

An editorial note on dysmenorrhea.

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Description

Dysmenorrhea, often known as painful periods or feminine spasms, is a type of menstrual anguish. It's typical start time coincides with the start of the monthly cycle. Symptoms usually last less than three days. The most common area of aggravation is the pelvic or lower abdomen. Back pain, loose bowels, and nausea are some of the other symptoms that can occur.

Dysmenorrhea can occur even if there is no underlying cause. Uterine fibroids, adenomyosis, and, most commonly endometriosis are all underlying disorders that can cause dysmenorrhea. It is more common in people who have heavy periods, sporadic periods, those who started their periods before the age of twelve, and those who have a low body weight. In physically active persons, a pelvic exam and ultrasound may be helpful in making a diagnosis. Ectopic pregnancy, pelvic inflammatory disease, interstitial cystitis, and chronic pelvic pain are all conditions that should be avoided.

Dysmenorrhea occurs less frequently in those who exercise regularly and in people who have young ones. NSAIDs, such as ibuprofen, hormonal conception prevention, and the IUD with progestogen are among of the medications that may help. Taking B1 or magnesium supplements may help. Yoga, needle treatment, and back rub have insufficient evidence. If some basic issues are present, surgery may be beneficial. The level of women of reproductive age influenced a movement from 20% to 90%. It is the most well-known form of natural ailment. It typically begins around the time of the first menstrual period. When there is no underlying cause, the pain frequently gets better with age or after having a child.

Signs and symptoms

The most common sign of dysmenorrhea is pain in the lower mid-section or pelvic. It's also common to feel justified or in the left part of the mid-region. It could spread to your thighs and lower back. Queasiness and retching, loose bowels, cerebral pain, confusion, faint, and drowsiness are all common symptoms associated with uterine discomfort. Dysmenorrhea symptoms usually begin after ovulation and last till the end of the period. This is because dysmenorrhea is commonly linked to changes in hormone levels in the body that occur during ovulation.

Prostaglandins, in particular, produce stomach withdrawals, that can be painful and cause gastrointestinal symptoms. Because they prevent ovulation, several types of contraceptive pills can help avoid dysmenorrhea symptoms. Dysmenorrhea is linked to increased anguish affectivity and heavy female bleeding. When the monthly cycle resumes, pregnancy has been shown to reduce the severity of dysmenorrhea.

Dysmenorrhea can however, last until menopause. 5-15 percent of women with dysmenorrhea have symptoms severe enough to interfere with daily activities.

Causes

Dysmenorrhea can be classified as either mandatory or optional. Optional dysmenorrhea has a specific cause, usually a condition that affects the uterus or other conceptive organs, whereas essential dysmenorrhea occurs without a corresponding medical condition. Essential dysmenorrhea is a term used to describe painful female spasms caused by an excess of prostaglandins. Essential dysmenorrhea usually begins within a few weeks of menarche, usually at the onset of ovulatory cycles. Auxiliary dysmenorrhea is a procedure when period pain is a secondary symptom of another problem. Endometriosis, uterine fibroids, and uterine adenomyosis are all conditions that can cause selective dysmenorrhea.

Auxiliary dysmenorrhea can be induced by inborn contortions, intrauterine devices, some malignant growths, and pelvic contaminations. If the discomfort occurs between periods, lasts longer than the first few days of the period, or isn't adequately relieved by the use of Non-Steroidal Anti-Inflammatory Medicines (NSAIDs) or hormonal contraceptives, it could be a sign of dysmenorrhea for other causes. When laparoscopy is used for diagnosis, the most common cause of dysmenorrhea is endometriosis, which affects around 70% of adolescents. Leiomyoma, adenomyosis, ovarian blisters, pelvic congestion, and cavitated and enlarged uterine mass are some of the other causes of auxiliary dysmenorrhea.

Diagnosis

Dysmenorrhea is usually diagnosed based on a clinical history of female pain that interferes with daily activities. However, there is no widely recognized standard approach for determining the severity of menstrual symptoms. There are many evaluation models known as women symptometrics that may be used to assess the seriousness of feminine pains as well as link them to pain in other parts of the body, feminine draining, and amount of obstruction with day-to-day workouts.

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