Dysmenorrhea

Between 40 and 60 % of women experience painful menstruation (**dysmenorrhea**, algomenorrhea), about 40 % of women report some discomfort in the second half of cycle (**premenstrual cycle**), pain in the middle of the cycle is less common (**intermenstrual pain**).

90 % of women experience some discomfort at least during one menstrual cycle. [1]

So, dysmenorrhea is a painful menstruation.

- between 5 and 10 % of women with dysmenorrhea have to visit a doctor and take sick leave;
- dysmenorrhea is more serious during an ovulatory cycle than during an anovulatory cycle.

Dysmenorrhea can be classified as:

- **primary** (functional, spastic) – begins immediately after menarche;
- **secondary** (organic) – later, as a sign or as a result of an underlying condition;
- **dysmenorea membranacea** – convulsive pain, a uterine mucosa discharges as a mucosal sac.

Primary dysmenorrhea

- Lower back pain, pain in a lower abdomen, frequently convulsive in the beginning of menstruation;
- often GIT signs (meteorism, vomiting), breast tenderness, migraine headache, polakisuria;
- cause – apparently uncoordinated functions of the uterus;
  - increased production of prostaglandins increases contraction of the uterus and therefore the intrauterine pressure increases [1];
- more commonly found in asthenic women with vegetative dystonia and with hypoplasia of internal genital organs;
- we look for congenital malformations, cervical stenosis, hormonal disorder.

Secondary dysmenorrhea

- Onset usually after age 30
- Causes – endometriosis, result of the inflammation of internal genital organs (adhesion, uterus fixated in RVF), stenosis and scars in uterus or on the cervix, tumors (especially submucosal myoma, cervical polyps).
- manifests primarily with pain, there are no total signs (algomenorrhea).

Diagnosis

- anamnesis, gynecological examination, hysterography, laparoscopy, …

Treatment

- secondary: based on the established cause and with consideration of age;
- primary: very difficult – NSAID, analgesics, spasmolytics, injection of pelvic plexuses;
- hormonal therapy – progesterons in second half of the cycle, blockade of ovulation with contraceptives;
- if there is a cervical stenosis – dilation.

Links

Related Articles

- Menstruation
- Ovarian Cycle
- Premenstrual Syndrome

References

1.

Source

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