

***13 year old Female with
Too Many Periods***
Abnormal Uterine Bleeding

Pedicases

Objectives

- Distinguish normal versus abnormal menstrual function
- Describe the typical presentation of an adolescent with abnormal uterine bleeding (AUB)
- List a differential diagnosis for abnormal menstrual bleeding in an adolescent and formulate a diagnostic plan
- Describe the basic management of AUB

Part I: Introduction

A 13 year old girl, Jovani, presents with heavy vaginal bleeding for three days. She is feeling lightheaded and dizzy.

Current History:

Jovani's last menstrual period prior to this bleed was two weeks ago, lasting for 9 days. She began bleeding again three days ago and describes it as "heavy." She is passing clots. She is feeling weak, and feels dizzy when she stands up too quickly. She has been changing pads every $\frac{1}{2}$ to 1 hour. She is also complaining of significant cramping somewhat relieved by ibuprofen.

Part I: Introduction

Her menarche occurred 1 year ago, and it lasted 10 days. She then had menstrual periods at irregular intervals, averaging every 2 to 3 months, and lasting 7 to 10 days. However, over the past 3 months, she tells you that her periods have been occurring more frequently, about every 2 to 3 weeks. She denies PMS symptoms.

Jovani states that she does not have intermenstrual spotting. She denies new stresses in her life, no significant weight changes, no history of easy bleeding or bruising. Review of systems is also negative for visual changes, headache, hirsutism, acne, heat or cold intolerance, palpitations, and skin changes. She plays soccer about 2 hours a day.

Part I: Introduction

Past Medical History:

Jovani has been seen by PCP for yearly checkups; no previous diagnoses. She does not take any medications regularly.

Family History:

Her mother's menarche was at age 13. She had irregular, but not frequent or heavy periods, for the first 2 to 3 years. No history of bleeding disorders.

Part II: Next Steps

Psychosocial History:

Jovani denies sexual activity, alcohol and tobacco use, weight control methods, and family and school stresses. She is vegetarian.

Physical Exam:

Her height and weight are 25th percentile for age, and her heart rate is 72 supine and 110 standing. Blood pressure is 105/68 supine and 92/50 standing.

