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Abnormal Uterine Bleeding – Rugby

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## 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  $\mu$ IU/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.