

# AUB:PREMENOPAUSE

- ⚔ N915 상세불명의 희발월경
- ⚔ N921 불규칙적 주기를 가진 과다 및 빈발 월경
- ⚔ C541 자궁체부의 악성신생물, 자궁내막 의증 (or 배제진단)
- ⚔ E079 상세불명의 갑상선의 장애
- ⚔ E282 다낭성 난소증후군
- ⚔ E249 상세불명의 쿠싱증후군
- ⚔ O089 유산, 자궁외임신 및 기태임신에 따른 상세불명의 합병증
- ⚔ A638 기타 명시된 주로 성행위로 전파되는 질환
- ⚔ D50 철결핍빈혈
- ⚔ D51 비타민B12결핍빈혈, D52 엽산결핍빈혈

- Check point
  1. Confirm that bleeding is uterine
  2. Rule out diseases of urethra, bladder, vagina, vulva, hemorrhoids, IBS
  3. Rule out bleeding d/t medications
  4. Drug medication Hx
    - anticoagulants, aspirin
    - antidepressants(SSRI)
    - hormone therapy, tamoxifen
    - steroids
    - contraceptives
    - thyroxin
    - Herb: gingseng, ginkgo, soy products
  5. Rule out systemic illness
    - thyroid disease
    - PCOS
    - coagulpathies
    - leukemia
    - thrombocytopenia
    - pituitary adenoma
    - hypothalamic suppression
    - hepatic disease, renal disease, adrenal hyperplasia, Cushing disease
  6. Pregnancy?
- 필요검사류
  1. Serum studies
    - Pregnancy test
    - CBC: determine degree of anemia
    - TFT, prolactin, coagulation tests
    - Progesterone: day 21 – 23 to verify ovulatory status
    - FSH/LH: verify menopausal status or rule out PCOS
  2. Cervical cytology and cervical cultures
    - Should be performed on all women to exclude cervical cancers
  3. Transvaginal sonography
    - Irregular menstrual bleeding should be investigated for polyps and sub-mucosal fibroids
  4. Endometrial biopsy
    - Should be performed on all women >35yrs. to rule out endometrial cancer or premalignant lesion
    - 18-35yrs: risk factors(family history of ovarian, breast, colon, endometrial cancer, tamoxifen use, chronic anovulation, obesity, estrogen therapy, prior endometrial hyperplasia, diabetes)