

بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرونيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



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بالرسالة صفحات لم ترد بالأصل





Addition of Power Doppler to Grey Scale Transvaginal Ultrasonography to Differentiate Between Intrauterine Lesions in Peri-Menopausal Women with Abnormal Uterine Bleeding

Thesis

Submitted for Partial Fulfilment of Master Degree in **Chstetrics and Cynecology**

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Tist of Abbreviations

Abb.	Full term
AUR	Abnormal uterine bleeding
<i>CD</i>	_
CO2	
	Dysfunctional uterine bleeding
	Endometrial polyp
ER	1 01
	European society of gynecological endoscopy
	International Federation of Gynecology and
	Obstetrics
FSH	Follicular stimulating hormone
	Flow velocity waveform
	Hysterosalpingogram
	Luteinizing hormone
MV	Microvilli
OH	Office hysteroscopy
PI	Pulsatility index
<i>PPV</i>	Positive predictive value
PR	Progesterone receptors
<i>PSV</i>	Peak systolic velocity
RI	Resistance index
<i>RR</i>	Relative risk
SEM	Scanning electron microscopy
SOL	Space occupying lesion
TVS	Transvaginal sonography
<i>US</i>	Ultra sound

Introduction

bnormal uterine bleeding is a frequent condition in gynecology. It may impact physical, emotional, sexual & professional aspects of the lives of women, impairing their quality of life. In cases of acute and severe bleeding, women may need urgent treatment with volumetric replacement and prescription of hemostatic substances. In some specific cases with more intense and prolonged bleeding, surgical treatment may be necessary (Meena & Meena, 2017)

Abnormal uterine bleeding (AUB) affects 10 to 30 percent of reproductive-aged women and up to 50 percent of peri-menopausal women (Sepide, 2016).

The revised FIGO-AUB System summarized in figure 1. As determined by the multinational process described in the original publications, terms such as menorrhagia, metrorrhagia, oligomenorrhea, and dysfunctional uterine bleeding have been abandoned. There is acknowledgement of the specific changes in menstrual bleeding patterns that may be encountered at each end of the reproductive spectrum (i.e. in adolescence or the peri-menopause) (Munro et al., 2018).



Parameter	Normal	Abnormal	Ø
	Absent (no bleeding) = amenorrhea		
F	Infrequent (>38 days)		
Frequency	Normal (≥24 to ≤38 days)		
	Frequent (<24 days)		
Duration	Normal (≤8 days)		
Duration	Prolonged (>8 days)		
Bogularitu.	Normal or "Regular" (shortest to longest cycle variation: ≤7-9 days)*		
Regularity	Irregular (shortest to longest cycle variation: ≥8-10 days)*		
Flow Volume	Light		
	Normal		
(patient determined)	Heavy		
Intermenstrual	None Random		
Bleeding (IMB)	Cyclic (Predictable)	Early Cycle	
Bleeding between cyclically		Mid Cycle	
regular onset of menses		Late Cycle	
Unscheduled Bleeding	Not Applicable (not on gonadal ster		
on Progestin ± Estrogen	None (on gonadal steroid medication)		
Gonadal Steroids (birth control pills, rings, patches or injections)	Present		

Figure 1: FIGO-AUB System Nomenclature and Definitions of AUB **Symptoms**

History focuses on identifying the type of AUB ovulatory anovulatory, or anatomic in order to guide treatment. Ovulatory bleeding is more common, usually cyclic, and can be associated with midcycle pain, premenopausal symptoms, and dysmenorrhea (El-Tamamy et al., 2018).

Anovulatory bleeding occurs more frequently at the extremes of reproductive age and in obese women. It is usually irregular and often heavy. It poses a higher risk of endometrial hyperplasia (Gettle & Revzin, 2020).