Part II: Next Steps

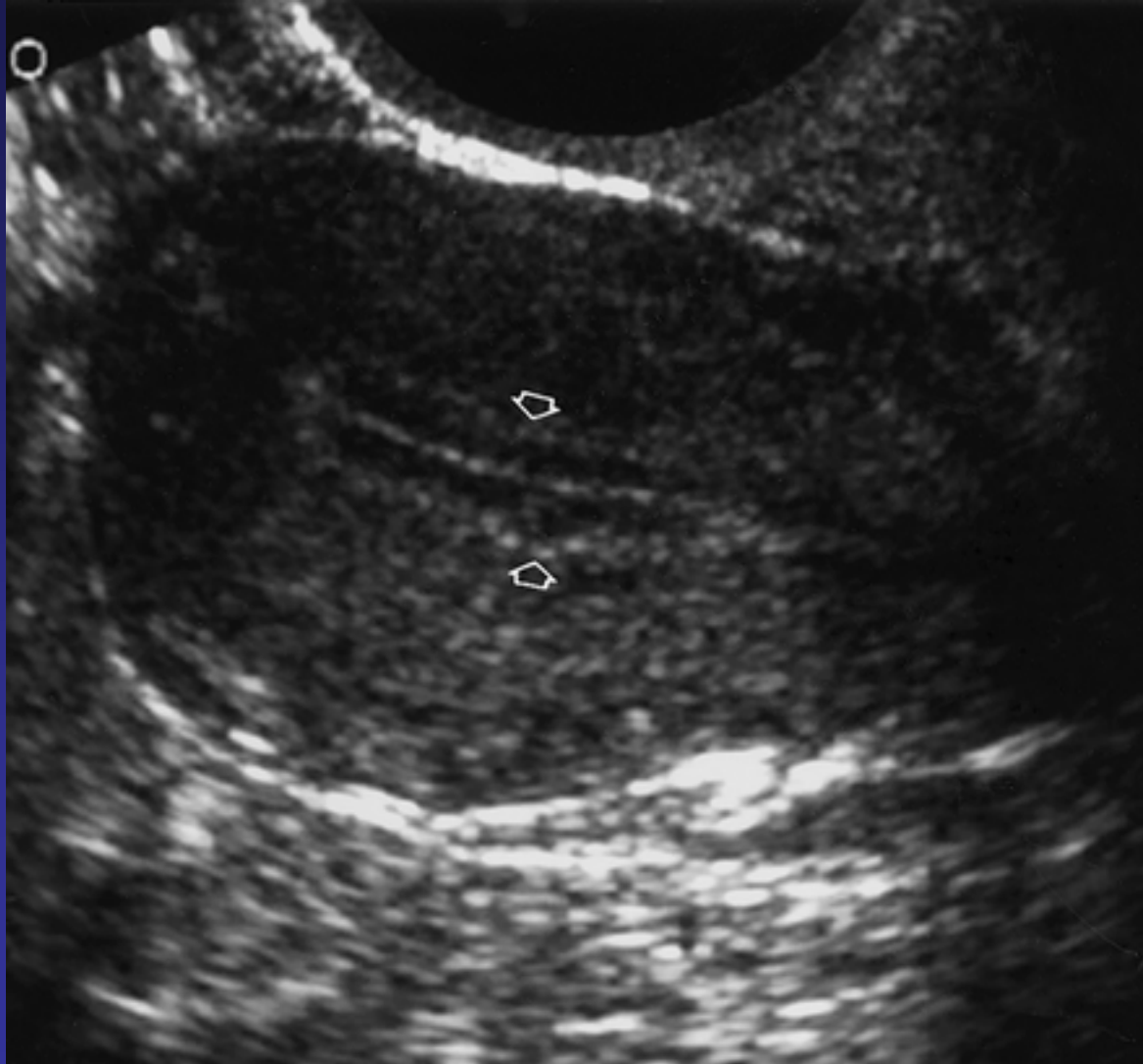
PE (continued)

In general, she is alert, comfortable, in no acute distress. She appears to be slightly pale. Thyroid exam is normal, Lungs clear bilaterally. Heart RRR s1 s2, she has a soft systolic ejection murmur heard best at LUSB. Breasts are Tanner IV without galactorrhea. Her abdomen is soft, NT, ND, no masses on palpation. Her pubic hair is Tanner IV and external genitalia are normal with no evidence of trauma or laceration. No clitoromegaly. Tissues are well estrogenized, slow active ooze coming from vaginal canal. She has no hirsutism, acne, petechiae or ecchymoses. A one-finger bimanual vaginal/abdominal exam reveals a firm, small uterus and normal ovaries bilaterally. No hirsutism, acne, petechiae, or ecchymoses; capillary refill < 2 sec.

Laboratory Results

- urine pregnancy test negative
- white blood cell count 9,500/mm³
- hemoglobin 9.1 gm/dl
- hematocrit 29.6%
- MCV 71 fl
- platelets 321,000/mm³
- TSH pending
- Von Willebrands panel pending
- Coags (PT/PTT/INR) : 10.3 sec / 28 sec / 0.96 (wnl)

Imaging



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Part III: Epilogue

- You prescribe an iron supplement as well as a 0.3 mg norgestrel/30 mg ethinyl estradiol oral contraceptive pill, and describe the side effects of this medication. Jovani will take them twice a day until the bleeding slows or stops, then daily and will skip the placebo week until her hematocrit and indices (MCV) returns to normal.
- Jovani returns for a follow-up visit one week later and says that the bleeding stopped after 3 days on the oral contraceptives. She is not having any side effects. She continues with one pill a day dosing and at return appointment eight weeks later, her hemoglobin is 11.4 gm and hematocrit is 33.2%.

Part III: Epilogue

- You instruct her to start using the placebo week of the pill to resume cyclic bleeding. She will continue on iron therapy to complete three month course. She will continue to take OCPs for six months in total and will address at that time discontinuing with close monitoring.
- Her remaining workup including von Willebrand's panel returns normal.