Abnormal Uterine Bleeding – Rugby

Elizabeth L Albright DO, Penn State University Primary Care Sports Medicine – State College
Email: ealbright@pennstatehealth.psu.edu
Sponsor: Peter H Seidenberg, MD

History:
A 19 year-old female college rugby athlete presented for evaluation of several months of heavy bright red vaginal bleeding for 1-2 hours after any physical activity including running, conditioning, lifting, rugby practice, and hiking. Bleeding was accompanied by pelvic pain, lightheadedness, dizziness, and hot flashes. At the worst, she would bleed through multiple super tampons per hour. She had a history of regular periods, every 30 days, lasting 5-7 days, with painful cramping and heavy flow. LMP was 2 weeks prior to presentation and was normal. She denied any vaginal discharge. She was sexually active with a female partner and had never had an STI. Past medical history was significant for recurrent Lyme infection, multiple concussions, and generalized anxiety disorder. Family history was significant for breast cancer in paternal great-grandmother, paternal grandmother, and maternal grandmother. Her mother had a history of dermoid ovarian cysts.

Physical:
Vitals: within normal limits
General: well-appearing, anxious, no acute distress
Heart/Lungs: regular rate and rhythm, no murmurs, clear to auscultation bilaterally
Abdominal Exam: soft, non-distended, normal bowel sounds, mild suprapubic tenderness, no rebound/guarding
GU: Normal external genitalia and vaginal mucosa. Cervix discolored at 6 o’clock position, otherwise normal appearance. No polyps or growths noted in/around cervix. No blood in vaginal vault. Bimanual exam within normal limits

Differential Diagnosis
Endometrial Polyp, Uterine Fibroid, Endometrial Hyperplasia/Cancer, AV malformation

Tests/Results:
CBC: Hb 12.7 Hct 37.8
CMP: normal
UA: positive blood
hCG: negative
TSH: 0.66 µIU/mL
Pap: ASC-US, negative HPV
Transvaginal Ultrasound: normal uterine size but thick, hypervascular endometrium measuring 18.7mm (normal 8-11), normal ovaries
Hysteroscopy: Uterine cavity thick and irregular. Very small polyp emanating from each tubal ostia, no other specific masses noted

Final/Working Diagnosis:
Endometrial Polyps

Treatment/Outcomes:
Patient underwent polypectomy and curettage of the endometrium. She was then placed on combined OCP for 8 weeks. She had a much lighter period with significantly reduced cramping after starting the OCP. Bleeding during activity resolved and she was able to continue sport participation.