

# HEMORAGJITE E TRAKTIT GENITAL

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# HEMORAGJITE E TRAKTIT GENITAL

- Hemoragjia e traktit genital/Hemoragjia vaginale eshte nje term i gjere qe perdoret per te pershkruar cdo gjakderdhje anormale me prejardhje nga struktura te poshtme ose te sipërme te traktit genital por jo vetem.
- Hemoragjia vaginale eshte nje ankese qe mund te perjetohet nga te gjithë grupmoshat ne individe me organe genitale femerore.
- Termi hemoragji vaginale do te perdoret per te pershkruar cdo gjakderdhje anormale duke perfshire:
  1. Cdo gjakderdhje qe ndodh jashte menstruacioneve normale ne persona qe menstruojne
  2. Menstruacione me fluks te shtuar dhe te zgjatura
  3. Cdo gjakderdhje postmenopauzike ose ne femijet premenarche
- Burimi i hemoragjise mund te perfshije struktura si vulva,vagina,cervixi,uterusi,adnexet,struktura anatomike perreth organeve genitale ndersa shkaktaret etiologjike mund te variojne nga ato me natyre gjinekologjike ne patologji sistemike,medikamente,trauma etj

## Causes of abnormal genital tract bleeding in females

<b>Genital tract disorders</b>	<b>Trauma</b>
<b>Uterus</b>	Sexual intercourse
Benign conditions:	Sexual abuse
<ul style="list-style-type: none"> <li>Endometrial polyps</li> <li>Endometrial hyperplasia</li> <li>Adenomyosis</li> <li>Leiomyomas (fibroids)</li> <li>Arteriovenous malformation (acquired or congenital)</li> </ul>	Foreign bodies (including intrauterine device)
Cancer:	Pelvic trauma (eg, motor vehicle accident)
<ul style="list-style-type: none"> <li>Endometrial adenocarcinoma</li> <li>Sarcoma</li> </ul>	Straddle injuries
Infection:	Cesarean scar defect (prior cesarean delivery)
<ul style="list-style-type: none"> <li>Pelvic inflammatory disease</li> <li>Endometritis</li> </ul>	<b>Drugs</b>
Ovulatory dysfunction	Contraception:
<b>Cervix</b>	<ul style="list-style-type: none"> <li>Hormonal contraceptives</li> <li>Intrauterine devices</li> </ul>
Benign conditions:	Postmenopausal hormone therapy
<ul style="list-style-type: none"> <li>Cervical polyps</li> <li>Ectropion</li> <li>Endometriosis</li> </ul>	Anticoagulants
Cancer:	Tamoxifen
<ul style="list-style-type: none"> <li>Invasive carcinoma</li> <li>Metastatic (uterus, choriocarcinoma)</li> </ul>	Corticosteroids
Infection:	Chemotherapy
<ul style="list-style-type: none"> <li>Cervicitis</li> </ul>	Phenytoin
<b>Vulva</b>	Antipsychotic drugs
Benign conditions:	Antibiotics (eg, due to toxic epidermal necrolysis or Stevens-Johnson syndrome)
<ul style="list-style-type: none"> <li>Skin tags</li> <li>Sebaceous cysts</li> <li>Condylomata</li> <li>Angiokeratoma</li> </ul>	<b>Systemic disease</b>
Cancer	Diseases involving the vulva:
<b>Vagina</b>	<ul style="list-style-type: none"> <li>Crohn disease</li> <li>Behçet syndrome</li> <li>Pemphigoid</li> <li>Pemphigus</li> <li>Erosive lichen planus</li> <li>Lymphoma</li> </ul>
Benign conditions:	Bleeding disorders:
<ul style="list-style-type: none"> <li>Gartner duct cysts</li> <li>Polyps</li> <li>Adenosis (aberrant glandular tissue)</li> </ul>	<ul style="list-style-type: none"> <li>von Willebrand disease</li> <li>Thrombocytopenia or platelet dysfunction</li> <li>Acute leukemia</li> <li>Some coagulation factor deficiencies</li> <li>Advanced liver disease</li> </ul>
Cancer	Thyroid disease
Vaginitis/Infection:	Polycystic ovary syndrome
<ul style="list-style-type: none"> <li>Bacterial vaginosis</li> <li>Sexually transmitted infections</li> <li>Atrophic vaginitis</li> </ul>	Cushing syndrome
<b>Upper genital tract disease</b>	Hormone-secreting adrenal and ovarian tumors
Pelvic inflammatory disease	Renal disease
Fallopian tube cancer	Emotional or physical stress
Ovarian cancer	Smoking
<b>Pregnancy complications</b>	Excessive exercise
Pregnancy complications are discussed in related UpToDate content	<b>Diseases not affecting the genital tract</b>
	Urethral disease (eg, urethral prolapse, atrophic urethral changes, urethritis)
	Bladder cancer
	Urinary tract infection
	Colorectal cancer
	Inflammatory bowel disease
	Hemorrhoids
	<b>Other</b>
	Endometriosis



