

Observation on the Efficacy of Marvelon in the Treatment of Perimenopausal Dysfunctional Uterine Bleeding

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Keywords: Marvelon; Perimenopausal dysfunctional uterine bleeding; Efficacy observation

Abstract: To explore the clinical effect of Marvelon in the treatment of dysfunctional uterine bleeding in perimenopausal period. Ninety-nine patients with dysfunctional uterine bleeding during perimenopause were included in this study. All patients were curettaged. The patients were randomly divided into two groups. The control group was treated with progesterone after curettage, and the experimental group was treated with Marvelon. The curative effect and menstruation of the two groups were compared, and the results were analyzed statistically. The time of complete hemostasis after taking Marvelon, the amount of menstruation in the second cycle, the increase in HB before and after treatment, and the rate of irregular bleeding in patients treated with drugs were statistically significant. There was no statistically significant recurrence rate after drug withdrawal. The use of Marvelon in the treatment of women with perimenopausal dysfunctional uterine bleeding has a good effect, which is helpful for early rehabilitation of patients, and the effect is significant, and it is worthy of clinical use.

1. Introduction

Perimenopausal uterine bleeding is one of the common gynecological diseases. Because of the long time of bleeding and the large amount of bleeding, it often causes severe anemia in patients. However, the symptomatic effect of hemostatic drugs alone is not good, and it causes great harm to the body and mind of patients [1]. The most common clinical symptoms of abnormal uterine bleeding caused by endocrine mediation dysfunction are irregular uterine bleeding, disordered menstrual cycle, excessive or prolonged menstrual bleeding, often secondary anemia, and severe shock [2]. Subsequently, breakthrough bleeding of estrogen occurs. The clinical manifestation is continuous massive hemorrhage, which causes anemia symptoms in patients. Mainly due to the decline of the patient's ovary function, the number of follicles decreased sharply, and estrogen secretion decreased [3]. The patient's gonadotropin sensitivity is reduced, can not play a positive feedback, and thus no ovulation, bleeding anovulatory dysfunctional uterine bleeding. The main clinical manifestations of patients are menstrual disorders, increased menstrual flow, and vaginal bleeding. This article explores the effect of Marvelon in the treatment of peri-menopausal dysfunctional uterine bleeding and the improvement of anemia status [4-5].

The syndrome characteristics of patients with anovulatory dysfunctional uterine bleeding of different ages are not the same, and the treatment has its own emphasis. There are very few literatures on dysfunctional uterine bleeding in women of childbearing age [6]. Hormone replacement therapy for ovulation induction is the main treatment for fertility dysfunctional uterine bleeding in western medicine. For women of childbearing age, surgical treatment is difficult to accept, so drug treatment is a priority. The dysfunctional uterine bleeding is due to abnormal uterine bleeding caused by abnormal neuroendocrine mechanism regulating reproduction, and there is no organic disease in the reproductive organs [7]. Dysfunctional uterine bleeding belongs to the category of "metrorrhagia" in traditional Chinese medicine. It can be divided into anovulatory type and ovulatory type according to the pathogenesis. The former is about the former. Adolescent dysfunctional uterine bleeding is caused by immature hormone feedback regulation mechanism of hypothalamus-pituitary-ovary axis [8-9]. Hormone therapy, which has become more and more

mature, has reduced patients' acceptance due to its strong side effects after long-term use. This study hopes to summarize the syndrome characteristics of anovulatory dysfunctional uterine bleeding in women of childbearing age and provide a reference for clinical treatment based on syndrome differentiation [10].

