

**MANAGEMENT OF ABNORMAL UTERINE BLEEDING IN ADOLESCENTS**M. Cemortan<sup>1</sup>, C. Iliadi-Tulbure<sup>1</sup>, R. Manole<sup>2</sup>, V. Ciobanu<sup>1</sup>, P. Buruiană<sup>1</sup>, C. Bubulici<sup>1</sup><sup>1</sup>Nicolae Testemitanu State University of Medicine and Pharmacy,<sup>2</sup>Institute of Mother and Child (IMC), Chisinau, Republic of Moldova**Background****Abnormal uterine bleeding**

in adolescents is determined by changes in menstrual function, influenced by hypothalamic-pituitary immaturity.

**Materials and Methods**

The study included 50 adolescent girls, aged 10-17 y.o., admitted to the IMC. The history was assessed. US, LAB exams and management were performed according to the clinical standards.

**Results**

The mean age of the patients was 14.4±0.2 y.o.  
Menarche occurred at 11.7±0.1 y.o.  
Duration of the menstrual cycle – 5.7±0.3 days  
Moderate and heavy vaginal bleeding 12.3±1.4 days

The hormonal profile: estradiol - 49.1±4.8 pg/ml,  
FSH - 4.7±0.4 IU/l, LH - 6.9±1.2 IU/l,  
progesterone - 2.3±0.4 nmol/l,  
prolactin - 17.4±1.7 ng/ml,  
testosterone - 0.4±0.05 ng/ml.

**Treatment:**

Coagulopathies (6%)  
and chromosomal  
abnormalities  
(4%) were found

In 32% cases,  
admitted to the  
hospital from 2 to 4 times,  
due to persistence or  
recurrence of  
the symptoms.

Infusion  
(78%)

Hormonal  
(34%)

Anteanemia  
drugs  
(40%)

Hemostatic  
(86%)

Analgesic  
(14%)

Somatic conditions were  
determined: anemias (54%) and  
endocrine disorders (10%)

It was recommended  
to continue the hormonal  
(68%) and antianemia  
medication (50%) at  
home.

**Follow-up****Conclusions**

Abnormal uterine bleeding is one of the most common causes of admission to the hospital in adolescence, requiring thorough differential diagnosis. Patients respond to conservative therapy, however requiring long-term treatment and follow-up.