Perimenopausal Dysfunctional Uterine Bleeding

The perimenopause is the time prior to the natural cessation of menses when many changes occur due to the absence of ovulation and decreased estrogen production. This time usually starts in women in their mid to late forties and may last between one and seven years.

Prior to perimenopause, with regular ovulation, cycles are usually 28 days from the start of one menses to the start of the next one. During the first 14 days of the cycle, the egg is developing in the ovary and estrogen is produced. On day 14, the egg is released from the ovarian follicle into the fallopian tube and progesterone is produced by the remaining follicle (corpus luteum). If the egg is not fertilized, the progesterone level decreases and a normal synchronized menses occurs.

Abnormal menstrual periods are one of the first symptoms noted in the perimenopause. Cycles may become shorter in duration and flow can become lighter. Menses are often skipped. Women also may experience heavy or prolonged bleeding and bleeding between periods. This type of bleeding is usually due to fluctuating hormone levels and anovulation (not releasing the ovum or egg from the ovary). When anovulation occurs, the ovary continues to produce estrogen. If the egg is not released, progesterone is not produced, resulting in a “dyssynchronous” uterine lining. Unopposed estrogen causes continued growth of the uterine lining which often results in irregular or prolonged bleeding.

While irregular bleeding is normal in a perimenopausal woman, it may also indicate more serious problems that require evaluation. An ultrasound is usually performed to evaluate the uterine cavity for uterine fibroids or polyps. If the lining is abnormally thickened on ultrasound, sampling the lining is important to make sure that endometrial (uterine) cancer is not present. An endometrial biopsy can detect cancer or precancerous tissue in the uterus. Hysteroscopy with dilation and curettage (D & C) may be also be necessary for diagnosis or treatment of abnormal bleeding.

Once the bleeding has been evaluated, treatment options can be discussed. Treatment can be medical or surgical. Medications include low dose oral contraceptive pills, depo-provera, the Mirena IUD or progesterone. Replacing progesterone in a cyclic manner can regulate the frequency and duration of anovulatory bleeding. Medroxyprogesterone from day 14-24 or Prometrium from day 14-28 are frequently prescribed. Surgical options include hysteroscopy with D&C, uterine ablation or hysterectomy.