



Juvenile Bleeding in Girls and Treatment

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Abstract: *In this thesis, we are talking about a certain set of conditions that are considered the most serious. This case in gynecology is called juvenile bleeding. The thesis discusses the causes of this disease and ways of treatment.*

Keywords: *juvenile bleeding, puberty, adolescent gynecology, teenagers.*

In pediatric gynecology, there is a specific set of conditions that are considered the most serious. The occurrence of juvenile bleeding is one of them. In almost 50% of cases, a delay in the menstrual cycle in girls during puberty leads to this pathology. In the general structure of pathologies of adolescence, they occupy from 10 to 37.5%.

Juvenile bleeding is a gynecological disease observed in girls during the period of establishing menstrual function, can be caused by problems of other organs (including endocrine), intoxication of the body, as well as educational, physical and emotional overload [3]. Often provoking factors are a respiratory viral infection and other diseases that occur with high temperature, or prolonged solar exposure. It may start immediately with sudden heavy spotting, but it may develop gradually as a scanty, spotty discharge gradually turns into heavy bleeding over several days. In both cases, with an untimely visit to a doctor, significant blood loss is inevitable, and as a result, the development of anemia (anemia).

Juvenile bleeding is formed in the uterine cavity, usually occurs in girls of puberty, does not have an organic nature. In most cases, this pathology manifests itself after a delay in the menstrual cycle [2].

You can identify juvenile bleeding by several signs. As a rule, blood clots are more abundant, periods last longer, accompanied by symptoms of anemia: dizziness, weakness in the body, blanching of the skin, etc. Diagnosis of juvenile uterine bleeding is carried out on the basis of an examination of the patient, instrumental and other studies, while it is important to exclude the possibility of an organic pathology. Treatment is prescribed in the complex. It includes taking hormonal and non-hormonal medications, symptomatic treatment of anemia, as well as taking preventive measures to prevent such disorders in the future [1].

Diagnostics. To identify the causes of juvenile uterine bleeding and differentiate it from other disorders, a gynecologist's examination (external), recto-abdominal examination is performed. Women who are sexually active have vaginal ultrasound. In the intermenstrual period, it is recommended to measure basal temperature.

Laboratory tests:

- complete blood count (hemoglobin level, ESR);
- coagulogram including platelet count, APTT, bleeding time and clotting time;
- blood chemistry;



- hormone levels: FSH, LH, prolactin, estrogens, progesterone, cortisol, testosterone, TSH, T3, T4.

A patient with juvenile bleeding should be consulted by a neuropathologist, an endocrinologist, an ophthalmologist (the condition of the fundus, determination of color fields of vision).

Symptoms of juvenile uterine bleeding:

- prolonged (more than 7-8 days) spotting from the genital tract;
- bleeding, the interval between which is less than 21 days;
- blood loss more than 100-120 ml per day.

A girl who has experienced such a disorder as uterine bleeding should be reassured, encouraged, assured of curability, set up for visits to doctors and research. It is impossible to delay the appeal to the doctor, as uterine bleeding quickly leads to anemia and other serious complications. If menstruation lasts more than 7 days, it is necessary to consult a gynecologist without waiting for the discharge to decrease or stop.

Treatment of juvenile uterine bleeding is carried out in 2 stages:

1. Stop bleeding (hemostasis) with the help of drugs or surgery (curettage);
2. Therapy aimed at preventing recurrent bleeding and regulating the menstrual cycle (depending on the cause of the disease).

References

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