

When Vaginal Bleeding is an Emergency: The Must-Not-Miss Diagnoses

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Vaginal bleeding is a frequently encountered chief complaint among adolescents. While most abnormal bleeding in teenagers is due to anovulatory cycles, there are some cases where vaginal bleeding can be due to potentially life-threatening causes. Here we will review some of the can't miss diagnoses associated with vaginal bleeding and a practical triage framework to help identify which teens need emergency evaluation now versus the one who can be managed in your office.

When evaluating a patient, the first step is to assess stability. Any adolescent with vaginal bleeding and hemodynamic compromise should be sent to the emergency department.

Red flags include:

- Syncope
- Tachycardia
- Hypotension
- Pallor with significant fatigue or dyspnea
- Bleeding that soaks pads hourly for several consecutive hours

When taking a history, keep in mind that the amount of bleeding may be difficult for some patients to quantify, and the amount of bleeding matters less than the patient's clinical status.

The Must-Not-Miss Differential

Emergencies in the Pregnant Teenager

Every postmenarchal adolescent with vaginal bleeding needs a pregnancy test regardless of what the patient or family tells you about sexual activity.

Ectopic Pregnancy

Ectopic pregnancy is the leading cause of first-trimester maternal death and must be considered in any pregnant teenager with vaginal bleeding, pelvic pain, or hemodynamic instability. Classically patients present a triad of bleeding, unilateral pelvic pain, and a positive pregnancy test, but presentation is often atypical.

Threatened Abortion/Spontaneous Abortion/Incomplete Abortion (Miscarriage)

Heavy bleeding with the passage of tissue in a pregnant teenager can produce significant blood loss. Incomplete abortion with retained products and an open cervical os can cause

ongoing hemorrhage. Patients may endorse passing large clots or tissue but may also present as heavy bleeding.

Severe Anemia from Heavy Menstrual Bleeding

Abnormal uterine bleeding, including heavy menstrual bleeding, is the most common gynecological complaint in adolescents. In most cases it is an anovulatory and manageable outpatient, but occasionally it can lead to anemia severe enough to require transfusion.

Trauma and Sexual Abuse

Genital trauma can present with vaginal bleeding and may be underrecognized. Bleeding associated with injury, unexplained genital findings, or concern for sexual abuse requires urgent evaluation and multidisciplinary support.

Initial Questions

A few screening questions may be helpful to determine if emergency evaluation is needed:

1. Is there any chance of pregnancy?
2. Any dizziness or fainting?
3. How many pads or tampons are soaked per hour?
4. Any associated pain?
5. Any known trauma or injury?

A yes to questions 2-3 or a positive pregnancy status with symptoms should prompt ED referral.

Bottom Line

Most adolescent vaginal bleeding is not an emergency. However, pediatricians should immediately think about diagnoses that cannot be missed: pregnancy complications (especially ectopic pregnancy), severe anemia from acute blood loss, and genital trauma. Any teenager with hemodynamic instability, syncope, and severe pain belongs in the emergency department.

References:

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