# HEMORAGJIA ANORMALE UTERINE NE PACIENTE JO SHTATZANE NE MOSHE RIPRODHUESE

- Uterusi eshte burimi me i shpeshte i gjakderdhjes nga trakti genital
- Hemoragjia anormale uterine eshte nje term qe i referohet nje gjakderdhje me origjine nga uterus,anormale ne sasi,kohezgjatje,shpeshtesi dhe rregullsi ne paciente ne moshe riprodhuese
- Hemoragji anormale uterine do te konsiderohet
  1. Cikel menstrual qe zgjat me pak se 21 dite ose me shume se 35 dite me mense qe zgjasin me shume se 8-10 dite
  2. Menstruacione me fluks te shtuar ( me shume se 80ml gjak i humbur)
  3. Hemoragji intermenstruale
- Termat e vjeter si menorrhagia,metrorrhagia,polimenorrhea,oligomenorrhea sot jane abandonuar duke qene qe shpeshhere kane rezultuar konfondues

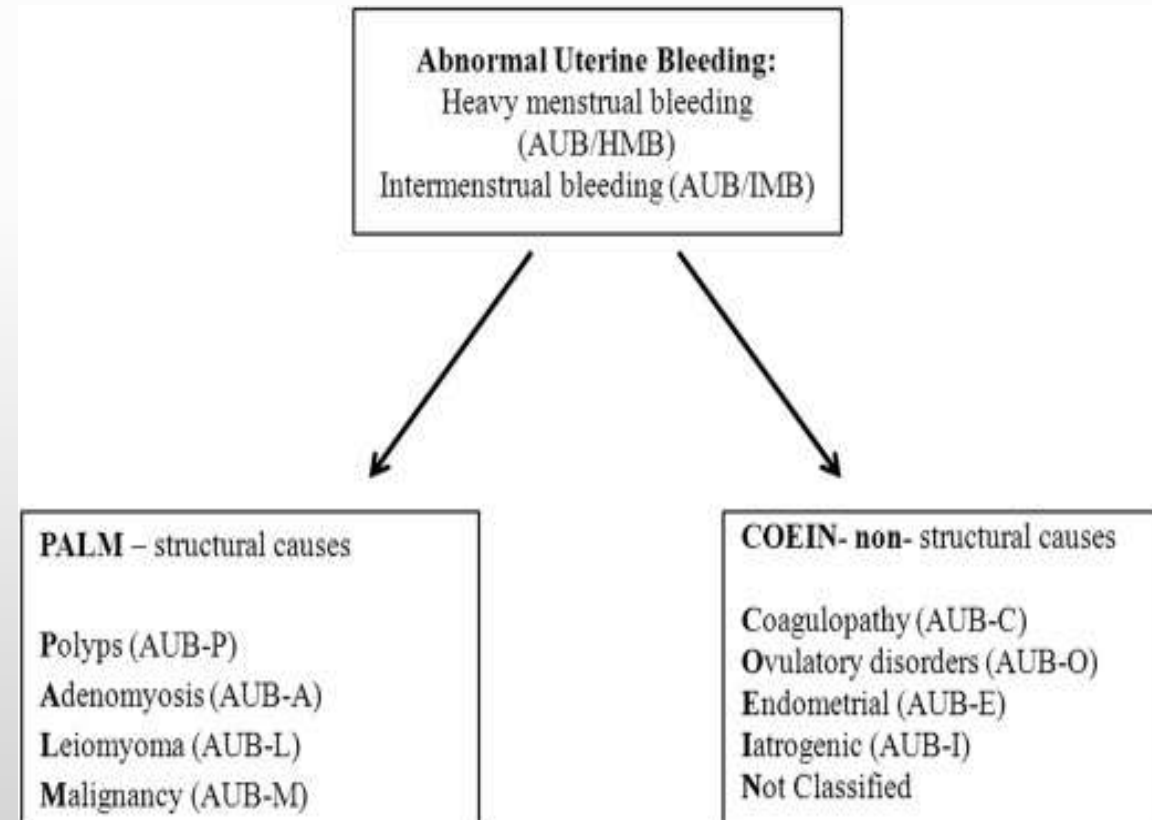
# KLASIFIKIMI I HEMORAGJIVE ANORMALE UTERINE SIPAS FIGO

## SISTEMI 1 FIGO

Parameter	Normal	Abnormal	<input checked="" type="checkbox"/>	
Frequency	Absent (no bleeding) = amenorrhea		<input type="checkbox"/>	
	Infrequent (>38 days)		<input type="checkbox"/>	
	Normal ( $\geq 24$ and $\leq 38$ days)		<input type="checkbox"/>	
	Infrequent (<24 days)		<input type="checkbox"/>	
Duration	Normal ( $\leq 8$ days)		<input type="checkbox"/>	
	Prolonged (>8 days)		<input type="checkbox"/>	
Regularity	Normal or "Regular" (shortest to longest cycle variation: $\leq 7-9$ days)*		<input type="checkbox"/>	
