Dysfunctional uterine bleeding: In pre-menopausal women (aged 40 yrs and above): a preliminary study.

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To dysfunctional uterine bleeding is defined as abnormal uterine bleeding which is not due to any organic or structural pathology. It is a diagnosis of exclusion, and is used only when organic and structural causes for abnormal vaginal bleeding such as pregnancy, tumor, infection, coagulopathy, and pelvic or systemic disease have been ruled out. Although the diagnosis of DUB is made very commonly to date, this burden has not been systematically studied and the impairment of social and psychological functioning in women affected by DUB in Sri Lanka have not been evaluated or described. To describe socio-demographic factors, physical and psychosocial symptoms and the modes of treatment employed in premenopausal women aged 40 years and above, diagnosed of Dysfunctional Uterine Bleeding at gynaecology clinic and wards 3 and 4 of Castle Street Hospital for Women Colombo (CSHW). Descriptive, cross sectional study conducted at the gynaecology clinic and wards 3 and 4 of Castle Street Hospital for Women Colombo (CSHW). Study Population -All the clinic attendees and patients aged 40 years or above who were not menopaused, admitted to ward 3 / 4 of Castle street Hospital, Colombo, with abnormal uterine bleeding were assessed clinically, ultrasonically and through endometrial sampling(by dilatation and curettage) for a structural or organic pathology. A pre-tested interviewer administered questionnaire which consisted of two components, was used to collect data. DUB causes abnormal bleeding which interferes with the womens' usual daily activities, such as self-care, work, or recreation. Psychological morbidity due to DUB is more than the physical morbidity. 8.6 percent of patients with irregular cycles had secretory phase endometrium, which indicates that they have ovulatory cycles. Thus cycle regularity is not a good predictor of ovulation.