2. Methodology

Ninety-nine patients with perimenopausal dysfunctional uterine bleeding were diagnosed, with an average age of 42 years and a course of 3 months and 12 months. The clinical manifestations include multiple menstruation, shortened cycle, prolonged menstruation, irregular vaginal bleeding, less than 8g hemoglobin in patients with different degrees of panic, dizziness, fatigue and other symptoms. Some patients had a history of estrogen and progesterone medication. No sex hormone drugs were used at least five months before treatment. Diagnostic curettage confirmed that all patients were simple endometrial hyperplasia. The clinical manifestations were menstrual cycle disorder, excessive menstrual blood volume and prolonged menstruation. By gynecological examination, blood routine examination and B-ultrasound examination, organic diseases of internal and external genitals, breast diseases, intrauterine foreign bodies, internal medicine diseases and blood diseases were excluded. Diagnostic curettage and endometrial histopathology, exclusion of organic lesions and medical diseases, blood diseases, etc. diagnosed as perimenopausal dysfunctional uterine bleeding. All patients underwent B-ultrasound examination, and their uterus size was normal or there was a slightly larger uterus. Exclusion: genital organic disease, endocrine disease, systemic hemorrhagic disease, patients have not had uterine contraceptive side effects, no pregnancy and abortion.

Ma Fulong hemostasis method: B-ultrasound shows that the thickness of the intima is greater than 8mm, hemoglobin is greater than 13g / L, first 15mg of progesterone intramuscular injection, 3 times a day for 8d. On the 4th day after stopping the withdrawal of bleeding, the oral administration of Marvelon was started, 3 Tablets each time, 6 times a day, and even served for 10 days. B-ultrasound shows that the thickness of the intima is less than 7mm, and the hemoglobin is less than 8g/L, then the oral administration of Marvelon. After B-ultrasound and gynecological examination, exclude pregnancy and uterine organic disease, no cardiovascular, blood and endocrine diseases, check liver and kidney function normal, diagnosed curettage confirmed dysfunctional uterine bleeding, patients were randomly divided into treatment group and control group. Drug withdrawal was observed after 1 cycle of treatment. The control group only underwent curettage. The blood routine, liver and kidney function were examined before and after treatment in both groups. During the treatment period, the patients were given anti-anemia treatment, supplemented with iron 0.4 mg/time, 6 times/day for 2 months, and given dietary guidance. Both groups were followed up for 1-2 years. Anti-infective treatment was given. The curative effect and menstrual volume of the two groups were observed. The results were analyzed by statistics.

The software was used for analysis, and the measurement data were expressed as ($\bar{x}+s$). T-test is used for normal distribution, and non-parametric test is used for non-normal distribution. Chi-square test was used for counting data and rank sum test was used for rank data. $P<0.03$, the difference was significant. The statistical results are shown in Table 1 and Figure 1 below.

