

Management of dysfunctional uterine bleeding (DUB)

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Abnormal uterine bleeding is the common presenting complaint in the Gynaecology outpatient department in all age groups. Dysfunctional uterine bleeding (DUB) is the diagnosis given to women with abnormal uterine bleeding in whom no clear etiology can be identified. DUB has been observed in both ovulatory and anovulatory cycles. Nonsteroidal anti-inflammatory drugs such as mefenamic acid or indomethacin will be the first choice for many women as they have few side effects and it is only necessary to take them when menstrual bleeding occurs. When contraception is also required, combined oral contraceptives are helpful. Progestogen and danazol therapy are also effective, although side effects do occur. A new development has been the levonorgestrel-containing intrauterine contraceptive device which has been shown to result in large decreases in menstrual blood loss. For those women who would like a surgical approach but do not want to undergo hysterectomy, the relatively new technique of endometrial resection results either in amenorrhoea or reduced menstrual blood loss in the majority of women. Adolescent DUB is due to immaturity of the hypothalamus and pituitary and menstrual cycles may be anovulatory. In teenage girls organic disease is rare and DUB usually gets resolved spontaneously. That's why they are treated expectantly and curettage is often delayed. In the middle

years of reproductive life (20-39yrs), benign organic disease is common, and curettage is usually performed to exclude complications of pregnancy and other disease. Conservative therapy is usually indicated, though hysterectomy may be indicated if bleeding is severe or recurrent and patient has completed her family. Perimenopausal DUB is due to the decreased number of ovarian follicles and their increased resistance to gonadotrophin stimulation, there is a possibility of malignancy. So, these women should always be investigated by curettage or hysteroscopy without delay. Although conservative therapy may be tried as a temporizing measure, hysterectomy is often indicated

Speaker Biography

Dr. Sujata Sanjay is not only an eminent and highly proficient and capable doctor of repute, but she is also sincerely dedicated to the cause of the poor people and particularly to those of the backward areas like Uttarakhand, where poverty reigns supreme and the people are virtually deprived of even ordinary medical. Dr. Sujata Sanjay has within a period of 6 year, treated more than 5800 patients in 201 free medical camps which have been regularly organized in the state of Uttarakhand. Her simple and sympathetic nature towards patients has been appreciated and has helped her establish her name in Uttarakhand. Dr Sujata had been awarded “# 100 WOMEN ACHIEVERS AWARD” By Ministry of Women and Child Development (MWCD), Government of India. Awarded by President of India, Shri. Pranab Mukherjee, at Rashtrapati Bhawan, New Delhi on January 22 2016) only gynecologist from all over India “FOGSI the Padmashree Kamlabai Hospet Award” At 59th All India Congress of Obstetrics & Gynaecology (AICOG) at Agra Jan 2016 (First time for Uttarakhand)

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