	Irregular (shortest to longest cycle variation: $\geq 10$ days)		<input type="checkbox"/>	
Flow Volume (patient determined)	Light		<input type="checkbox"/>	
	Normal		<input type="checkbox"/>	
	Heavy		<input type="checkbox"/>	
Intermenstrual Bleeding (IMB) Bleeding between cyclically regular onset of menses	None		<input type="checkbox"/>	
	Random		<input type="checkbox"/>	
	Cyclic (Predictable)	Early Cycle		<input type="checkbox"/>
		Late Cycle		<input type="checkbox"/>
Unscheduled Bleeding on Progestin $\pm$ Estrogen Gonadal Steroids (birth control pills, rings, patches or injections)	Not Applicable (not on gonadal steroid medication)		<input type="checkbox"/>	
	None (on gonadal steroid medication)		<input type="checkbox"/>	
	Present		<input type="checkbox"/>	

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## SISTEMI 2 FIGO, PALM-COEIN



# VLERSIMI I NJE PACIENTI ME HEMORAGJI ANORMALE UTERINE

## 1. Anamneza e hollesishme

- Anamneza gjinekologjike dhe obstetrikale:
  - Moshë e menarkes
  - Menstruacionet e fundit
  - Frekuenca,kohezgjatja,rregullsia,volume i menseve
  - Hemoragji intermenstruale ose postcoitale
  - Numri i lindjeve dhe menyra e lindjes
  - Pap-test i fundit
  - SST
  - Kontraceptive
- Medikamente që po përdor/ka përdorur:
  - Antikoagulante
- Semundje shoqeruese :
  - Endokrinologjike
  - Koagulopati
  - Malinje
- Histori kirurgjikale

