Happy Gynecon 2021 Part II



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Severe primary hypothyroidism leading to life threatening heavy menstrual bleeding: A Case Report

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Background: Thyroid disorders are one of the leading causes of abnormal uterine bleeding in women of all age groups and in India its prevalence in women is about 26%. Sequelae of thyroid disorders may vary from infrequent menstrual cycle, light menstrual bleeding to even a very severe life threatening heavy menstrual bleeding leading to anemia & shock. It occurs due to anovulation, endometrial hyperplasia and coagulation defects. Thyroid screening is important while investigating all cases of AUB.

Case: A 18year old girl was brought to Dr. BRAM hospital with very severe anemia (Hb: 1.1gm/dl) and grade IV hemorrhagic shock (BP 50/30mm of Hg) but surprisingly pulse rate was normal (80bpm). Her peripheries were cold and clammy. SpO2 -80% on room air, she had facial puffiness and grade III pitting edema over her hands and feet. Her TSH was very high >100 μ IU/ml and decreased (T4 - 0.678 μ g/dl, T3 - 0.359 μ g/ml) suggestive of severe primary Hypothyroidism. USG was suggestive of bulky uterus with 14 mm endometrial thickness. Her shock was managed and tablet Norethisterone, Tranexamic acid, Levothyroxine and Iron supplements started.

Conclusion: Severe hypothyroidism can cause life threatening uterine bleeding. This case is of peculiar interest because of profound hypothyroidism associated with hemorrhagic shock. Early recognition and proper management is important to prevent hazardous complications.

Keynotes: AUB, HMB, Hypothyroidism, Shock

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