



شبكة المعلومات الجامعية

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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

قسم

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بعض الوثائق الأصلية تالفة



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بالرسالة صفحات
لم ترد بالأصل

**Study of the correlation between
von Willebrand's disease and
Perimenopausal uterine bleeding.**

Thesis

Submitted to the faculty of medicine

Alexandria university

In partial fulfillment of the degree of

MASTER OF OBSTETRICS AND GYNECOLOGY

BY

Dr. Sherif Anies Hebesha

M.B.B.Ch

Obstetrics and gynecology department

Faculty of Medicine

Alexandria University


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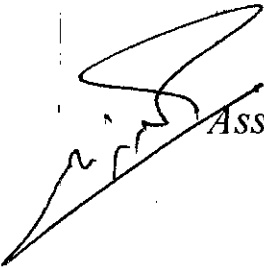
Supervisors



Prof. Dr. Hassan El Sokkary
Professor of Obstetrics & Gynecology
Faculty of Medicine
Alexandria University

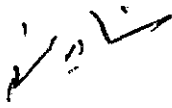


Prof. Dr. Eglal Youssef Shaala
Professor of Clinical Pathology
Faculty of Medicine
Alexandria University



Dr. Ahmed Mohamed Rizk
Assistant Professor of Obstetrics and Gynecology
Faculty of Medicine
Alexandria University

Co-worker



Dr. Shadia Abdel Aziz Sheir
PHD, of Pathology
El Shatby University Hospital (Pathology Unit)
Alexandria University

(For her experience in reading endometrial specimens by histopathologist)

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INTRODUCTION

Introduction

Perimenopausal uterine bleeding

Perimenopausal (Greek peri: around; meniaia: menstruation; pause: cessation) means 'around menopause' or 'around the cessation of menstruation'. It is well known that menopause occurs between 46 and 50 years of age; the perimenopausal age is thus often designated to be around 46-50 years.⁽¹⁾

Age of menopause depends on racial, nutritional and socio-economic factors. Bharadwaj et al.⁽²⁾ found the age of menopause among Indian women to be 45.03 ± 5.17 years. Thus the perimenopausal age in these women would frequently be earlier than that of western women.

Epidemiologically, Brambilla et al.⁽³⁾ have defined perimenopause based on self-reported data of 1550 women aged between 45 and 55 years. The authors defined its inception as that period in a woman's menstrual history characterized by 3-11 months of amenorrhea and increased menstrual irregularity for those without amenorrhea. They described its cessation with the onset of menopause.

Endocrinologically, the perimenopausal women in one whose hormonal features are characterized by lower levels of estradiol (E2), higher levels of follicle-stimulating hormone (FSH), with still normal luteinizing hormone (LH) levels emphasizing the complexity of the hypothalamopituitary-ovarian regulating system.⁽⁴⁾ The boundaries of the perimenopausal period appears to last for about 4 years.⁽⁵⁾

It is that transient phase in a woman's life when affective disorders may occur coincidentally or perimenopause itself may present as a non-specific stress or precipitating an affective disorder.⁽⁶⁾

Considering menorrhagia, both the fore mentioned relationships could be true: coincidental leiomyomas or, rarely, even an abnormality of pregnancy, can occur to cause menorrhagia, or perimenopause itself with its peculiar altered menstrual physiology could precipitate menorrhagia.⁽⁷⁾

- **Incidence:**

Abnormal uterine bleeding is commonly encountered in gynecologic practice, accounting for 15% of office visits and about 25% of gynecologic operation.⁽⁸⁾ The average menstrual cycle length is 28 days, with an average duration of 4 days and an average blood loss of 35 ml⁽⁹⁾ Consultations among perimenopausal patients for menstrual irregularities could be as high as 69%.⁽⁷⁾

- **Aetiology:**

Abnormal uterine bleeding may be categorized into two broad classifications: that due to organic causes and that caused by anovulation or oligo-ovulation, so called dysfunctional uterine bleeding. The initial evaluation of a patient must be guided by an understanding of the common causes of abnormal uterine bleeding in specific age groups.⁽¹⁰⁾

Table (1) organic causes of abnormal uterine bleeding⁽¹¹⁾

Genital tract infection	Cervicitis
	Vaginitis
	Endometritis
	Oophritis
Neoplasm	
Cervix	Dysplasia
	Carcinoma
	Polyps ⁽¹²⁾
Endometrium	Hyperplasia ⁽¹³⁾
	Polyps ⁽¹²⁾
	Carcinoma ^(14,15)
Leiomyomas	Submucous ⁽¹⁶⁾
	Intramural
Ovarian	Estrogen-producing tumors
Uterine	Adenomyosis
Systemic	Coagulation disorders
	Thyroid disease
	Liver disease
	Sepsis
Iatrogenic	Oral contraceptives
	Progestin-only contraceptives
	Intrauterine devices
	Hormone replacement therapy ⁽¹⁷⁾
	Tamoxifen therapy ^(18,19,20)
	Steroids
Rarely abnormalities of pregnancy	

Hematological aspects of menorrhagia

Hematological disorders causing excessive uterine bleeding may have serious consequences, sometimes requiring emergency blood transfusion support and, more frequently, causing persistent iron-deficiency anemia, resulting in chronic fatigue and poor performance.⁽²¹⁾

Yet, the precise diagnosis of hemostatic disorders(particularly von Willebrand's disease) often eludes gynecologists, primarily owing to inadequate evaluation of these disorders.⁽²²⁾

Hematological disorders that may cause excessive uterine bleeding:^(22,23)

I. Platelet disorders

1. Thrombocytopenia

(a) Bone marrow failure

- 1- Aplastic anemia.
- 2- Acute leukemia.
- 3- BM infiltration.
- 4- Antineoplastic drugs.

(b) Immune Thrombocytopenia

- 1- Idiopathic Thrombocytopenic purpura.
- 2- Drugs.
- 3- HIV-1.* 4- SLE*

(c) Non- Immune Thrombocytopenia

- 1- Thrombotic Thrombocytopenic purpura.
- 2- Hemolytic uremic syndrome.
- 3- HELLP.*

2. Platelet function abnormalities

(a) Congenital

- 1- Glanzmann's thrombasthema.
- 2- Bernard saulier syndrome.
- 3- Storage pool disease.

(b) Acquired

Drugs as NSAIDS*

II. Von Willebrand's disease

• Congenital

• Acquired

- 1- Hypothyroidism
- 2- Angiodysplasia
- 3- SLE*
- 4- Lymphoproliferative gammopathy