Reproductive health in females with inherited bleeding disorder

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Introduction & objective

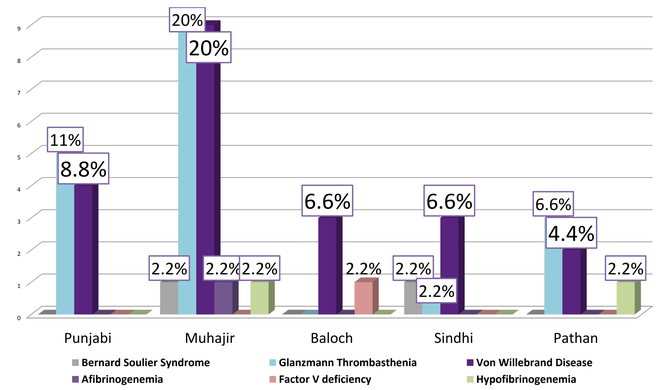
- Menorrhagia comprises of 12% of all gynecology referrals.[1]
- In females with menorrhagia, platelet function defects range from 42 to 83.9% while inherited coagulation defect is reported to be 16%.[2,3]
- Prevalence of VWD in females with menorrhagia ranges from 10 to 20%.[4]
- Frequency of bleeding during miscarriage and postpartum haemorrhage has been reported to be 76.7% and 37.6% respectively.[5]
- The aim of this study was to assess menstrual blood loss and other gynecological disorders/obstetric complications in females with inherited bleeding disorders registered at a not for profit organization in Pakistan.

Methods

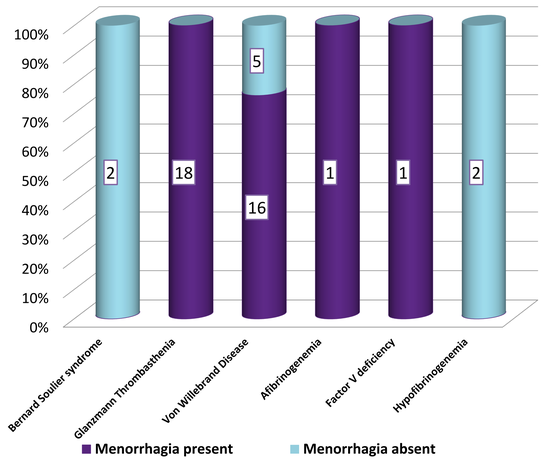
- **Setting:** Fatimid Foundation, Karachi.
- **Design:** Descriptive Cross Sectional study.
- **Period**: 15th January 2015 to 15th January 2016.
- **Study duration:** 1 year.
- **Sampling:** Non-probability consecutive sampling
- **Sample size:** 45 patients.
- **Inclusion criteria:**
  - Females with Inherited bleeding disorders between the age of 12 to 45 years.
- **Exclusion criteria:**
  - Male gender and post-menopausal women
- **Data collection tool:** Questionnaire at the time of follow up visit.

Results

Frequency of inherited bleeding disorders in females of different ethnic origins (n=45)



Frequency of menorrhagia (n=45)



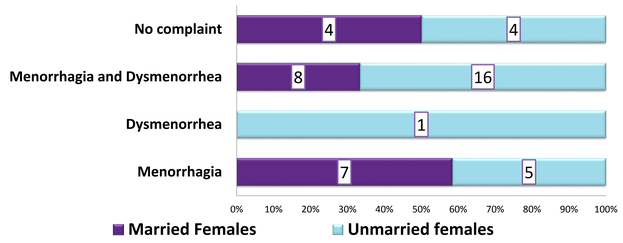
Characteristics of menstrual cycle in females with menorrhagia (n=36)

Variable	n(%)
Age (mean ± SD)	26.5 ± 6.6
Mean haemoglobin level	7.4 ± 1.4
Family history	27 (75)
Bleeding symptom other than menorrhagia	32 (88)
Age at which symptoms first developed	
At menarche	34(94.4)
Between 14-25 years	2(5.6)
Duration of menstruation	
7-15 days	25 (69.4)
16-30 days	4 (11.1)
>30 days	7 (19.4)
Pads changes every 2 hours	28 (77.8)
Heavy flow	29 (80.6)
Clots and flooding	33 (91.7)
Dysmenorrhea	24 (66.7)
Impairment of daily activities	23 (63.9)
Medical attention required	32 (91.4)
Number of times medical attention required	
1-2	4(11.1)
3-5	2 (5.6)
6-10	1 (2.8)
>10	29 (80.6)
Acute menorrhagia	23 (63.9)

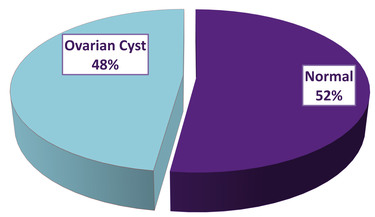
Treatment modalities for menorrhagia

Treatment	n(%)
Iron supplements	23 (63.9)
Tranexamic acid	36 (100)
Oral progestogen	26 (72.2)
Combined oral contraceptive pill	16 (44.4)
Danazol	1 (2.8)
Clotting factor concentrates	5 (13.9)
Blood and blood components	
Packed red blood cell	23 (63.9)
Fresh Frozen Plasma	11 (30.6)
Cryoprecipitate	11 (30.6)
Platelet	19 (52.8)
Thermal balloon ablation	1 (2.7)
Hysterectomy	1 (2.7)

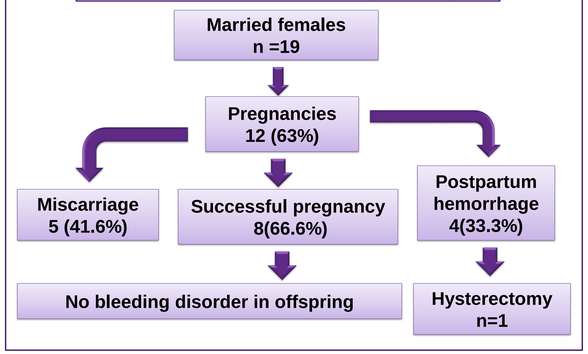
Marital status and symptoms (n=45)



Findings on pelvic ultrasound (n=23)



Obstetric outcome (n=19)



Conclusion

- Menorrhagia was commonly seen in Glanzmann Thrombasthenia and Von Willebrand disease.
- The limitation of this study was its small sample size. Another drawback was the lack assessment of treatment efficacy based on pictorial bleeding assessment chart on before and during treatment.
- Non compliance with oral iron replacement therapy was seen in 36% females.
- Ovarian cyst was a significant finding, highlighting the importance of routine pelvic ultrasound in these females.
- Most females were unmarried due to fear of post coital bleeding, post partum haemorrhage and financial constraints.

Future Directions

- Further prospective studies are required to assess the efficacy of various treatment modalities for menorrhagia in our female population.

References

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