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ABNORMAL UTERINE BLEEDING AT DIFFERENT PERIODS OF A WOMAN'S LIFE

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ABSTRACT

Abnormal uterine bleeding (AUB) is a common gynecological problem affecting women at different stages of life: from adolescence to menopause. This article discusses statistical data and the main causes leading to AUB in different age groups. Attention is drawn to the characteristic features of menstrual disorders in adolescents, women of reproductive age and during menopause, and modern treatment, including both conservative and surgical methods, is presented. Research shows that adequate diagnostics and an individualized approach to treatment can significantly improve the quality of life of patients and prevent serious complications. The article emphasizes the importance of early medical care and regular gynecological examinations to ensure women's health at all stages of their lives.

KEYWORDS

Abnormal uterine bleeding (AUB), complications, treatment, conservative methods, surgical methods, adolescence, reproductive age, menopause.

INTRODUCTION

Abnormal uterine bleeding (AUB) is a common gynecological disorder that can occur at any age and has a significant impact on women's quality of life. AUB is defined as any deviation from the normal menstrual

cycle, including heavy, prolonged, or irregular menstruation. The problem of AUB is multifaceted, requiring a careful approach to diagnosis and treatment depending on different stages of a woman's

life, such as adolescence, reproductive age, and menopause. According to statistics for the last five years, AUB occurs in up to 30% of reproductive age women and 42% in premenopausal. The causes of AUB can vary from hormonal imbalance to serious pathologies such as fibroids or malignant neoplasms. The results of studies on conservative and surgical methods of treating abnormal uterine bleeding (AUB) demonstrate the effectiveness of different approaches, depending on specific clinical situations and causes of bleeding.

The purpose of this article is to review the main age-related features of AUB, conservative and surgical methods of treatment of AUB at different ages, as well as their indications and efficacy

Adolescence

According to research, about 30% of adolescent girls experience AUB. The first menstruation (menarche) can often be irregular and accompanied by heavy discharge. About 15-30% of girls have symptoms such as dysmenorrhea, which makes their quality of life less comfortable (Akkuzu et al., 2020).

Causes and treatment

The most common causes of AUB in adolescence are hormonal disorders, stress, eating disorders, and inadequate physical activity. At this age, treatment includes conservative methods, such as:

1. Hormonal therapy: combined oral contraceptives will help normalize the menstrual cycle. Hormonal agents: used to regulate the menstrual cycle and reduce the amount of bleeding. For example, combined oral contraceptives (COCs) can be effective in stabilizing hormonal levels and regulating menstruation. A 2020 study found that the use of combined oral contraceptives (COCs) in women with AUB changed the nature of menstruation, helping to reduce the amount of bleeding by 50-70%. The effectiveness of maintaining a normal menstrual cycle increases significantly with long-term therapy (Davydov, 2020).

Progestogens can also be used to treat abnormal bleeding due to progesterone deficiency. More than 80% of women who received progestogens noted an improvement in their condition, including a decrease in the amount of menstruation and relief of premenstrual syndrome (Petrenko, 2021).

2. Some NSAIDs: can be prescribed to reduce pain symptoms and the amount of blood loss. Data on the nature of menstruation in adolescence emphasize the need for medical supervision by a gynecologist to prevent possible serious diseases later (Astin et al., 2019). Drugs such as ibuprofen can help reduce the amount and duration of bleeding due to their anti-inflammatory and analgesic properties. According to a study published in 2019, the use of NSAIDs such as ibuprofen resulted in a 30-40% reduction in menstrual flow in women with dysmenorrhea and AUB and also

reduced the associated pain symptoms (Sidorova, 2019).

Reproductive age

During the reproductive period, the prevalence of AUB increases and reaches 35-50% among women aged 20-40 years. The most common pathologies leading to AUB include uterine fibroids, polyps, and endometriosis (Boulanger et al., 2021).

Causes and treatment

At this age, AUB can be caused by:

1. Ovulatory dysfunction - a violation of the regularity of ovulation, which is often associated with stress or changes in hormonal levels.
2. Anatomical disorders - such as fibroids and polyps.

