FIGO) has approved a new classification system (PALM-COEIN) for causes of abnormal uterine bleeding (AUB) in nonpregnant women of reproductive age.

Of the 9 categories in the new FIGO classification system (PALM -COEIN), the first 4 are defined as visually objective structural criteria, PALM:

**P** stands for Polyp,

**A** stands for Adenomyosis,

**L** stands for Leiomyoma, and

**M** stands for Malignancy and hyperplasia).

The second 4 are unrelated to structural abnormalities (COEIN) :

**C** stands for Coagulopathy,

**O** stands for Ovulatory dysfunction,

**E** stands Endometrial, and

**I** stands for Iatrogenic, and the final category is for entities that are

**Not yet classified (N)**

This PALM – COEIN classification system for AUB (Abnormal Uterine Bleeding) has been approved by the International Federation of Gynecology and Obstetrics (FIGO) Executive Board

#### The PALM Categories

The PALM categories (Polyp, Adenomyosis, Leiomyoma, and Malignancy and Hyperplasia) refer to discrete (structural) entities that can be measured visually with imaging techniques, such as sonography and/or histopathology testing. The "Polyp" category lends itself to the development of a subclassification for clinical or investigative use based on a combination of variables, including polyp dimension, location, number, and morphologic and histologic features. The "Leiomyoma" category is subdivided into patients with at least 1 submucosal myoma and those with myomas that do not affect the endometrial cavity. Within the "Malignancy and hyperplasia" group, it was proposed that malignant or premalignant lesions, such as atypical endometrial hyperplasia, endometrial carcinoma, and leiomyosarcoma, be categorized as such within the major category, but further described with use of existing World Health Organization and FIGO classification and staging systems.

**The COEIN Categories:**

In contrast to the PALM group, the COEIN group (Coagulopathy, Ovulatory dysfunction, Endometrial, Iatrogenic, and Not yet classified) includes nonstructural entities that are not defined on imaging or histopathology testing. The "iatrogenic" category refers to AUB associated with the use of exogenous gonadal steroids, intrauterine systems or devices, or other systemic or local agents. "There is no existing classification of the causes of these common gynecologic symptoms that allows good communication between practicing clinicians and researchers, and which encourages focus on the optimal approaches to modern management," said FIGO chief executive Hamid Rushwan. "Therefore, FIGO is pleased to have a role in facilitating the use of this ground-breaking new classification worldwide." The diagnosis of chronic AUB requires unpredictability, excessive duration, abnormal volume, and/or abnormal frequency of menses for at least the previous 3 months. Structured history should determine ovulatory function, potential related medical disorders, medications, and lifestyle factors that might contribute to AUB. Subsequent appropriate investigation may be based in part on the future fertility desires of the patient. Ancillary testing should include hemoglobin and/or hematocrit, testing for conditions that could contribute to an ovulatory disorder (thyroid function, prolactin levels, and serum androgen levels), and either referral to a hematologist or appropriate tests for von Willebrand's disease if a structured history suggests coagulopathy. The developers of the new system intended it for practical and feasible use by clinicians in most countries worldwide to readily and consistently classify patients with AUB. Because of a lack of availability in many countries, the use of magnetic resonance imaging (MRI) for characterization of structural lesions of the uterus was not feasible; therefore, use of MRI was not included as a mandatory tool to classify patients with chronic AUB.

**CONCLUSION:**

Abnormal uterine bleeding is a common and sometimes debilitating condition in women of reproductive age. Standardization of related terminology, a systematic approach to diagnosis and investigation, and a step-wise approach to intervention is necessary. Thorough knowledge of Abnormal Uterine Bleeding is essential for the nurses practising in both hospital settings and public health settings, which helps in early identification, referral, provision of guidance for seeking appropriate treatment in specialised settings.

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