Volume1|Issue 7|2020

GYNAE SPECTRUM

Dear Doctor,
Greetings from Micro Labs. We are happy to bring you "Gynae Spectrum", which contains latest and interesting news in the field of Obstetrics and Gynaecology.

This issue contains:

Should you require any article or, medical information, please feel free to contact us
medicalservices@microlabs.in

Looking forward to your valuable feedback.
Best Regards,
Medical Team, Micro Labs Limited

Gynae Spectrum
Volume 1|Issue 7|2020
MICRO LABS LIMITED

Abnormal Uterine Bleeding in Patients Having Thyroid Dysfunction

Background:

The normal menstrual cycle ranges between 24 & 32 days (average 28 days).
Abnormal uterine bleeding significantly impacts quality of life & is a financial burden. Abnormal uterine bleeding is irregular or infrequent periods, with flow ranging from light to excessively heavy. A substantial portion of women with anovulation cycles have underlying polycystic ovary syndrome, Uncontrolled diabetes mellitus, hyperthyroidism and hyper prolactinemia.
Thyroid hormone is associated with a spectrum of reproductive disorder. This is because of interaction of thyroid hormone on female reproductive system. Both hypothyroidism and hyperthyroidism results in menstrual disturbances. The menstrual pattern is influenced by thyroid hormones through impact on the ovaries and indirectly through impact on Steroid hormone binding globulin, prolactin and Gonadotropin releasing hormone secretion and coagulation factor. Thyroid hormones also synergize with the Follicle stimulating hormone mediated Luteinising hormone/human chorionic gonadotropin receptor to exert direct stimulatory effects on granulose cell function (progesterone production). There is also presence of thyroid hormone receptors in human oocyte. Thus, thyroid dysfunction is associated with menstrual disturbances.

Purpose:

To estimate the frequency of abnormal uterine bleeding among women having thyroid dysfunction

Methodology Setting:

This study was conducted in Department of Gynaecology and Obstetrics at Liaquat University Hospital Hyderabad.
It was a Cross sectional descriptive study of 5month duration, ranging from August 2019 - December 2019.
This study employed Non probability consecutive sampling. The Sample size being estimated with the raosoft software. The sample size is 177.
All premenopausal women aged 15-45 Years with thyroid dysfunction for all parity were included. Both Married and Unmarried women were included. Patients already on any drug, hormone, intrauterine contraceptive device, history of all congenital n acquired bleeding disorder were excluded.

Result:

The average age of the patients in this study was 28.33±5.38 years.
Menorrhagia was the commonest abnormal uterine bleeding that was observed in 186 women, which is about 59.89% of the enrolled participants.
Oligomenorrhoea was observed in 52 women which is 29.38% of the enrolled participants.
Polymenorrhoea was observed in 19 women which is 10.73% of the enrolled participants. Menorrhagia was significantly noted in women who had hypothyroid dysfunction (p=0.0005).
Oligomenorrhoea was significantly high in those women who had hypothyroid (p=0.0005) and Polymenorrhoea was significantly high in those women who had Hyperthyroidism.

Age, parity, marital status, duration of disease was controlled by stratification but they did not have significant effect on abnormal uterine bleeding

.

Frequency of abnormal uterine bleeding with respect to thyroid dysfunction

Abnormal Uterine Bleeding	Thyroid dysfunction			Total	P-Value
	Hypothyroidism	Euthyroidism	Hyperthyroidism		
Menorrhagia	84(79.2%)	18(17%)	4(3.8%)	106	0.0005
Oligomenorrhoea	15(28.8%)	22(42.3%)	15(28.8%)	52	0.0005
Polymenorrhoea	3(15.8%)	16(84.2%)	0(0%)	19	0.0005

Frequency of abnormal uterine bleeding with respect to age groups

Abnormal Uterine Bleeding	Age Groups (Years)		P-Value
	≤ 30 Years; n=127	>30 Years; n=50	
Menorrhagia	78(61.4%)	28(56%)	0.508
Oligomenorrhoea	38(29.9%)	14(28%)	0.801
Polymenorrhoea	11(8.7%)	8(16%)	0.156

Chi Square test applied

Conclusion:

Abnormal uterine bleeding is frequently associated with thyroid dysfunction. Menstrual abnormality may precede the occurrence of other signs and symptoms. Any type of menstrual disorder should raise a doubt of thyroid dysfunction. Thyroid assessment must be done in such cases. Proper diagnosis of this etiology will help in due management of the patient which will aid treatment of both menstrual abnormality & thyroid disorder.

Maryam T. et al. Int. J. of Multidisciplinary and Current research. 2020 Mar:8.

IN FOCUS

Case Report of Angiomyxoma of vulva

A 45 years old female has a four year's history of growth in the left-side of vagina and vulva. It has been progressively growing in size. This swelling has no pain and no vaginal discharge or bleeding. It had intact mucosa with no pus discharge or bleeding during preoperative evaluation. She did not undergo any perineal surgery. She has history of surgery for endometriosis ovarian cyst. An intrauterine device was placed 5 years back. Per Vaginal examination revealed a soft, fluctuant and non-tender mass on the left lateral vaginal wall which measured about 7 × 4 cm. There is no associated lymphadenopathy. Cervix, uterus, adnexa were found to be normal. Ultrasonography revealed a unilocular mass which was oval, well-circumscribed, heterogeneous, located under the skin. She was diagnosed to be having a left sided Bartholin's gland cyst. The patient taken to OT under spinal anaesthesia, to remove the neoformation that extended from the medial surface of the left labia major, deeply, to the ischio-rectal fossa. An incision was made and then following the cleavage plane of the neoformation wall it was possible to remove the entire para-vaginal mass. This revealed a parenchymatous aspect with a length of 19 cm, & it weighed about 175 g. The tumor was bulky, poorly circumscribed mass with a tan-pink colour of rubbery consistency. Drain was placed during the surgery for prevention of bleeding, which was removed after 24 hours. There was no major complication during the postoperative period. At discharge she was prescribed oral antibiotics for 5 days and subcutaneous heparin for 6 days. Five days later she was readmitted with hyperpyrexia and vulvar hematoma with pus and blood leakage. The wound and blood culture at the febrile peak was carried out. IV ciprofloxacin was started. After the swabs result it was replaced with Piperacillin/ Tazobactam IV TDS for 10 days and Tigecycline IV twice a day for 6 days. Swabs were found to be positive for Enterococcus faecalis and Bacterioides fragilis. Blood culture resulted in negative. The patient was discharged after 12 days with oral antibiotics and heparin. The result of the histological examination of the vulvar formation was angiomyxoma of the vulva. Immunohistochemistry revealed reactivity for desmin, vimentin, CD34, CD3 and Ki-67 activity of less than 1%. Follow-up was recommended for 2 years to look for local recurrence.

Ietto C. et al. 2020 Gynecol Obstet Case Rep Vol.6 No.1:7