

# Metrorrhagia

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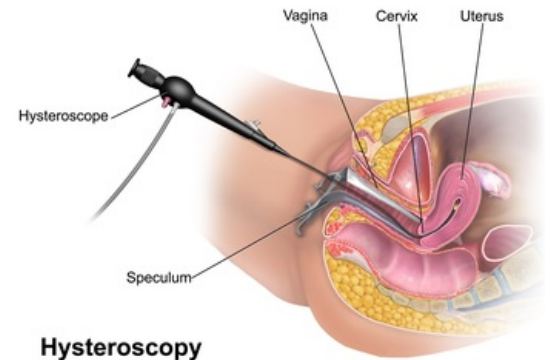
**Acyclic irregular uterine bleeding** of varying intensity. It most often appears after menarche (juvenile metrorrhagia) and before menopause. It can be a symptom of serious pathologies ( endocrinopathy , inflammation , cancer ), which is why careful diagnosis is essential. We diagnose by hysteroscopy and separated abrasion of the endometrium with histological examination.

## Juvenile metrorrhagia

A specific type of metrorrhagia, conditioned by the age of the patient (occurs within the 2nd year after menarche). Among the causes are **the imperfect separation** of the proliferated but not transformed endometrium, which arises as a result of frequent anovulatory cycles during the maturation of the regulatory link of the hypothalamic-pituitary-ovarian axis. Another cause is **hemocoagulation disorders** and **endometrial inflammation**.

It usually appears half a year after menarche, often preceded by oligomenorrhea. It manifests itself as **very heavy bleeding** (even 20 pads a day, bleeding through the bed overnight), lasting several weeks. It may be accompanied by abdominal pain and vomiting.

When diagnosing, we try to choose the least invasive methods possible. The treatment consists in **stopping the bleeding**, which is performed by administering a small dose of estrogens and gestagens (inducing transformation and separation of the dysfunctional endometrium). Hemostasis occurs within 2 days, after a few more days the mucous membrane separates. We call the regrowth of the normal lining of the endometrium as **hormonal curettage**. Any resulting **anemia** is treated with iron replacement and folic acid administration, in critical cases we apply transfusion therapy. **We solve the prevention of relapses** by cyclic **application of progesterone in the 2nd phase of the cycle**, for at least 3 months..



Hysteroscopy

## Links

- ws:Metrorragie

## related articles

- Tumors of the uterus
- Cyclic bleeding disorders

## Sources

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