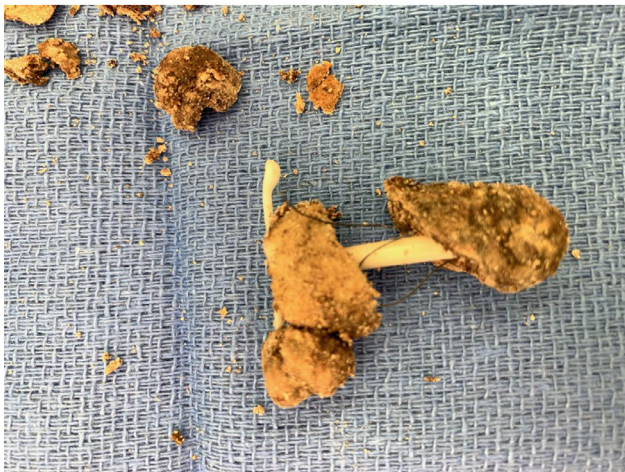


IUD displacement can be more challenging in patients with developmental disabilities for many reasons. In this case, resumption of heavier menstrual bleeding after initial benefit following IUD placement should have prompted an exam. The IUD was likely rendered ineffective by displacement from the endometrial cavity and possibly by encapsulation within the cast.

Supporting Figures or Tables



11. Use of the Levonorgestrel Intrauterine System in an Adolescent with Type IV Vascular Ehlers-Danlos Syndrome and Heavy Menstrual Bleeding

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Background: Ehlers-Danlos Syndrome (EDS) is a connective tissue disorder resulting in altered collagen synthesis. Heavy menstrual bleeding (HMB) and dysmenorrhea are common among adolescents with EDS. The levonorgestrel intrauterine system (LNG-IUS) is an effective treatment option for HMB in the general population, however its use in patients with vascular EDS has historically been avoided due to the perceived risk of spontaneous uterine rupture with IUD use in these patients.

Case: A 16-year-old female with vascular EDS presented with concerns for HMB. She reported menarche at age 13, with cycles every 4–6 weeks, lasting seven days in duration. She reported changing soaked pads every 3–4 hours and regularly passing dime-sized clots, with a total pictorial blood loss assessment chart score of 254. She was known to have a glycine substitution in her COL3A1 gene—a vascular EDS subtype, associated with aortic and viscus rupture, particularly with surgical interven-

tions. After thorough discussion, she desired to have a LNG-IUS placed for menstrual management. The procedure was recommended under ultrasound guidance and with sedation to optimize the chance of successful and safe placement, given concerns the family had regarding uterine rupture with IUS placement, as reported to them by previous providers. Intraoperatively, she was noted to have an anteverted, anteverted uterus which sounded to 7 cm. A tenaculum was used to grasp the cervix and the LNG-IUS was deployed at the fundus under transabdominal ultrasound guidance. Hemostasis of the cervix was achieved after applying brief pressure and no complications occurred. At six-week follow-up, she reported moderate vaginal bleeding and cramping for one week following LNG-IUS placement. She noted two days of light bleeding without cramping with her subsequent menstrual cycle and was overall very satisfied with the LNG-IUS. At six-month follow up, she reported only occasional spotting with her IUD and significant improvement in her energy.

Comments: Many individuals with EDS experience heavy menstrual bleeding and dysmenorrhea. The LNG-IUS has been underutilized in this population, especially for those with vascular EDS, due to theorized concerns for uterine perforation and significant bleeding. Previous publications have recommended using extreme caution with LNG-IUSs in patients with vascular EDS given a lack of evidence supporting their use. Our case demonstrates use of the LNG-IUS can be a safe and effective option for HMB in this population. Furthermore, risk of complications may be mitigated by optimizing successful placement with adequate pain control and ultrasound guidance.

12. Needs Assessment: Knowledge and Confidence of ObGyn Residents in the Evaluation and Management of Heavy Menstrual Bleeding due to Bleeding Disorders

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Background: Heavy menstrual bleeding (HMB) after menarche is common in adolescents. While an immature hypothalamic-pituitary-ovarian axis accounts for most cases, 20–30% of affected adolescents will be diagnosed with an inherited bleeding disorder (IBD). The Council for Resident Education in Obstetrics and Gynecology establishes learning objectives for ObGyn residents to master during training. Despite the high prevalence of HMB and IBDs in adolescents and adults, specific learning objectives on the topic of IBDs is lacking. We therefore sought to determine ObGyn resident exposure to lectures and clinical training, and their overall confidence in the evaluation and management of HMB due to IBDs.

Methods: We conducted an IRB-approved prospective survey of ObGyn residents in the U.S. We sent an email invitation to program directors, inviting residents to complete an anonymous 26-item survey. Five-point Likert scales queried residents' confidence in the evaluation and management of HMB and iron deficiency anemia, in patients with and without suspected IBDs. Additional items surveyed exposure to lectures or other structured education on these topics, year of post-graduate training, gender, and type of training program. Descriptive statistics were used for continuous variables using means and ranges. For tests of association with residency year, we used linear ANOVA, and for all other tests of association, we used independent sample t-tests.

Results: 239 U.S. ObGyn residency programs were invited to participate; 83 surveys were collected (34.7% response). Respondents represented aca-