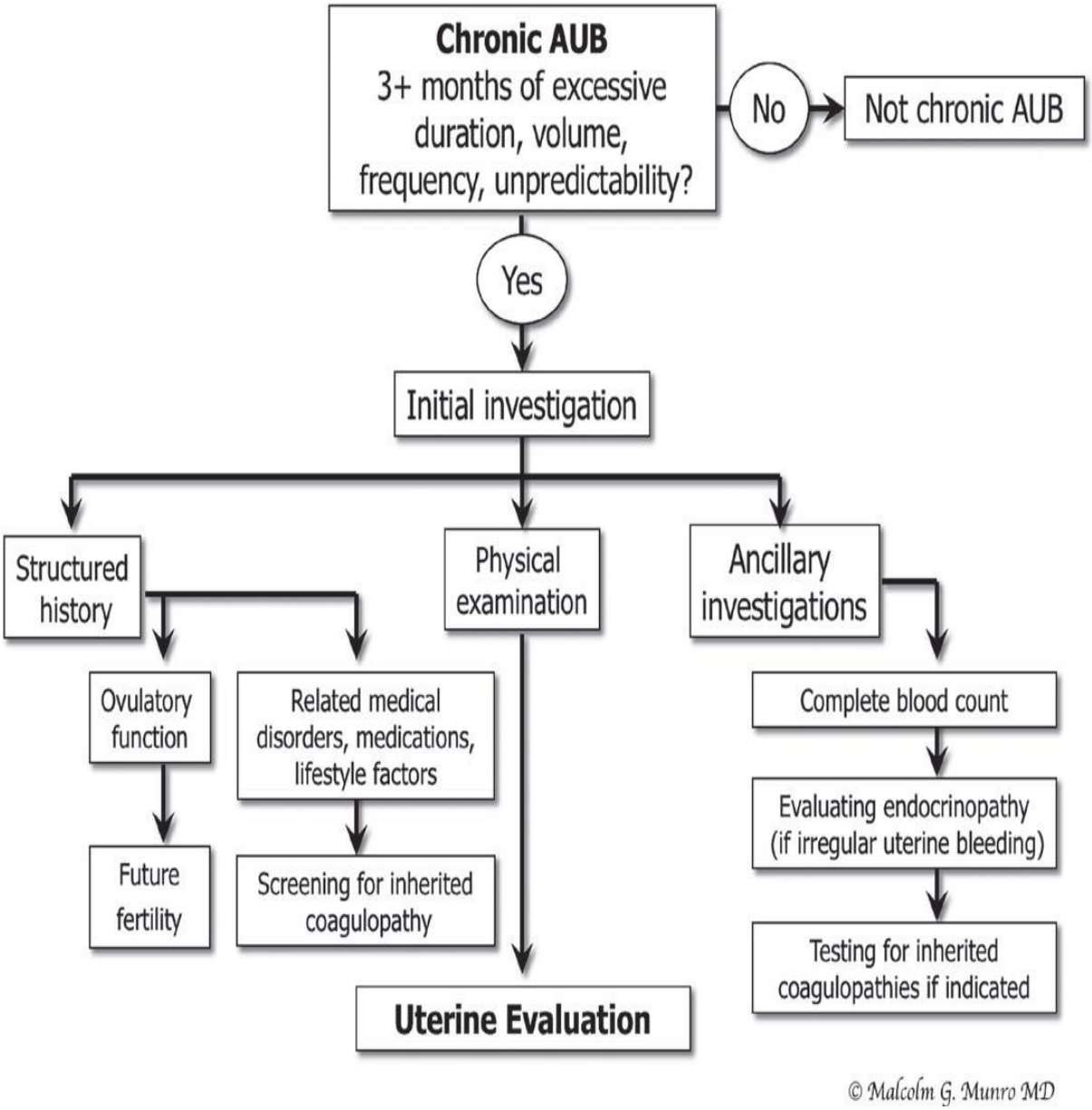
MANAGEMENT OF AUB



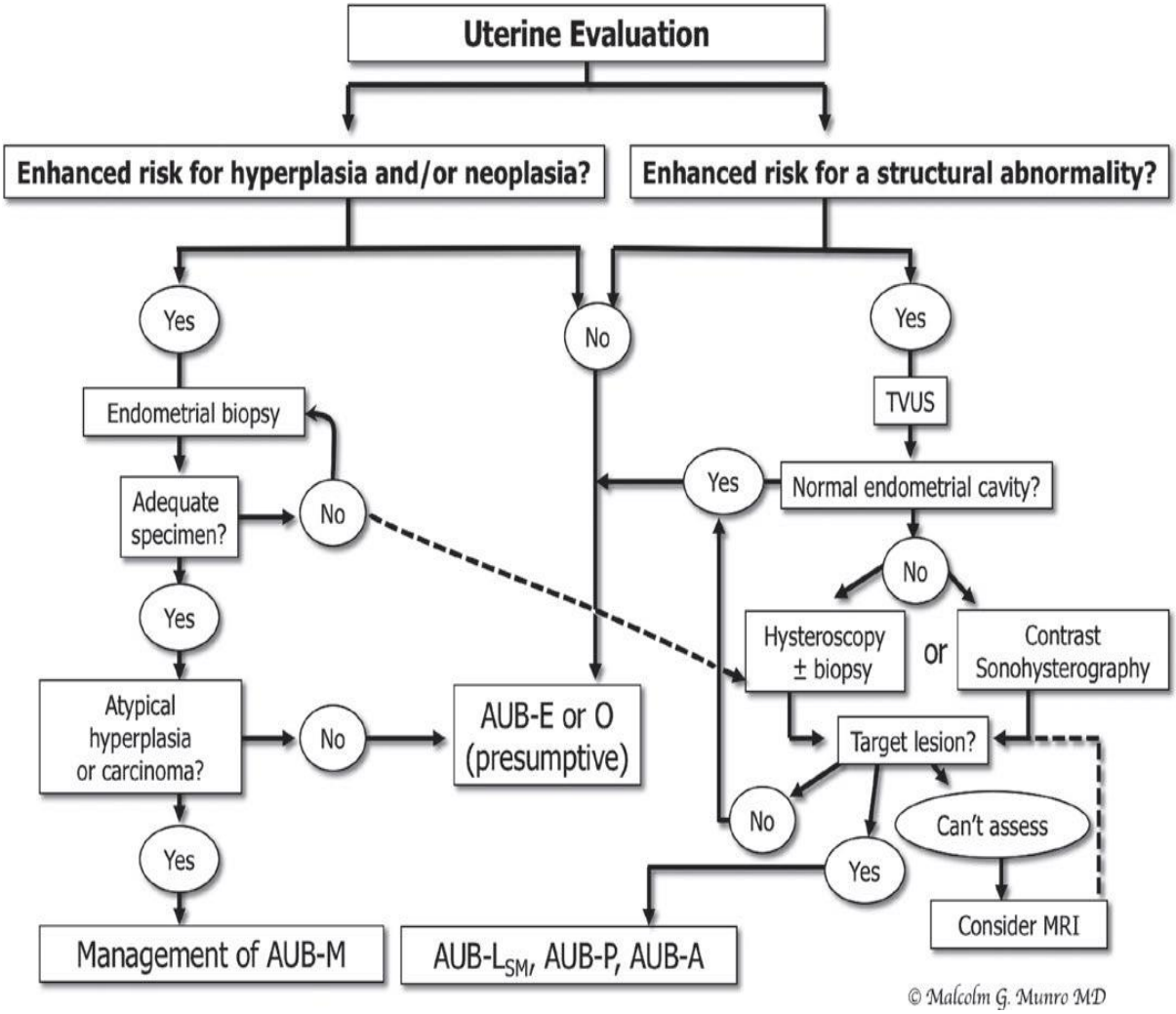


FIGURE 6 Investigative algorithms for patients with chronic AUB during the reproductive years. (A) Initial investigation comprises a structured history, physical examination, and the use of appropriate ancillary investigations, in part based upon the history and physical assessment.

Evidence suggesting an ovulatory disorder prompts assessment for endocrinopathy, whereas a positive screening result for coagulopathy

(Figure 7) will indicate the need for appropriate hematological assessment. A complete blood count should be performed on all women with the symptom of heavy menstrual bleeding. (B) A pragmatic guide to uterine assessment. If the initial evaluation (Figure 6A) suggests a low risk for coagulopathy, structural or malignant/premalignant change, patients may be presumed to have AUB-E or -Oand offered appropriate treatment options. However, if there is an enhanced risk for endometrial hyperplasia or malignancy (left), endometrial sampling is recommended.

If an adequate specimen is not obtained, hysteroscopic examination and biopsy is recommended. If there is an enhanced risk for a structural abnormality, transvaginal ultrasonography is the next step (right). If evaluation of the endometrium is suboptimal or there is a suggestion of an abnormality affecting the endometrial