

Dysmenorrhea (Painful menstruation)

Introduction

Dysmenorrhea, or pain that occurs during menses, is a common problem experienced by women in their reproductive years. When severe, it interferes with the performance of daily activities, often leading to absenteeism from school, work, and other responsibilities.

Dysmenorrhea can be divided into two categories, primary and secondary:

- **Primary dysmenorrhea** refers to the presence of recurrent, cramping, lower abdominal pain that occurs during menses in the absence of demonstrable disease that could account for these symptoms.
- **Secondary dysmenorrhea** has the same clinical features, but occurs in women with a disorder that could account for their symptoms, such as endometriosis, adenomyosis, or uterine fibroids.

Primary Dysmenorrhea

50 to 90 percent of reproductive-aged women describe experiencing painful menstrual periods. Elevation of prostaglandin E₂ during menses is believed to be the cause of dysmenorrhea. During the 2nd to 3rd day of a period, the patients may experience painful uterine contraction, cramping pain, nausea, vomiting, diarrhea, fatigue, headache and autonomic dysfunction.

Patient with primary dysmenorrhea will not present with specific physical findings.

Secondary Dysmenorrhea

Women with secondary dysmenorrhea may also have a normal examination, although physical findings often occur and can be perceived on pelvic examination. Remarkable findings of history and physical/pelvic examination are described below:

History

The following findings suggest the presence of pelvic pathology, consistent with secondary dysmenorrhea:

- Onset of dysmenorrhea after age 25. However, endometriosis may occur in adolescents and a congenital uterine outlet obstruction can cause dysmenorrhea shortly after menarche
- Abnormal uterine bleeding (eg, menorrhagia, oligomenorrhea, intermenstrual bleeding)
- Nonmidline pelvic pain
- Absence of nausea, vomiting, diarrhea, back pain, dizziness, or headache during menstruation
- Presence of dyspareunia or dyschezia (Pain during sexual intercourse or defecation)
- Progression in symptom severity

Physical or pelvic examinations

1. **Pelvic inflammation disease (PID):** purulent vaginal discharge, cervical motion tenderness or adnexa tenderness. Unprotected sex is a risk factor of PID. Without proper treatment, PID can lead to uterine adhesion, cervical stenosis, or infertility.
2. **Endometriosis:** caused by the tissue that normally lines the inside of the uterus grows outside the uterus. Uterosacral ligament abnormality, lateral displacement of the cervix, or cervical stenosis could be found in a pelvic examination.
✘**Chocolate cyst (endometrioma):** is the result of endometrial growth in the ovaries.
3. **Adenomyosis:** endometrial growth in the uterine smooth muscle. Pelvic examination reveals bulky, mild-tender uterus.
4. **Uterine fibroid:** presents with bulky, non-tender uterus. It should be distinguished from pelvic malignancy through other modalities such as ultrasonography or computer tomography.
5. **Congenital abnormality of uterus, cervix, or vagina:** can be diagnosed through pelvic examination and ultrasonography.

When should I see a doctor?

Painful menstruation which can be resolved after taking 1 to 2 painkiller tablets does not need further examination. Those whose pain cannot be stopped or exaggerated for more than 2 days or those with impaired social function should visit their general physician or gynecologist.

How can I relieve my pain?

For patients with primary dysmenorrhea, taking NSAIDs or low-dose contraceptives under the education and surveillance of a physician is recommended. Besides, you can try the exercises and habits that improve the circulation of the lower extremities:

- Warm bath or soaking feet for 15 to 20 minutes
- Yoga, aromatherapy, acupuncture, or massage.
- Rotate your waist: let your feet just fall slightly apart, stand akimbo, and rotate your waist clockwise and counterclockwise.
- Foot exercise: sit on a chair, slowly move your feet upward, feeling the stretch of your calf, count from 1 to 5, then slowly move your feet downward, count from 1 to 5. Repeat several times.
- Soybean milk consumption: ingest isoflavones as an estrogen supplement.
- Do not smoke or drink during your menstrual period or even in your daily life.

If you are diagnosed with secondary dysmenorrhea, receive corresponding treatments such as hormone replacement therapy or surgical intervention.