MENORRHAGIA- ACUTE

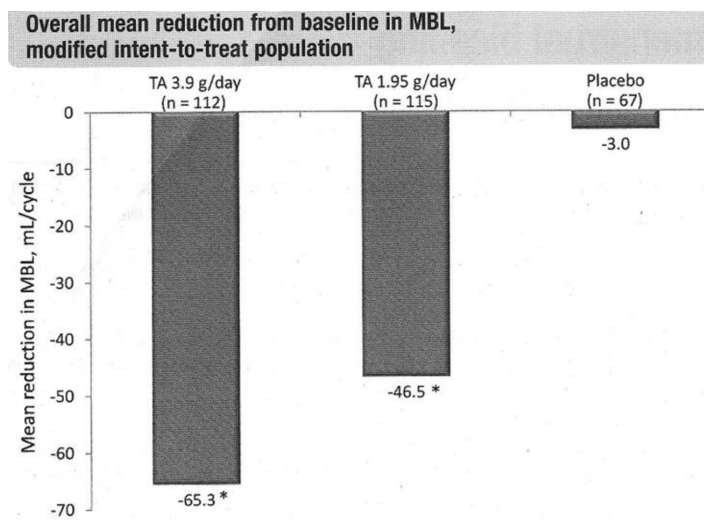
A variety of options are available for acute menorrhagia. Palliation is certainly an option but probably not a good one owing to the heavy and acute nature of the bleeding associated with this condition. Non-steroidal anti-inflammatory agents can be given to assist with the associated dysmenorrhea while the patient is observed. Vitamins and iron can be given to assist the body in replacing lost red blood cells. Should dizziness or symptoms of exhaustion or hypovolemia develop more intense therapy is necessary.

Medical management of acute menorrhagia is an option. A "medical D&C" is the most common option. Giving about 100 mcg of estrogen daily over several days will likely lead to cessation or at least diminution of heavy bleeding. This is often accomplished with two 1 / 50 pills per day but same effect can be achieved with three 1 / 35 pills per day. This regimen is continued until two days after the bleeding ceases. The patient can then go to 50 mcg of estrogen for the remainder of the pack or go to 35 mcg of estrogen daily.

Continuation of therapy going forward is usually necessary to achieve better cycle control and to minimize repeat of significant episodes of menorrhagia. This can be done with oral contraceptives, Lysteda or IUD.

Mixed contraceptives, estrogen and progesterone, can be given either through pills (oral administration), patches (trans-dermal) or vaginal ring (trans-mucosal). A host of oral contraceptives, Ortho Evra Patch and Nuva Ring are all available. Often the total number of days of flow, overall quantity of blood lost and amount of dysmenorrhea are all reduced with long term use of mixed contraceptives.

Lysteda can be given at a dose of 1.3 grams, three times per day for up to five days per menstrual cycle is started at onset of bleeding. About a forty percent reduction in total volume of flow is usually achieved with its use. Significant quality of life improvement is also observed paralleling the decrease in blood flow. [1]



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Another option is insertion of the progesterone IUD. Mirena is recognized to decrease menstrual flow,decrease the total number of days of bleeding and improve dysmenorrhea.

Rather than a "medical D&C," D&C with hysteroscopy can be scheduled. D&C will likely lead to short term improvement in the severity of acute bleeding. Hysteroscopy allows evaluation of the endometrial cavity for easily remediable causes of bleeding including polyps and submucosal myomas. In the absence of remediable causes of bleeding being found within the cavity, some long term strategy should be adopted after mechanical D&C to lessen subsequent episodes of abnormal bleeding and to decrease the chance of severe recurrence of profuse menorrhagia.

Patient is directed to the DWC website as well as to UpToDate and WebMD to learn more about her condition and its possible treatments.

1. Freeman EW, Lukes A, VanDrie D, Mabey RG, Gersten J, Adomako TL. A dose response study of a novel, oral tranexamic formulation for heavy menstrual bleeding. Am J Obstet Gynecol 2011;205:319.e1-7

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