SECONDARY DYSMENORRHOEA

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Abstract: Dysmenorrhoes is one of the major gynecological symptoms. 100 patients with secondary Dysmenorrhoea were analysed. Fibroid uterus, Endometriosis and pelvic inflammatory disease were the main pathological factors. Infertility, Menorrhagia, Abdominal pain were other common complaints in these patients. Retroversion of uterus was also a common associated finding in these patients.

Introduction

Dysmenorrhoea means pain in relation to periods. Traditionally Dysmenorrhoea has been classified into two types: Primary or Spasmodic and Secondary or Congestive.' Primary Dysmenorrhoea dates back from Menarche. It is common in teenage girls and is usually relieved after first pregnancy and delivery. The incidence of Primacy Dysmenorrhoea is effected by social status, occupation and many psychological factors.

Secondary Dysmenorrhoea starts after a period of painless menstruation. It is usually not effected by social factor. It is more convenient to divide Dysmenorrhoea into two main classes:

a. Dysmenorrhoea due to pelvic pathology and
b. Dysmenorrhoea without any pelvic pathology.

Secondary Dysmenorrhoea is usually due to some pelvic pathology.[2] The aim of this study was to find out the main pathologies which cause Dysmenorrhoea.

Materials and Methods

100 patients with Secondary Dysmenorrhoea were investigated. These patients were first seen in the Out Patient Department of Khyber Teaching Hospital, Peshawar, or in a Private Clinic. Patients with a definite history of Dysmenorrhoea were included in the study, i.e. only those patients who needed analgesics to relieve pain during periods or those patients where pain was not relieved with simple analgesics.

Patients who did not require analgesics were excluded in the study. All patients were married.

Results

The main causes and other associated factors with Dysmenorrhoea are shown in Table 1 and 2.

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Table – 1
AETIOLOGY OF SECONDARY DYSMENORRHOEA

Causes	No. of Cases
Fibroid	34
Endometriosis	22
PID	21
Ovarian Cysts	5
No Obvious Pathology	18
Total:	100

Table – II
ASSOCIATED FACTORS WITH SECONDARY DYSMENORRHOEA

Causes	Menorrhagia	Infertility	Lower Abd. Pain	Urinary	Retroversion	IUCD
Fibroids	22	16	16	6	17	4
Endometriosis	15	16	18	5	13	1
PID	12	14	12	3	16	3
Ovarian Cysts No Obvious	1	2	5	1	2	0
Pathology	3	12	6	0	5	3

Fibroid uterus was observed to be the commonest cause in Dysmenorrhoea. Fibroid can be easily diagnosed by vaginal examination, though 6 of them had laparoscopy and 9 had ultrasound examination. 16 of the patients with fibroid uterus had primary or secondary Infertility. 7 patients had large irregular uteri and needed laparotomy. 4 patients had IUCD in situ, 4 patients with fibroid uterus also had few spots of endometriosis.

Endometriosis was the next common cause as shown in Table — 1. 6 of these patients needed laparotomy for pelvic masses. 3 patients had Chocolate cysts as well. 11 cases had laparoscopies. There were 5 cases with suspected endometriosis on examination, who responded to treatment with Danazole. 3 cases also had small fibroids.

Cases with pelvic Inflam. Diseases (PID) were 21, only one less then endometriosis. 3 patients had a history of recurrent PID. 6 patients had Dysmenorrhoea developed since an abortion or dilatation and curettage for various reasons. All cases were more or less tender on examination and 18 patients also complained of vaginal discharge. 12 cases were laparoscoped for either Infertility or suspected ectopic. One patient had Tuberculous endometritis diagnosed on Diagnostic D&C.

Out of 5 ovarian cysts one was large enough to be palpated Abdominally. 3 cysts were simple cysts and two dermoid cysts. None of these were twisted but 2 had adhesions to the surrounding structures.

There were 18 cases where a definite pathology was not found on examination or other investigation. Twelve of these were laparoscoped for Infertility as well as Dysmenorrhoea. 3 cases had IUCD in situ and one of them had it removed 2 months back.

Discussion

Patients with complaint of Dysmenorrhoea are usually first seen in the Out Patient Department of Hospital or Clinics. Many patients experience some pain during periods but a few are really incapacitated.

Secondary Dysmenorrhoea is usually due to some Pathology in the Pelvic Organs.[1]

Fibroids are present in many asymptomatic patients, especially when they are small, but large fibroids can cause many symptoms as Dysmenorrhoea, Menorrhagia, Infertility.

Dysmenorrhoea is present in both endometriosis externa and adenomosis, but endometriosis externa frequently causes secondary Dysmenorrhoea. The increasing use of laparoscopy has led to the recognition of endometriosis in many more patients.[3] The size of endometriotic lesion may bear no relationship to the severity of symptoms but the site and its ability to respond to hormones being of more importance.' The pain may start about the time of onset of menstruation or perhaps a day or two before. It may continue throughout the period or recur at the end, presumably because the ectopic endometrium may not respond as readily as normal endometrium to ovarian hormones and shedding of endometrium is later then occurs in uterus.

Pelvic Inflammatory disease (PID) is also an important cause of Dysmenorrhoea. Sometime there is no history of acute Infection and presumably a low grade infection has become chronic.[3] Pelvic pain and lower abdominal discomfort is also an associated symptom in many patients which is exacerbated by menstruation. Tuberculosis may cause Dysmenorrhoea but is usually diagnosed during investigations for infertility.

In this study there were many patients without any obvious Pelvic Pathology. Some patients have primary Dysmenorrhoea which continue into later life but in this study many patients had it developed after a period of painless periods. Many of them had Infertility. It is possible that some of them may have some disease process not yet evident. Adenomyosis may be difficult to be diagnosed unless after hysterectomy the uterus is examined histologically.

The presence of some congenital abnormality must be kept in mind and patients with severe Dysmenorrhoea must be investigated thoroughly, even a normal Obstetric history does not exclude Mullarian abnormality.[4]

The cause for pain in those patients where no pathology is found may be the same as for primary Dysmenorrhoea, mediated through prostaglandins and leukotrienes.[1] >[2] Many of them will respond to treatment with anti- prostaglandins and non-steroidal anti-inflammatory drugs.

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A Urologist asked his patient;
"Does your urine burn?" "I don't know," the patient replied." I never tried lighting it."
"Wisemen say if you don't have intelligence and sense of humour then don't joke."

FAME

This is a shuttle cock only aloft by being hit from opposing side.

DOUBT

Doubt is the beginning, not the end, of wisdom.