

management. Normal bleeding time is 2 to 6 minutes.

- ii) Platelet count- It provide the most reliable and reproducible test of primary haemostasis. A low platelet count should be verified by a repeat platelet count and adequacy of platelets on peripheral smear.
- iii) Prothrombin Time (PT) and activated Partial Thromboplastin Time (aPTTK)

PT- It assesses the extrinsic and common pathway (factor VII, factor V, X, prothrombin, fibrinogen.)

aPTTK- It measures all the coagulation factors involved in the intrinsic and common pathways (factor VIII, IX, XII, factor V, X, prothrombin, fibrinogen). It has been accepted as the best single test for coagulation disorders. It reflects reduced levels of factor VIII and vWF.

The above tests provide a presumptive diagnosis, which can be further verified by the confirmatory methods.

An algorithm of work up of a woman with menorrhagia is shown in flowcharts I and II. The investigative work up of a patient of menorrhagia is essentially guided by the age of the woman, history, presence or absence of high risk factors for endometrial carcinoma and clinical examination. TVS appears to be a logical first choice as it is simple, non-invasive and cost-effective and it helps in deciding the next step in work up of menorrhagia. If a focal lesion is suspected on TVS, SIS or hysteroscopy directed biopsy is indicated and if a diffuse lesion is suspected then an office endometrial biopsy may suffice.

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