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**DIAGNOSIS OF UTERINE BLEEDING**

**AT PUBERTY**

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Uterine bleeding at puberty (UBP) is one of the most common reproductive disorders during sexual development. The incidence of UBP among gynecological diseases varies from 10 to 37.5%, i.e. it occurs in every second girl with impaired menstrual function. This problem remains topical among diseases in adolescents and is currently attracting the attention not only of pediatric gynecologists, but also doctors of other specialties. The issues of treatment and rehabilitation of patients with uterine bleeding are important, since relapses of the disease greatly worsen the prognosis for reproductive function.

**Purpose of the study**. To determine the diagnostic signs of uterine bleeding at puberty.

**Materials and methods**. The study involved the assessment of 50 sources of scientific literature concerning the study of the diagnosis of uterine bleeding at puberty.

**Results of the study.** Absence of structural pathology of the endometrium and confirmation of the anovulatory menstrual cycle during the period of uterine bleeding development was shown to be a pathognomonic sign of UBP. The level of progesterone on the 21-25th day of the menstrual cycle is less than 9.5 nmol/l. Important criteria for evaluation are monophasic basal temperature and absence of preovulatory follicle according to echography. It is also necessary to conduct differential diagnosis of UBP, since uterine bleeding at puberty can be due to a number of diseases associated primarily with bleeding secondary to the diseases of coagulating and anticoagulating blood systems. Patients should consult such specialists as endocrinologist, hematologist, phthisiatrist, pediatrician, neuropathologist and ophthalmologist.

**Conclusions**: timely diagnosis of abnormal uterine bleeding at puberty is the key to successful preservation of the reproductive potential in this category of patients.