Table 1 Comparisons of two groups of patients before treatment

Group	Mild cases	Severe cases
Control group	13	34
Experience group	10	42

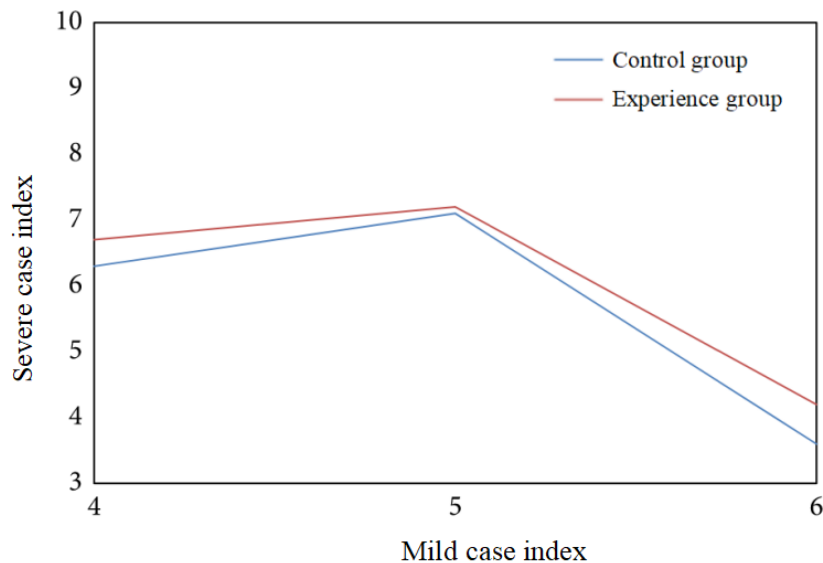


Fig.1. Comparisons of two groups of patients before treatment

The most common clinical symptoms of dysfunctional uterine bleeding are irregular uterine bleeding, characterized by disordered menstrual cycle, different length of menstrual period, more or less amount of bleeding, or even massive bleeding. The diagnosis of dysfunctional uterine bleeding is an exclusive diagnosis. Pregnancy-related bleeding, reproductive organ tumors, infections, internal medicine blood system and liver and kidney diseases should be excluded. The course of treatment was successfully completed without abnormal bleeding. Menstruation returned to normal after drug withdrawal. During follow-up period, there were no abnormal menstrual cycle and menstrual blood volume. Significant effect: The treatment was basically completed, a small amount of bleeding, improved after symptomatic treatment, menstruation returned to normal after treatment, follow-up menstruation was normal. During the treatment of 99 patients, 68 patients had no abnormal bleeding. After 5 cycles of successful completion, menstruation returned to normal, and there was no abnormality during follow-up. During the treatment of 20 patients, there were adverse reactions such as nausea and surgery was chosen. 11 patients had a little bleeding during treatment, and improved after using artificial cycle treatment, the cure rate was 95%.

3. Result Analysis and Discussion

Peri-menopausal dysfunctional uterine bleeding, mostly anovulatory dysfunctional uterine bleeding, is mainly due to the endogenous progesterone deficiency in patients, leading to the absolute advantage of estrogen, while the proliferative endometrium can not be converted into a secretory phase, which in turn causes bleeding. The treatment of patients with the method of diagnosis and treatment is very effective. However, after the diagnosis, the patient may have menstrual disorders, the amount of bleeding during menstruation increases, and the dripping is not clean. The main reason is the lack of endogenous progesterone, estrogen is a comparative advantage, and the proliferative endometrium cannot be transformed into the secretory endometrium. Treatment with estrogen can cause hyperplasia of the endometrium; and the use of androgen alone can stop bleeding. Moreover, single estrogen acts on the endometrium, endometrium lacks progesterone antagonism and produces hyperplasia, which often leads to estrogen withdrawal or breakthrough bleeding. It is characterized by excessive menstrual blood volume and irregular cycle. Therefore, the endometrium is stimulated by a single estrogen and lacks the resistance and protection of progesterone. Endometrial proliferations or proliferations lead to estrogen withdrawal or breakthrough bleeding. The symptoms are menstrual disorders, irregular vaginal bleeding of more or less amount, longer or shorter duration. It can cause anemia, secondary infection, mental burden, and even hysterectomy.

Follow-up visits were conducted by clinic or telephone 10 months and 1 year after the end of the

treatment. The follow-up rate was 99% in both groups. The comparison of dysfunctional uterine bleeding after treatment in the two groups is shown in Figure 2 below.

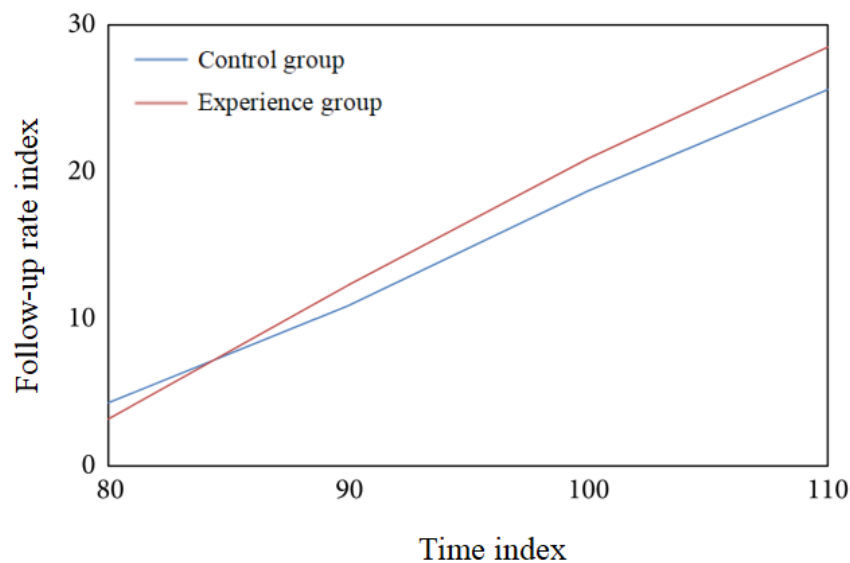


Fig.2. Comparison of the recurrence rate of dysfunctional uterine bleeding between the two groups after treatment

