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# Abnormal Uterine Bleeding with Hereditary Coproporphyria – A True Treatment Dilemma

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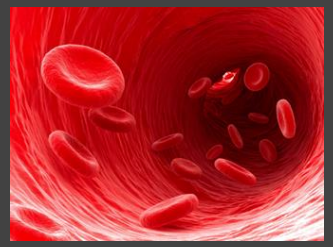
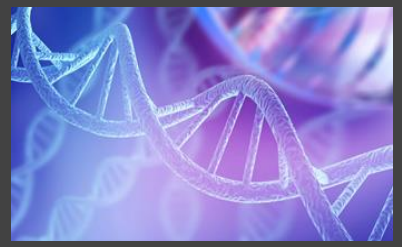
**Background**:

Abnormal Uterine Bleeding (AUB) is one of the leading causes of outpatient gynaecological visits. Most of the AUB cases need either levinorgestrel-releasing intrauterine system or other hormonal treatment to control the bleeding. Hereditary Coproporphyria (HCP) is a rare, autosomal dominant condition characterized by acute attacks of neurologic dysfunction and usually provoked by medications, fasting, menstrual cycle or infectious disease. Therefore, hormonal therapy is contraindicated for AUB patients with HCP. To our best knowledge, this would be the first case report of AUB complexed by HCP.

**Case report**:

A 29 years old female, G0P0, presented with a long history AUB which has been gradually getting worse over last few years. Her physical examination and investigations, including diagnostic hysteroscopy with histopathology of endometrium, were unremarkable. She was diagnosed with HCP at 5 years old through a faecal test. Her AUB has been managed with tranexamic acid but not well controlled and she has required intravenous iron therapy to treat her anaemia. So far, no efficient treatment has been found to treat her AUB.





**Discussion:**

OCPs are first-line management for many women with AUB. For women with need of conceive, TXA and NSAIDs are the alternative options, however, TXA and NSAIDs only reduce the bleeding by 26-54% and 10-52% respectively. In our case, the patient has tried TXA only so far, which has never triggered an acute attack of her HCP. More case reports are needed to explore efficient management for those cases.

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