BLOODLESS MANAGEMENT OF EXTREME LIFE-THREATENING ANAEMIA DUE TO HEAVY MENSTRUAL BLEEDING FROM A CERVICAL POLYP – A CASE REPORT

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Heavy menstrual bleeding (HMB) is a common health problem that affects women of reproductive age. It is defined as regular but unusually prolonged menstrual cycle with blood flow exceeding 80 mL per cycle. One consequence of HMB is anaemia from haemorrhage and iron deficiency. This can negatively impact on the physical and psychological wellbeing of a woman. Associated factors include the use of hormonal contraceptives, presence of clots in menstrual blood, presence of uterine pathology (fibroid, polyps, adenomyosis), and anaemia. Some management guidelines recommend blood transfusion to manage HMB with severe anaemia (Hb <5 g/dL). We report a case of a 33-year-old Jehovah's Witness who presented with severe anaemia (Hb 1.7 g/dL) due to HMB from a cervical polyp who was managed without the use of allogeneic blood transfusion. The patient's haematocrit fell to a nadir of 0.9% while on admission due to ongoing bleeding. Her Hb was raised to 8.5 g/dL with intravenous iron and erythropoietin in three weeks then she had a polypectomy. She was discharge on post-operative day 7 with Hb 7.5 g/dL and six weeks later, her Hb was 11.5 g/dL.

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Abstract track: Iron Therapy and Erythropoiesis Stimulation