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**UTERINE BLEEDING AT PUBERTY**

**(case report)**

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**Relevance**. The problem of uterine bleeding at puberty currently remains a challenge because of its relatively high incidence among gynecological diseases (from 10% to 37% of cases). Pubertal uterine bleeding is a clinical condition that reflects the instability of reproductive system during its maturation (N.M.Veselova, 2007).

***Clinical Case***

A 15-year-old patient K. was urgently admitted to gynecology department of Kharkiv City Maternity Hospital No.1 on 10/11/14 presenting with profuse bleeding from the genital tract.

**History of the disease**: menstrual cycle disruption from August 2014 as scanty bloody discharge.

**Life history**: according to information provided by the patient, she has not had tuberculosis, venereal diseases, infectious hepatitis. Past history includes ARVI. Allergic history is not compromised. She has not undergone any surgical operations.

**Gynecological history**: menarche at 13, menstrual cycle is not regular, lasting for 7 days, mild, painless. Last menstrual period began on 11/03/14 and still continues. The patient is not sexually active.

**On examination**: general state is of moderate severity. Skin, visible mucous membranes are clean and pale. The tongue is moist, with white coat. The body temperature is 36,3 ° C. Auscultation of the lungs: vesicular breathing, no wheezing. Heart: clear, rhythmic tones; pulse: 90 beats per minute; blood pressure: 110/70 mmHg. The abdomen is soft and painless. The liver and spleen are not enlarged. Pasternatsky’s symptom is negative on both sides. Stool is normal. Diuresis is sufficient.

**Gynecologic status**: external genitalia are normally developed, pubic hair distribution is of female pattern. Discharge is profuse and blood-tinged. Hymen is intact and prolapsing. Per rectum: the uterus is in *retroflexio versio*, slightly enlarged, painless. Blood with clots is discharged at vaginal examination. Right adnexa are not detectable, left adnexa are tender.

**Laboratory and instrumental studies**: clinical blood essay determined a decrease in hemoglobin to 88 g/l, a decrease in red blood cells to 2.9x1012/l and a decrease in hematocrit to 0.30. Biochemical blood assay and coagulation are within norm.

**Pelvic ultrasound**: the uterus is in *retroflexio*, 62×47×56mm, margins are clear with homogeneous myometrium, M-ECHO 16mm, heterogeneous structure, cervix 24×20mm, fallopian tubes are not visualized. Conclusion: Metrorrhagia.

Consultation with a neurologist, diagnosis: vegetative-vascular dystonia of puberty.

**Treatment plan**: Regulon 1 tablet 4 times a day (hereinafter according to the scheme), oxytocin 1.0 +0.9% sodium chloride 200.0 +5% intravenous drip, Tranexam 1 tablet 3 times a day, Sorbifer 1 tablet 2 times a day, Ascorutin 1 tablet 3 times a day.

The patient was discharged from gynecological department on 21/11/14 with the improved condition for out-patient care.

**Conclusion**: Thus, comprehensive, personalized therapy helps to control pubertal uterine bleeding and reduce the risk of relapses.