

Menorrhagia May Flag Platelet Function Disorder

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NEWPORT BEACH, CALIF. — Among 64 adolescent females with platelet function disorders, 26 (41%) presented with menorrhagia, which was the only symptom at presentation in 16 patients (25%) in the cohort, a retrospective review found.

Ten patients (16%) who presented with menorrhagia also had one or more symptoms of bleeding disorders, including epistaxis in nine patients, easy bruising in five patients, bleeding during surgery and/or dental procedures in four patients, and gingival bleeding in one patient, Dr. Lawrence S. Amesse and his associates reported in a poster presentation at the annual meeting of the North American Society for Pediatric and Adolescent Gynecology.

Platelet function disorders should be considered as an etiology in all adolescents

Platelet function disorders, which are hemostatic conditions, have drawn increasing attention as a cause of menorrhagia in adolescent females.

with menorrhagia, said Dr. Amesse, a reproductive endocrinologist at Wright State University, Dayton, Ohio. Menorrhagia is a common problem, but little is known about presentation patterns or associated findings in adolescent girls, he noted. Platelet function disorders, which are hemostatic conditions, have drawn increasing attention as a cause of menorrhagia in adolescents. Inherited bleeding disorders are more common than previously suspected, affecting 1%-3% of the U.S. population, separate data suggest.

The review of records found 64 females aged 9-22 years with platelet function disorders who were seen at the West Central Ohio Hemophilia Center and a university pediatric/adolescent gynecology service in 2001-2007. The patients presenting with menorrhagia were 10-19 years of age and were diagnosed with platelet function disorders at a mean age of 15 years.

Among the 26 patients presenting with menorrhagia, 22 presented with primary menorrhagia; in 4 patients, it was a secondary finding.

The records identified definitive causes of the platelet function disorders in 24 of the 26 patients with menorrhagia. Although von Willebrand's disease is the most common inherited bleeding disorder in the general population, storage pool defects were the main etiology in these girls with platelet function disorders and menorrhagia, affecting 15 of the 24 patients, Dr. Amesse reported.

Seven patients had aspirinlike disorders (two of which were combined aspirinlike disorders and storage pool defects), one patient had a synthesis defect, and one patient had von Willebrand's disease. The two patients with no definitive etiology elucidated were labeled "dysfunctional," the records showed.

Treatment with a single agent seemed to be as effective as combination therapy in controlling menorrhagia in this cohort, Dr. Amesse said. Eleven of 19 patients treated with aminocaproic acid, desmopressin acetate, or oral contraceptives achieved menstrual control. Nine of the 11 who gained control of menorrhagia had presented with primary menorrhagia and received only oral contraceptive therapy.

No patients whose menorrhagia was a secondary finding needed more than a sin-

gle agent as treatment. Combination therapy in seven patients who presented with primary menorrhagia controlled menstrual bleeding in three of them.

A 2004 report on women with bleeding disorders from the National Heart, Lung, and Blood Institute said that data on menorrhagia in adolescence are extremely limited and the contribution of bleeding disorders to menorrhagia in adolescents is unknown.

A separate small, prospective study of

115 females with menorrhagia—from adolescents to perimenopausal women—found underlying hemostatic abnormalities in 47%, including platelet dysfunction, von Willebrand's disease, and coagulation factor deficiencies. Adolescents were as likely to have hemostatic abnormalities as were women aged 20-44 years (Obstet. Gynecol. 2005;105:61-6). Women presenting with menorrhagia should be considered for further hemostatic evaluation, the authors suggested. ■



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*Boomsma, C, Heineman, M, Cohlen, B, Farquhar, C. Semen preparation techniques for intrauterine insemination. Cochrane Database Syst Rev 2004; 3:CD004507.

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