



DYSMENORRHOEA

Dysmenorrhoea

During Exams



After Marriage



During Interview



During Touring



Definition



- Cramps or painful menstruation
- Sharp, intermittent pain or dull aching pain, in the pelvis or lower abdomen
- Classified as -
 - Primary dysmenorrhoea
 - Secondary dysmenorrhoea

Primary & Secondary

Primary dysmenorrhoea (PD)

- Otherwise healthy women
- No disease of uterus or other pelvic organs

Secondary dysmenorrhoea (SD)

- Underlying disease present (PID, fibroids, endometriosis, adhesions, adenomyosis, retroverted uterus)

Incidence

- Primary dysmenorrhoea - 40-50% in reproductive age group
- Severe - absenteeism work or school - 15%
- Highest in adolescent up to 90%
- Decreases with increasing age
- Increases with smoking
- More in unmarried than married
- ? relation with parity

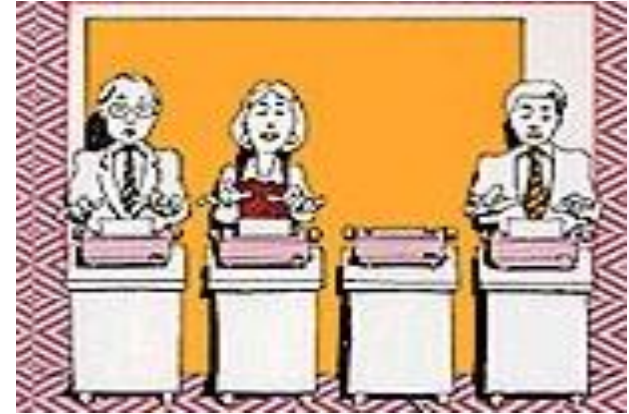
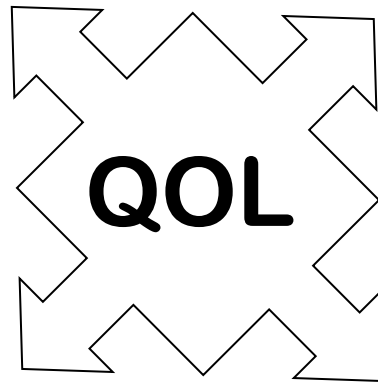
Burden of monthly pain



Unable to enjoy life



Anxiety



Absenteeism in school/work



Health worries

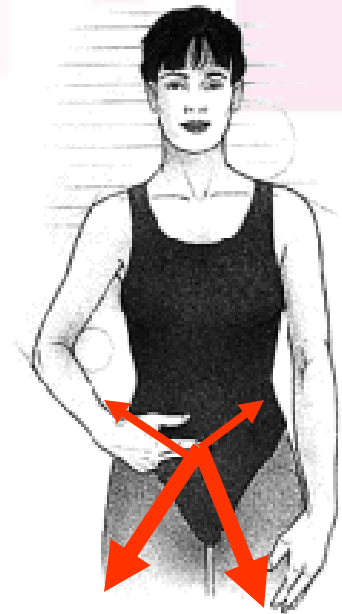
Clinical features - PD

- With or shortly (6 months) after menarche
- Fluctuating, spasmodic cramps
- “Labour-like”
- Begins few hrs before or with menses
- Most intense first 24-36 hrs
- Lasts 2-3 days



Clinical features - PD

- Suprapubic
- Radiating to thighs & back
- Nausea, vomiting, dizziness
- Diarrhoea
- No pelvic pathology



Clinical features -SD

- Later age of onset
- Starts 2 or more yrs after menarche
- Begins more than few hrs before menses
- Dysmenorrhoea with anovulatory cycles
- H/O IUCD, recurrent PID
- F/H/O endometriosis
- Pelvic pathology on examination

Risk factors

- Age < 20 years
- Attempts to lose weight
- Depression/anxiety
- Disruption of social networks
- Heavy menses
- Smoking



Diagnosis

Primary dysmenorrhoea

- History
- Beginning in adolescence
- With menstrual periods

Secondary dysmenorrhoea

- Inconsistent history
- Physical findings of a
 - pelvic mass
 - abnormal vaginal discharge
 - pelvic tenderness (not limited to the time of the menstrual period)

Diagnosis

- Abdominal examination
- Pelvic examination
- Pelvic USG
- HSG
- Vaginal swab culture
- MRI
- Diagnostic laproscopy/hysteroscopy
- D & C

Treatment

Lifestyle modification

- Low-fat vegetarian diet
- Decreased consumption of foods like caffeine, salt & sugar
- Exercise - walking, swimming, running, bicycling, aerobic dance
- Smoking cessation
- Hot fomentation



Medical treatment