## 2. Ekzaminimi Fizik

- Vizita vaginale fokusi kryesor

## 3.Ekzaminime laboratore

## 4.Ekzaminime imazherike

Ekografia pelvike,hysteroscopy,MRI

## 5. Marjan e materialit endometrial per biopsi

## Screening for bleeding disorders in women with heavy menstrual bleeding

<b>Initial screening for an underlying disorder of hemostasis in patients with excessive menstrual bleeding should be structured by medical history (positive screen comprises any of the following):*</b>
Heavy menstrual bleeding since menarche
One of the following:
Postpartum hemorrhage
Surgery-related bleeding
Bleeding associated with dental work
Two or more of the following symptoms:
Bruising one to two times per month
Epistaxis one to two times per month
Frequent gum bleeding
Family history of bleeding symptoms

\* Patients with a positive screen should be considered for further evaluation, including consultation with a hematologist and testing of von Willebrand factor and ristocetin cofactor.

Original figure modified for this publication. Kouides PA, Conard J, Peyvandi F, et al. Hemostasis and menstruation: appropriate investigation for underlying disorders of hemostasis in women with excessive menstrual bleeding. *Fertil Steril* 2005; 84:1345. Table used with the permission of Elsevier Inc. All rights reserved.

# SCREENING PER KOAGULOPATI

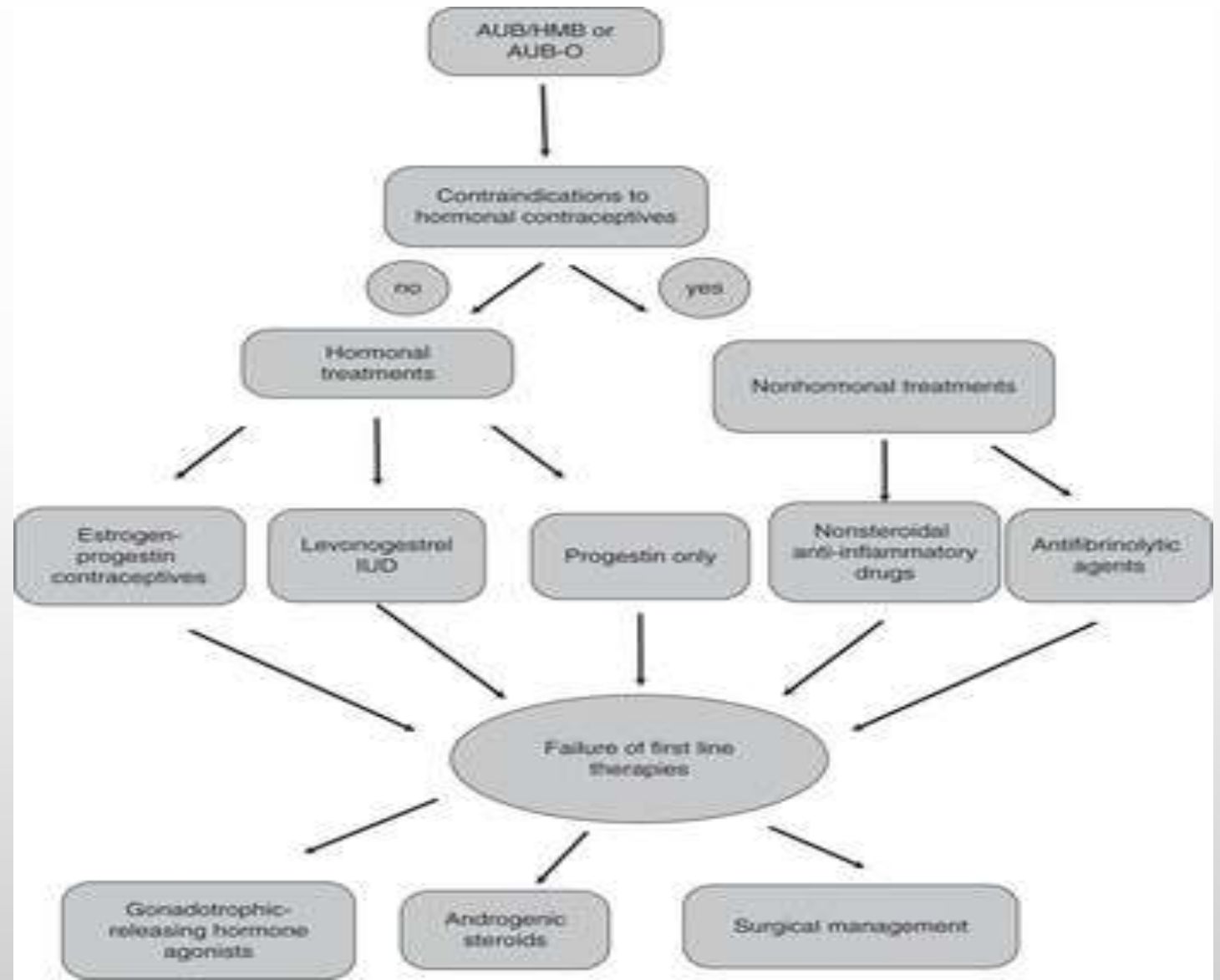
- Koagulopatite mund te shkaktojne hemoragji anormale uterine dhe kryesisht fluks menstrual te shtuar.
- 15-29% e pacienteve qe paraqiten me ankesen e fluksit menstrual te shtuar mund te kene nje lloj crregullimi te koagulimit te gjakut. Kryesisht Von Willbrand disease, trombocitopenia immune, defect i funksionit trombocitar, deficite te faktoreve te koagulimit etj
- Hapi i pare drejt identifikimit te ketyre pacienteve fillon me marjen e nje historie mjekesore te strukturuar qe vleron simptomat ose faktoret e rrisht per koagulopati