cavity, either hysteroscopy or contrast hysterosonography is indicated. MRI may be occasionally indicated if hysteroscopy or contrast hysterosonography are not feasible, such as in the case of virginal women. Abbreviations: AUB, abnormal uterine bleeding; MRI, magnetic resonance imaging; TVUS, transvaginal ultrasonography. Images are used courtesy of Malcolm G. Munro.

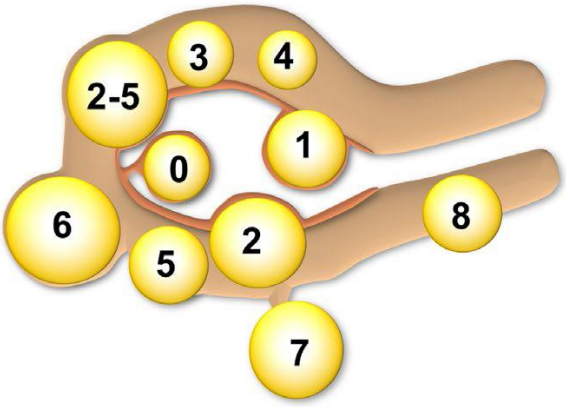
Polyp
Adenomyosis
Leiomyoma
Malignancy & hyperplasia

Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not otherwise classified

FIGO
Leiomyoma Subclassification System

Polyp	**Sub**mucous
Adenomyosis	**O**ther
Leiomyoma	
Malignancy & hyperplasia	

Coagulopathy
Ovulatory dysfunction
Endometrial
Iatrogenic
Not otherwise classified



SM - Submucous	0	Pedunculated intracavitary
	1	<50% intramural
	2	≥50% intramural
	3	Contacts endometrium; 100% intramural
O - Other	4	Intramural
	5	Subserous ≥50% intramural
	6	Subserous <50% intramural
	7	Subserous pedunculated
	8	Other (specify e.g. cervical, parasitic)

Hybrid (contact both the endometrium and the serosal layer)	Two numbers are listed separated by a hyphen. By convention, the first refers to the relationship with the endometrium while the second refers to the relationship to the serosa. One example is below	
	2-5	Submucous and subserous, each with less than half the diameter in the endometrial and peritoneal cavities, respectively.