Treatment may include:

- Hormonal therapy: the use of progestogens and COCs to regulate cycles.

Gonadotropin-releasing hormone (GnRH) agonists: These drugs can be used for short-term treatment of myomas, reducing tumour size and bleeding (Petrenko, 2021). Antifibrinolytic drugs: For example, tranexamic acid can help reduce blood loss, especially in heavy menstruation. Tranexamic acid has demonstrated a 50% reduction in blood loss compared to placebo. This is particularly noticeable in heavy

menstruation, indicating that it is highly effective (Mihaylova, 2021).

- Surgical methods: hysteroscopy to remove polyps and fibroids, as well as curettage.

Studies show that surgical intervention in women of reproductive age can lead to complete resolution of symptoms in 60-80% of patients (Katz & Stotland, 2020).

Climax

During menopause (age 45-55), about 50% of women experience AUB, and this problem requires special attention. At this stage, changes in hormonal levels lead to unstable menstrual cycles and, as a result, heavy or irregular bleeding (Pal et al., 2019).

Causes and treatment. During menopause, AUB can be caused by:

1. Hormonal changes - in particular, lack of estrogen.
2. Anatomical changes - such as endometrial hyperplasia.

Treatment at this stage may include:

- Hormone replacement therapy: to manage menopausal symptoms and normalize the menstrual cycle.
- Surgical methods: if there are significant changes in the endometrium (hysterectomy).

According to statistics, 30-50% of women over 50 who have undergone a hysterectomy report a complete restoration of their quality of life (Keeney et al., 2021).

Surgical Treatments

Surgical treatment of AUB is indicated in cases where conservative measures are ineffective, or in the presence of pathology requiring surgical intervention.

Hysteroscopy allows not only to diagnose, but also to treat pathologies that cause AUB. During the procedure, polyps, fibroids, or other abnormalities that contribute to bleeding can be removed. This technique has a minimal number of complications and allows patients to recover quickly. In a study conducted in 2020, 90% of women who underwent hysteroscopy reported a significant reduction in bleeding and improved quality of life within 6 months after the procedure. This technique showed a low complication rate and rapid rehabilitation (Gavrilova, 2020).

Endometrial curettage may be indicated for the diagnosis and treatment of AUB, especially if atypical changes in the endometrial tissue are suspected. This method allows for the removal of excess tissue, which can lead to reduced bleeding. A 2019 study found that endometrial curettage resulted in a reduction in the duration and volume of menstruation in 75% of patients, while 10% experienced a recurrence of clinical symptoms (Zaretskaya, 2019).

Surgical removal of fibroids and polyps is also a common method, especially if they are the cause of heavy and prolonged bleeding. Surgeries can be performed both openly and laparoscopically, which provides less trauma to the tissue. Laparoscopic methods of fibroid removal have shown effectiveness in 85-90% of cases, with most women reporting significant improvement after surgery (Kuznetsova, 2021).

Hysterectomy (removal of the uterus) is considered the last step when other treatments have failed or there are serious pathologies such as cancer. This method remains the most radical, but it is also the most effective in eliminating the source of the problem. Hysterectomy, as a radical method, has demonstrated more than 95% effectiveness in eliminating abnormal uterine bleeding in women with severe symptoms or concomitant pathologies such as fibroids or cancer (Saveleva, 2022).

CONCLUSION

Abnormal uterine bleeding is a common problem that requires careful attention at all stages of a woman's life. The treatment approach should be individualized and take into account age-related changes, hormonal levels, and associated diseases. Early consultation with a doctor and regular medical examinations will help avoid serious consequences associated with AUB.

Treatment of abnormal uterine bleeding should be individualized and based on the patient's overall health, causes of bleeding, and desired results. Conservative methods can be very effective, but in some cases, surgical interventions are necessary. Early consultation with a doctor and a comprehensive approach to treatment will help prevent the development of severe forms of the disease. Research results show that both conservative and surgical methods have their own characteristics and effectiveness in the treatment of AUB. Conservative methods can be very effective in mild to moderate manifestations, while surgical methods are often required in more complex cases. The correct choice of treatment approach is based on the individual characteristics of the patient and the clinical situation.

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