# MENAXHIMI HEMORAGJISE ANORMALE UTERINE

- Trajtimi i hemoragjive anormale uterine varet nga faktore te shumte si etiologjia e hemoragjise, deshira e pacientes per fertilitet, stabiliteti klinik i pacientes, semundjet shoqeruese te saj.
- Trajtimi duhet te individualizohet ne baze te ketyre faktoreve. Ne pergjithesi trajtimi medikamentoz eshte i preferuar si trajtim fillestar i HAU.
- Trajtimi kirurgjikal duhet te konsiderohet vetem kur trajtimi medical ka deshtuar, nuk tolerohet ose kunderindikohet
- Qellimi kryesor i trajtimit:
  - Trajtimi i etiologjise baze
  - Permirsimi i kualitetit te jetes
  - Parandalimi i nje episodi hemoragjie akute
  - Parandalimi ose trajtimi i anemise
  - Vendosja e nje cikli te rregullt
  - Parandalimi i hiperplasisse/karcinomave endometriale

# MENAXHIMI HEMORAGJISE ANORMALE UTERINE



# MENAXHIMI HEMORAGJISE ANORMALE UTERINE

- **Trajtimi medikamentoz perfshin:**

- Kontraceptive orale te kombinuar
- Device intrauterine me 52mg levonorgestrel
- Progesteron
- Antiinflamatore josteroide
- Tranexamic
- Danazol
- Agoniste GnRh

- **Trajtimi kirurgjikal:**

- Ablacion Endometrial
- D&C
- Hysterektomi
- Myomectomi
- Embolizim a.uterine



DEVICE INTRAUTERINE ME 52MG  
LEVONORGESTREL VS ABLACION  
ENDOMETRIAL ME RADIOFREKUENCE,JO  
RESECTOSCOPIKE NE PACIENTET ME  
HEMORAGJI MENSTRUALE TE SHTUAR.