

OUR GUEST EDITOR



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- Fellow of Indian College of Obstetrics & Gynecology.
- Fellow of International Medical Science Academy.
- Was awarded Commonwealth Fellowship at Hammersmith Hospital, London from April 1989 to April 1990.
- Organizing Chairperson, 51st All India Congress of Obstetrics and Gynaecology held in New Delhi, 2008.
- On editorial Board, Journal of International Medical Science Academy.
- Member of Research Advisory Committee for RCH and Contraceptive Studies, Govt of India 2006-2008.
- President of Association of Obstetricians and Gynecologists of Delhi 2006-2007.
- Has presented large number of research papers in National and World Conferences.
- Published more than 100 papers in National and International Journals.
- Published a book on Anemia in Pregnancy and contributed chapters in various Obs & Gynae books.

EDITORIAL

Menorrhagia or heavy menstrual bleeding is a common gynecological condition affecting 20-30% of women. The problem of heavy menstrual bleeding has assumed greater importance in recent times, essentially because of two factors; one is that today's women experience 10 times more menstrual periods because of lesser number of pregnancies and resultant lesser periods of lactational amenorrhea. The other factor is that, they are more intolerant to inconvenience of menorrhagia as it affects the quality of life. The causes of menorrhagia vary from no demonstrable pathology (dysfunctional uterine bleeding) to malignancy. All cases of menorrhagia need to be evaluated to rule out or diagnose underlying pathology so that appropriate management can be instituted. The article on evaluation and work up of a woman with menorrhagia describes the practical approach to such a woman. In the younger age group anovulatory cycles result in heavy bleeding which usually resolves in 2-3 years with maturity of hypothalamic pituitary axis. Coagulation defects, thyroid disorders, infections and many other causes also contribute to menorrhagia in adolescents and are being dealt in a separate article along with the management guidelines. In the child bearing age, pregnancy complications and organic lesions are important causes and need to be ruled out in all cases of abnormal uterine bleeding. Malignancy and premalignant conditions should be ruled out in this as well as in elderly women. Pap smear and endometrial sampling are simple tests and must be done whenever indicated. Ultrasound, especially transvaginal ultrasound (TVS) and sonohysterography are useful modalities in evaluation of menorrhagia. Treatment is directed to the pathology identified. However, in 50 to 80 % of women no pathology, pelvic or systemic, is identified. The management options for these women include medical treatment, LNG intra uterine device, minimally invasive surgical techniques and as a last resort, hysterectomy. Very effective medical and minimally invasive treatments are available for menorrhagia and these can avoid hysterectomies in women with no underlying pathologies.

Recent advancements in the diagnostic and more importantly in the treatment modalities have made it possible to provide the women relief from this often incapacitating condition and significantly improve the quality of life. The current options available for management of menorrhagia with existing evidence are described in this symposium. Hope it will be useful and make an interesting reading

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