INCIDENCE AND CLINICAL CHARACTERISTICS OF DYSFUNCTIONAL UTERINE BLEEDING IN WOMEN OF REPRODUCTIVE AGE

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Annotation

This thesis investigates the incidence, clinical patterns, and underlying hormonal etiologies of dysfunctional uterine bleeding (DUB) among women of reproductive age. By analyzing clinical presentations and diagnostic data, the study highlights the significant burden of this condition on women's health, particularly its association with iron-deficiency anemia and diminished quality of life. The findings emphasize the necessity of ruling out structural pelvic pathologies and employing targeted endocrine evaluations to optimize conservative medical management and reduce the need for unnecessary surgical interventions.

Key words: dysfunctional uterine bleeding (DUB), abnormal uterine bleeding (AUB), reproductive age, incidence, ovulatory dysfunction, iron-deficiency anemia, gynecology.

Introduction

Dysfunctional uterine bleeding (DUB) is defined as abnormal genital tract bleeding in the absence of structural, infectious, or systemic pelvic pathology. According to the International Federation of Gynecology and Obstetrics (FIGO) classification systems, it is most commonly associated with ovulatory dysfunction (AUB-O). Occurring frequently in women of reproductive age, DUB is a leading cause of gynecological consultations. The condition not only disrupts daily activities and diminishes the overall quality of life but also serves as a primary driver of severe iron-deficiency anemia in premenopausal women. Understanding the incidence and demographic distribution of DUB is critical for developing timely, effective, and non-invasive therapeutic protocols.

Material and methods

A comprehensive clinical analysis was conducted on a cohort of 120 female patients of reproductive age (18–45 years) who presented to the gynecological outpatient department with complaints of abnormal bleeding. To isolate true cases of DUB, all patients with confirmed structural anomalies (such as uterine fibroids, endometrial polyps, adenomyosis, or malignancies) were excluded following transvaginal ultrasound (TVUS) evaluation. Diagnostic protocols included detailed menstrual histories, complete blood counts (CBC) to assess hemoglobin and serum ferritin levels, and hormonal assays (FSH, LH, Prolactin, Estradiol, and Progesterone) to identify underlying ovulatory dysfunctions.

Result and discussion

The study revealed a high incidence of dysfunctional uterine bleeding among the evaluated demographic, predominantly clustering at the extremes of the reproductive spectrum. Approximately 45% of the diagnosed cases were observed in women aged 35–45 (the perimenopausal transition phase), while 25% occurred in young adults aged 18–25, often linked to immature hypothalamic-pituitary-ovarian axis regulation. The most common clinical presentation was menorrhagia (heavy, prolonged menstrual bleeding), observed in 60% of patients, followed by metrorrhagia (irregular, acyclic bleeding) in 30% of cases.

Laboratory findings demonstrated that 55% of the women suffering from DUB had coexisting iron-deficiency anemia (hemoglobin levels <11.0 g/dL), correlating directly with the duration and volume of blood loss. Hormonal profiling confirmed that chronic anovulation was the primary underlying mechanism in 70% of the cohort, highlighting a systemic failure to produce adequate progesterone, leading to unopposed estrogen stimulation and subsequent fragile endometrial shedding. The discussion reinforces that DUB is overwhelmingly an endocrinological disruption rather than a surgical disease, heavily favoring pharmacological interventions such as combined oral contraceptives, progestin therapy, or tranexamic acid over traditional curettage.

Conclusion and recommendation

Dysfunctional uterine bleeding represents a highly prevalent and clinically significant condition in women of reproductive age, carrying a substantial risk of secondary anemia. Effective diagnosis strictly requires the exclusion of organic pelvic pathologies through modern imaging techniques alongside thorough hormonal profiling. It is highly recommended that primary care providers and gynecologists prioritize conservative, medical management strategies aimed at stabilizing the

endometrium and restoring ovulatory function. Furthermore, routine screening for anemia should be integrated into the standard care pathway for any woman presenting with irregular or heavy menstrual bleeding to ensure comprehensive physiological recovery.

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