

Dysfunctional Uterine Bleeding (DUB)

Definition

Dysfunctional uterine bleeding (DUB) is abnormal bleeding from the vagina that is not due to a physical (anatomical) cause.

Alternative Names

Anovulatory bleeding; Bleeding - dysfunctional uterine; DUB; Abnormal uterine bleeding

Causes

DUB may be caused by an imbalance of hormones -- estrogen or progesterone.

Risk factors include:

- Emotional stress
- Excessive exercise
- Obesity

DUB occurs in women during their reproductive years (they have started their period but have not reached menopause). About 20% of DUB cases occur in adolescents and 40% occur in women over 40.

Symptoms

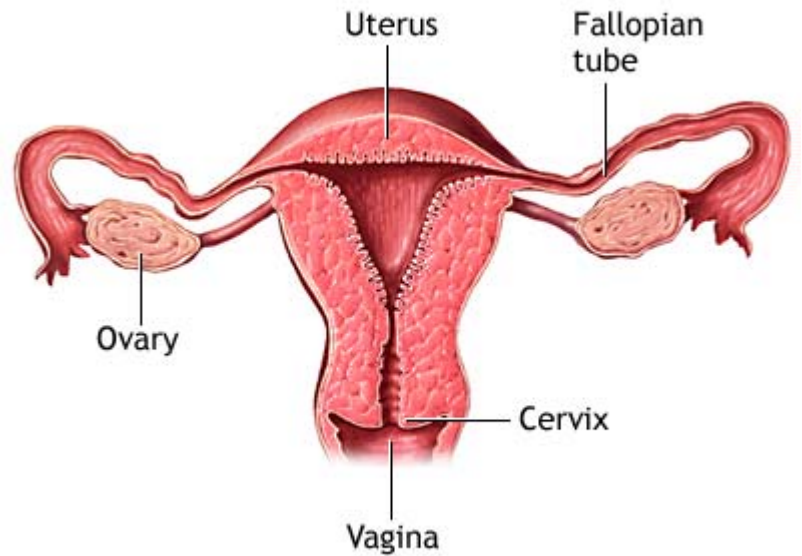
- Abnormal menstrual periods
- Bleeding from the vagina between periods
- Changing menstrual cycles (usually less than 28 days between menstrual periods)
- Changing menstrual flow ranging from very little to a lot
- Excessive growth of body hair in a male pattern (hirsutism)
- Hot flashes
- Infertility
- Mood swings
- Tenderness of the vagina

Exams and Tests

Dysfunctional uterine bleeding (DUB) is diagnosed after all other causes of abnormal uterine bleeding are ruled out. This includes:

- Disease
- Early pregnancy disorders
- Infection
- Structure problems
- Tumors

The health care provider will do a pelvic examination.



ADAM.

Tests usually include:

- CBC
- Blood clotting profile
- Hormone tests
 - FSH
 - LH
 - Male hormone (androgen) levels
 - Prolactin
 - Progesterone
- Serum HCG (to rule out pregnancy)
- Thyroid function tests

The following procedures may be done:

- D and C
- Endometrial biopsy
- Hysteroscopy
- Pelvic ultrasound

Treatment

Young women within a few years of their first period are not treated unless symptoms are very severe, such as heavy blood loss causing anemia.

In other women, the goal of treatment is to control the menstrual cycle. Oral birth control pills or progestogen therapy are often used for this purpose. Women with anemia may get iron supplements.

If you want to get pregnant, you may be given medication to stimulate ovulation.

Women whose symptoms are severe and resistant to medical therapy may need surgical treatments including:

- Burning or removing the lining of the uterus (endometrial ablation)
- Hysterectomy

Older women who may be getting close to menopause may receive hormones or surgery to relieve symptoms.

Outlook (Prognosis)

Hormone therapy usually relieves symptoms.

Possible Complications

- Infertility from lack of ovulation
- Severe anemia from prolonged or heavy menstrual bleeding
- Buildup of the uterine lining without enough menstrual bleeding (a possible factor in the development of endometrial cancer)

When to Contact a Medical Professional

Call your health care provider if you have unusual vaginal bleeding.

References

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