According to the excised uterus, the operator took the hook directly from the cervix but did not enter the uterine cavity, which led to the failure of the device, uterus and bladder injury, left pelvic funnel ligament and vascular rupture. Preoperative preparation is very important for postmenopausal women. Gynecological examination should be done well to understand the position and atrophy of uterus, and the type of IUD and the status of incarceration and incarceration should be understood according to B-mode ultrasonography. Perimenopausal dysfunctional uterine bleeding patients often accompanied by endometrial local blood circulation abnormalities, usually endometrial microcirculation dysfunction, manifested as abnormal blood flow of small spiral arterioles, affecting the normal loss of endometrial functional layer, at the same time, the repair of dissected facial vessels is also affected, resulting in abnormal vasoconstriction and self-coagulation function and dysfunctional uterine bleeding. Treatment with estrogen can cause hyperplasia of the endometrium, and the use of androgen alone can stop bleeding. Breakthrough bleeding may occur during progesterone hemostasis, and the long-term effect of progesterone is not certain. Therefore, effective control of bleeding after diagnosis and treatment of patients is the key to clinical continued treatment. Its main purpose is to adjust the menstrual cycle for patients and control the amount of menstruation within the normal range.

In this case, the IUD removal was performed under intravenous anesthesia, so there was no pain or traction during the operation, and sweating, paleness, and blood pressure decreased. There is a problem with the operation method of the surgeon, which may be related to the fact that the uterus is not clearly checked before surgery. At present, Ma Fulong is often used for the treatment of menopausal uterine blood. As a third-generation oral contraceptive, the combination of estrogen and progesterone, unlike previous generations of contraceptives, the dose of estrogen in Marvelon is smaller than the original. Progesterone The androgenic action is also small, has a strong affinity with the receptors in the body, and has the dual effects of contraception and treatment of gynecological diseases. There are also traditional, timely and effective hemostasis methods in clinic, which are diagnostic curettage and removal of hypertrophic endometrium. However, this method can not change the regulation of hypothalamus-pituitary system on serum hormone levels, so it is easy to recur. Marvelon can stop bleeding quickly, prevent endometrial hyperplasia, promote the repair of damaged endometrium, promote the growth of progesterone receptor in endometrial cells, cooperate with the effect of progesterone on endometrium, and have a significant effect on perimenopausal dysfunctional uterine bleeding.

4. Conclusions

Marvelon is an effective treatment for anovulatory dysfunctional uterine bleeding with Damp-heat syndrome. Its effect of regulating menstruation is obvious, it can effectively improve ovulation condition, has high safety, and it can stop bleeding quickly by hormone therapy. Compared with single Chinese medicine or hormone therapy, it has more advantages. Total hysterectomy and bladder repair were performed. Preoperative preparation is very important to prevent and reduce iatrogenic uterine and bladder injury to the greatest extent. Before operation, medical history should be carefully inquired, routine physical examination, gynecological examination and related auxiliary examinations should be performed to understand the position and condition of uterus. Fully estimate the risk of surgery. Through experimental observation, it was found that taking the Marvelon patient group was more effective and the normal rate of menstrual flow was higher. Compared with patients who did not use Marvelon, the difference was significant and statistically analyzed. Through clinical verification, Marvelon is an ideal medicine for the treatment of menopausal dysfunctional uterine bleeding. It is simple to take, safe, quick to stop bleeding, has fewer side effects, is easy for patients to accept, and has good compliance. It is worthy of promotion and application.

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