



## STRUCTURAL AND NON-STRUCTURAL CAUSES

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**Background:**Perimenopause is the period during which women go from the reproductive years into menopause. Abnormal uterine bleeding (AUB) is a common complaint among these women.

**Objectives:**To review the structural and non-structural causes of perimenopausal bleeding, the diagnostic procedures, treatment and management of this condition.

**Search methods:** A search on the Cochrane Central Register of Controlled Trials, PubMed, Embase and clinicaltrials.gov was done.

**Investigations and diagnosis strategy:**Since spontaneous pregnancy in perimenopause is rare but still possible, as first step must be excluded. Thereafter, the strategy sequence for the diagnosis of causes of AUB may be: confirming the uterine origin and chronic pattern → investigating for structural cause → structural cause excluded: consider non-structural etiology → determining ovulatory status or exclude iatrogenic cause or screening for coagulation disorders → if no identified causes, then consider endometrial causes.

**Diagnostic tools:**Transvaginal ultrasound is the firstline imaging method. Sonoelastography is a new method based on the ultrasound tissue softness; however, there is lack of evidence on endometrial assessment. Histologic evaluation of the endometrium should be done in patients with suspected endometrial cancer. Hysteroscopy is considered in persistent AUB with benign or insufficient endometrial sampling. D&C is unacceptable as a screening but remains a method for the evaluation of the endometrium in some situations.

**Management and treatment:**Once malignancy has been ruled out, medical treatment is the first-line therapy. The non-hormonal options are non-steroidal anti-inflammatory drugs and antifibrinolytics. The hormonal options include progestins and in case of severe acute AUB high-dose estrogens. Hormonal contraceptives in perimenopause diminishes menstrual blood loss and may reduce gynaecological cancers, bone mass loss, and perimenopausal symptoms. The levonorgestrel intrauterine system is an effective option for perimenopausal women. Surgical treatment includes uterine artery embolization and endometrial ablation. Hysterectomy is considered only when medical management or endometrial ablation fails

**Conclusions:** The endometrium study in perimenopausal women with AUB is mandatory. Detecting early malignancies ensures an excellent prognosis. An improved correlation with age at time of treatment,

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individually given to women, will assure better recommendations on the treatment efficacy.