

VAGINAL BLEEDING

EM FLAME LECTURE: 19A

COLLINS 11.5.20

LEARNING OBJECTIVES

By the end of this talk learners will be able to...

- ▶ Understand differential diagnosis for the chief complaint of Vaginal Bleeding
- ▶ Describe the workup for vaginal bleeding in premenopausal, pregnant and postmenopausal women

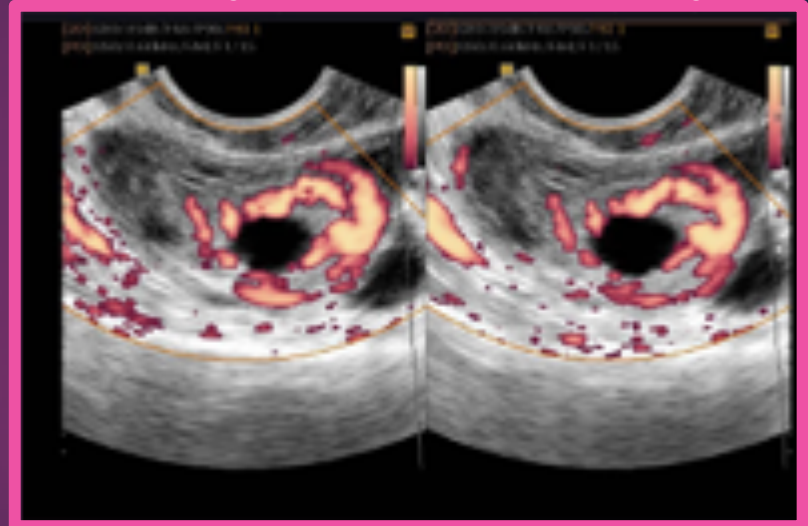
See OB/GYN Flame lecture series for closely related topics

THE "CAN'T MISS" DIAGNOSES

- ▶ Ectopic Pregnancy
 - ▶ Suspect if: sexually active, of reproductive age
 - ▶ Immediate stabilizing action: IV access, Vitals Ultrasound (transvaginal)

Ring of Fire

Ultrasound finding consistent with tubal ectopic pregnancy

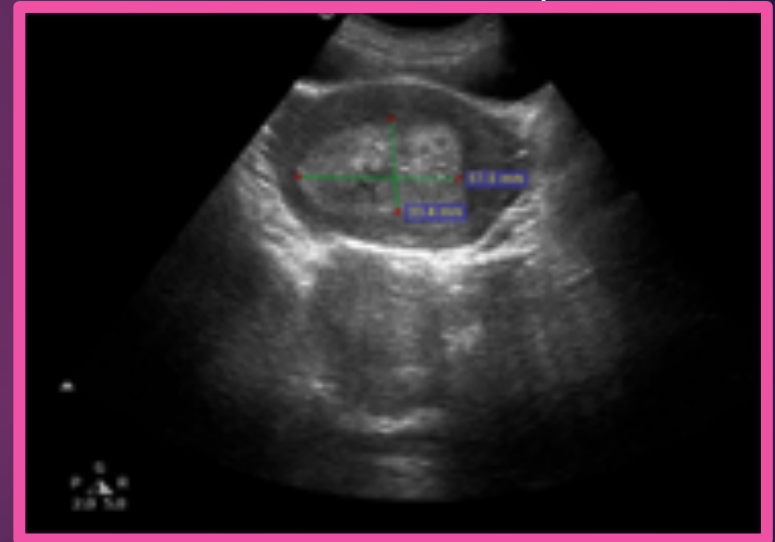


Case courtesy of Dr Augusto César Vieira Teixeira, Radiopaedia.org, rID: 19571

THE "CAN'T MISS" DIAGNOSES

- ▶ Septic Abortion
 - ▶ Suspect if/when: hx of pregnancy, fever, abdominal pain
 - ▶ Immediate stabilizing action: IV access, antibiotics, confirm bHCG

Retained Products of Conception



Case courtesy of Dr Naqibullah Foladi,
Radiopaedia.org, rID: 71296

THE MOST COMMON CAUSES

Pre-puberty

- ▶ Trauma

Premenopausal, non-pregnant

- ▶ Anovulation / Oligoovulation

Pregnant

- ▶ Normal 1st trimester vaginal bleeding of pregnancy

Postmenopausal

- ▶ Endometrial neoplasia/cancer

OTHER POSSIBLE CAUSES

Pre-puberty

- ▶ Vaginitis

Premenopausal, non-pregnant

- ▶ Uterine fibroids
- ▶ Cervical Polyps
- ▶ Endometrial Polyps
- ▶ Retained products of conception

Pregnant

- ▶ Placenta Previa
- ▶ Vasa Previa
- ▶ Placental Abruption
- ▶ Spontaneous Abortion

RELEVANT HISTORY

Associated Sx:

- ▶ Chills
- ▶ Fever
- ▶ N/V
- ▶ Pelvic pain, pain with intercourse
- ▶ Changes in vaginal discharge
- ▶ Dizziness/lightheadedness
- ▶ Fatigue



RELEVANT HISTORY

Sexual activity

- ▶ Partners (male, female, non-binary)
- ▶ Types of sexual activity (vaginal, oral, anal)
- ▶ Contraception/barrier contraception use
- ▶ Possible assault

RELEVANT HISTORY

Gyn Hx:

- ▶ Last menstrual period
- ▶ Regularity of menses
- ▶ Menarche
- ▶ Coitarche
- ▶ Number of partners
- ▶ History of STI/PID
- ▶ Last Pap smear / Pap hx
- ▶ Hx of bleeding disorders

OB Hx:

- ▶ GP_{TPAL}, including timing of any previous pregnancies / abortions
- ▶ Any prior pregnancy complications

RELEVANT PHYSICAL EXAM

- ▶ Abdominal exam: check for peritoneal signs of an acute abdomen
- ▶ Pelvic Exam:
 - ▶ **Sterile Speculum Exam (SSE):** vaginal discharge, cervical friability, polyp, cervical lesion, prolapsing fibroid
 - ▶ **Bimanual Exam:** cervical motion tenderness, abnormal uterine size/contour, uterine tenderness, adnexal masses or tenderness

INITIAL WORK UP



- ▶ Upreg (urine bhcg)
- ▶ Serum B-hcg
- ▶ CBC
- ▶ Chlamydia / Gonorrhea PCR
cervical swab (or urine PCR)
- ▶ Vaginitis panel (Trich,
Candida, BV)



- ▶ Transabdominal
AND Transvaginal
Ultrasound

SUMMARY

CHIEF COMPLAINT	CAN'T MISS	MOST COMMON	OTHER DX	WORK UP
Vaginal Bleeding	<ul style="list-style-type: none"> -Ectopic Pregnancy -Septic Abortion 	<ul style="list-style-type: none"> -Anovulatory bleeding -Trauma -Vaginitis -Vaginal bleeding in first trimester -Endometrial neoplasia / cancer 	<ul style="list-style-type: none"> -Cervical/ Endometrial polyps -Fibroids -Spontaneous abortion / Retained POC -Atrophic Vaginitis 	<ul style="list-style-type: none"> -U-preg -B-hcg -CBC - Transabdominal and transvaginal US

IMPORTANT LINKS / REFERENCES

1. 2016 Model of the Clinical Practice of Emergency Medicine
2. Welsh, EMRA EM Fundamentals 2016
3. Marx JA. Rosen's Emergency Medicine 2014
4. FLAME OB/GYN
5. Radiopaedia
6. Icons by SlideCarnival