The ITP Support Association Platelet Reprint Series

No. 31 – Menstrual Periods in

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Title: **Menstrual Periods in Women with ITP**

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Bleeding in ITP patients occurs in 3 general sites – the skin, internally, and from the mucous membranes. Skin bleeding (petechiae and bruises) is most common and although unsightly, not serious. Internal hemorrhage (for example, in the brain) is thankfully extremely rare. This essay is about a form of mucous membrane or mucosal bleeding called "menorrhagia" – that is, extremely heavy menstrual periods. The mucous membranes are moist linings surrounding body openings, such as the nose, mouth, lower intestinal tract, urinary tract, and vagina. Blood loss from mucosal surfaces is less common in ITP than skin bleeding, but it is clearly troublesome, sometimes embarrassing, and may occasionally lead to extensive blood loss. Previous issues of The Platelet, including our American Perspective series, have referred to nose and mouth bleeding but rarely describe abnormal menstrual bleeding in adolescents and women with ITP. We would like to correct our oversight for not having covered this subject before (perhaps because the two of us are male!). There is clearly no question about the serious nature of excessive menstrual bleeding in women with ITP.

In fact, menorrhagia is a common manifestation of ITP in adolescent and pre-menopausal women. This form of bleeding is often the most distressing manifestation of ITP and can have a substantial negative impact on quality of life. Menorrhagia is also a fairly common problem in women without ITP, often prompting visits to a gynecologist. Heavy and often irregular menstrual periods are normal in young adolescents shortly after their menarche (the time when menstrual periods first begin) and in women with a variety of primary conditions involving the uterus or hormonal imbalance. Menorrhagia can also be secondary to von Willebrand disease, an inherited bleeding disorder where the platelets are normal in number but inadequately "sticky".

So what does a woman to do if she has ITP and excessive menstrual bleeding resulting in the need to change pads or tampons as often as every hour or two to avoid embarrassing blood loss? Here the hematologist or other ITP specialist must work closely with the patient and her gynecologist to arrive at a solution. First, is menorrhagia truly secondary to ITP? If the platelets are greater than 50 it is unlikely that menstrual bleeding due to ITP will be excessive. However, if the platelets are less than 20 to 30 it is very possible that the very low count contributes to the excessive uterine bleeding. For two reasons, a gynecologic examination is necessary – first to be certain that nothing else other than thrombocytopenia is contributing to the bleeding, and second, to provide advice about hormonal treatments to decrease or stop the bleeding. When the hemorrhage is profuse, an immediate intervenous hormonal treatment may be necessary, since the blood loss can sometimes result in severe anemia requiring blood transfusions. On other occasions, oral contraceptives (birth control pills) can be employed to control the bleeding by regulating or temporarily stopping the menstrual periods altogether. In normal women, oral contraceptive pills decrease menstrual bleeding by about half; in women with ITP, they can control increased bleeding and return menstrual periods to normal.

Involving the gynecologist to stop or adjust the periods is often the best strategy when menorrhagia is the only or primary type of bleeding in ITP. However, in some cases the woman also experiences other types of mucosal bleeding, petechiae, and easy bruising. In these cases, one of the usual drug treatments for ITP – steroids, IVIG, anti-D, or rituximab – or even splenectomy needs to be considered. If they are effective in raising the platelet count, then the excessive menstrual bleeding as well as hemorrhage in other sites will resolve. Of course a new option – discussed in the last American Perspective – is one of the newer TPO agents, such as romiplostim or eltrombopag, which increase platelet production.

In conclusion, heavy and prolonged menstrual periods can be distressing to girls and women with ITP. Raising the platelet count is an important step in treatment, but reliance on hormonal measures to control the monthly periods are often necessary and usually very effective.