

# Dysmenorrhoea

Characterized by **pain** and other **somatic symptoms** (diarrhea, headache, nausea, vomiting, collapse) that begin just before menstrual bleeding and disappear after the next 2 -3 days. It occurs in up to 50% of women. In diff. dg. we have to distinguish between discomfort and significant difficulties, we must not neglect the possibility of simultaneously arising SAE.

## Types

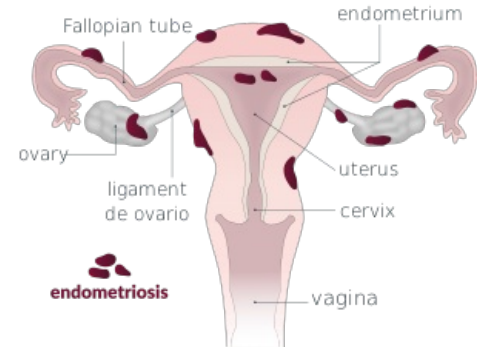
### Primary (idiopathic, functional)

It occurs during the ovulation cycles of women who have not yet given birth. More often in asthenic women with vegetative dystonia or hypoplasia of the internal genitalia.

**In the etiology, the increased production of prostaglandins (mainly PGF2 $\alpha$ ) by the endometrium, which leads to an increase in the activity of the myometrium,** is applied. The consequence of this is an increase in intrauterine pressure and the development of tissue ischemia.

### Secondary

It usually occurs in women over the age of 25. Pain caused by a **pathological process in the pelvis** (endometriosis, adenomyosis, myomatosis, inflammation, throat stenosis).



Endometriosis (secondary dysmenorrhea)

## Diagnosis and Treatment

In addition to gynecological examination, we use hystero-graphy, laparoscopy and others, as needed.

Treatment depends on the diagnosis. In the treatment of pain, we use **combined hormonal contraception** (ovulation blockade). **NSAIDs** are also effective (they affect the metabolism of prostaglandins), which we administer 2-3 days before the start of bleeding. In case of insufficient effect, we indicate calcium channel blockers or beta-mimetics (spasmoanalgesic effect). For the secondary type, we treat the primary cause.

## Links

### Related Articles

- Menstruation
- Ovarian cycle
- Premenstrual Syndrome

### References

#### Source

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