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Gynecologic bleeding complications in post-menarchal adolescent females on anticoagulation

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Statement of the Problem: Few studies in post-menarchal adolescent females on anticoagulation (AC) show increased prevalence of gynecologic (GYN) bleeding complications including heavy menstrual bleeding (HMB) and hemorrhagic ovarian cyst (HOC). There is limited information on health care provider (HCP) awareness, prevalence, clinical features and management of GYN bleeding in these patients. The purpose of this study is to evaluate HCP awareness, prevalence, clinical profile, and management/outcome of GYN bleeding complications in post-menarchal adolescent females on AC.

Methodology & Theoretical Orientation: A retrospective chart review was conducted from 2004 to 2014, on eligible patients enrolled on protocols approved by the institutional review board.

Findings: Of the 68 patients included, AC was administered for cardiac causes, thromboembolism and thromboprophylaxis. AC/anti-platelet medications included unfractionated heparin, enoxaparin, warfarin, others (tPA, fondaparinux), and aspirin. Nine patients had concomitant thrombocytopenia. HMB screening questions were asked by treating hematologists in 76% of the patients. Screening increased proportionately with AC duration. Screening was done more often in Caucasians, Hispanics and in patients on warfarin when compared to other ACs. HMB developed on AC in 19% females screened. For HMB while on AC, few were treated with hormonal therapy, antifibrinolytic therapy, or both. HOC developed in five patients. Of patients with thrombocytopenia, 43% and 10% developed HMB/HOC respectively.

Conclusion & Significance: HCP awareness of HMB in post-menarchal adolescent females on AC was not optimal with one-quarter of patients not screened. Patient ethnicity, AC duration and type appeared to influence HMB screening. Based on this study, we conclude that adolescent females on AC are at risk of developing GYN bleeding complications. There appears to be a need for improved provider knowledge about GYN bleeding complications in this population for effective screening, prompt recognition and appropriate management, to improve the overall outcome.

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