

DYSMENORRHOEA

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DEFINITION

- Painful menstruation of sufficient magnitude so as to incapacitate day to day activity

TYPES

- 1) PRIMARY - SPASMODIC
- 2) SECONDARY - CONGESTIVE

PRIMARY DYSMENORRHOEA

- PRIMARY-
 - Otherwise healthy woman
 - No disease of Uterus or other pelvic organ
- Secondary-
 - associated with Underlying Pelvic Pathology

Primary Dysmenorrhoea

Incidence – 5-10%

Prevalence- In Adolescence – 70-80%

In Reproductive age – 40-60%

More common in adolescent girls

Decreases with increasing age

More in Unmarried than Married

? Relation with parity

Almost always confined to ovulatory cycles

Pain is related to dysrhythmic uterine contractions & uterine hypoxia

Causes of Pain in PD

- 1) Psychosomatic factor-
 - anxiety in adolescence
 - low pain threshold
- 2) Abnormal functional aspect of uterus
- 3) Vasopressin- increases PG synthesis and myometrial activity
- 4) PG – PGF₂α, PGE₂ synthesized from endometrium leads to vasoconstriction , so ischaemia (angina) of myometrium
- 5) Endothelins, leukotrienes – Vasoconstrictor
- 6) Platelet activating factor

Secondary Dysmenorrhoea

- Related to increasing tension in pelvic tissue due to premenstrual pelvic congestion or increased vascularity in pelvic organs
- i) PID
- ii) Pelvic endometriosis
- iii) Adenomyosis
- iv) Uterine fibroids
- v) Endometrial polyps
- vi) IUCD in utero
- vii) pelvic adhesions
- viii) Pelvic congestion

Clinical features

	PRIMARY DYSMEN	SECONDARY DYSMEN
Onset of pain	Few hours before or just with onset of menses	3-5 days prior to onset of period
Duration of pain	Maximum up to 2 days of menses	Pain relieves with onset of menses
Nature of pain	Spasmodic	Dull ache
Area	Lower abdomen, may radiate to back & medial aspect of thighs	Lower abdomen and back without any radiation
Systemic discomfort	Nausea, vomiting, fatigue, diarrhoea, headache	No such symptoms
Vasomotor symptoms	Pallor, cold sweats, Fainting, syncope	No such symptoms
Intermenstrual period	No such complaints	May some discomfort

DIAGNOSIS

PRIMARY DYSMEN

- HISTORY
- BEGINS IN ADOLESCENCE
- WITH MENSTRUAL PERIODS

SECONDARY DYSMEN

- INCONSISTENT HISTORY
- FINDINGS OF
 - Pelvic Mass
 - Abnormal Vaginal discharge
 - Pelvic tenderness

DIAGNOSIS

- Abdominal examination
- Pelvic examination
- Pelvic USG
- HSG
- Vaginal Swab Culture
- MRI
- Diagnostic laparoscopy / Hysteroscopy

MANAGEMENT

- Improvement of general health
- Assurance
- Lifestyle modification
- Decreased consumption of foods like caffeine, salt & sugar
- Exercise – Swimming, walking, etc
- Pranayam Yoga
- Smoking cessation
- Hot fomentation

MEDICATIONS

- Prostaglandin synthetase inhibitors
 - reduce PG synthesis
 - analgesic effect

eg. Mefenamic acid 250-500 mg TDS

Flufenamic acid 100-200 mg TDS

Ibuprofen 400 mg TDS

Naproxen 250 mg TDS

Indomethacin 25 mg TDS

- Oral Contraceptive Pills

Surgical Procedures

- **Dilatation of Cervical canal**

- with 6/9 Hegar is required
- Stretching of fibromuscular tissue at int. os
- injury to sensory nerve endings

- **Bilateral block of the pelvic plexus**

- Paracervical block with dilataton of Cx

- **Presacral neurectomy (Laparoscopic)**

- to cut down sensory pathway from uterus(T11-L2)

SECONDARY DYSMENORRHOEA

- PID – Antibiotic therapy
- IUCD – Remove IUCD
- Pelvic Adhesions – Adhesiolysis
- Endometrial Polyp – Polypectomy
- Uterine Fibroid – Myomectomy
- Adenomyosis – LNG releasing IUCD
 - Partial resection of the adenomyomata
 - Hysterectomy
- Endometriosis – Hormones & other medicines
 - Levonorgestrel releasing IUCD
 - excision or ablation by electrodiatherapy
 - Hysterectomy

A photograph of a yellow sticky note pinned to a corkboard. The note has the words "Thank you" written in red cursive. A single red pushpin is visible at the top center of the note. The entire image is framed by a white border with rounded corners, set against a dark green wood-grain background.

Thank you