



SNS COLLEGE OF ALLIED HEALTH SCIENCES

SNS Kalvi Nagar, Coimbatore - 35

Affiliated to Dr MGR Medical University, Chennai



DEPARTMENT OF B.SC .PHYSICIAN ASSISTANT

COURSE NAME: OBSTETRICS/ GYNECOLOGY

II YEAR

UNIT I

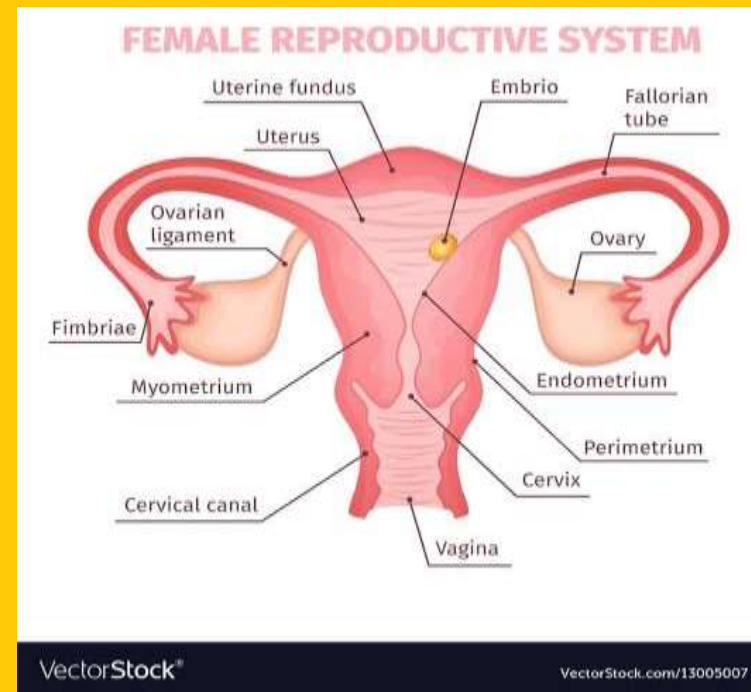
TOPIC 1: MENSTRUAL ABNORMALITIES

MENSTRUAL DISORDERS

CASE HISTORY

INTRODUCTION

ANATOMY OF FEMALE REPRODUCTIVE SYSTEM

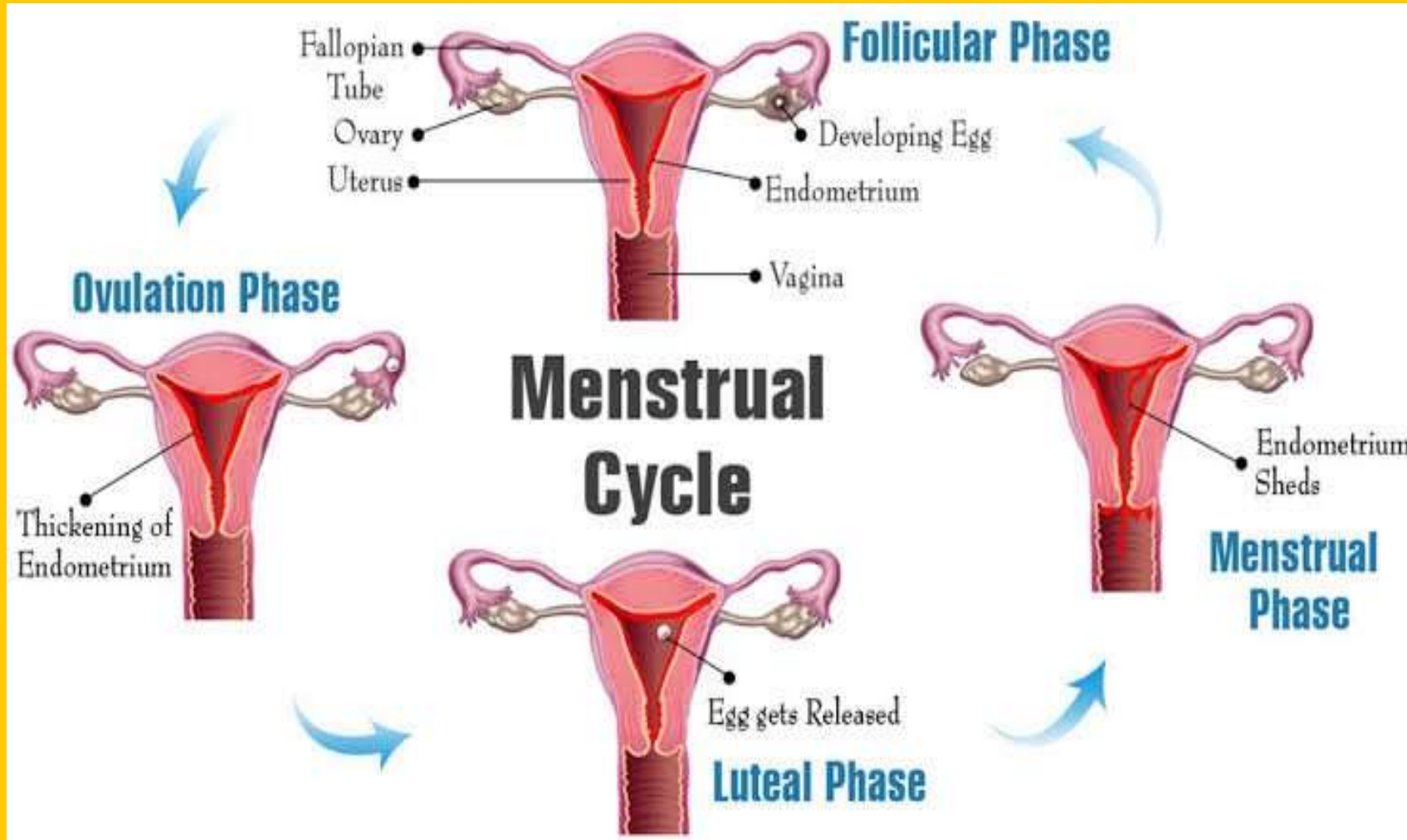


MENSTRUATION

DEFINITION

The process in a women of discharging blood and other material from the lining of the uterus at intervals of about one lunar month from puberty until the menopause, except during pregnancy.

MENSTRUAL CYCLE





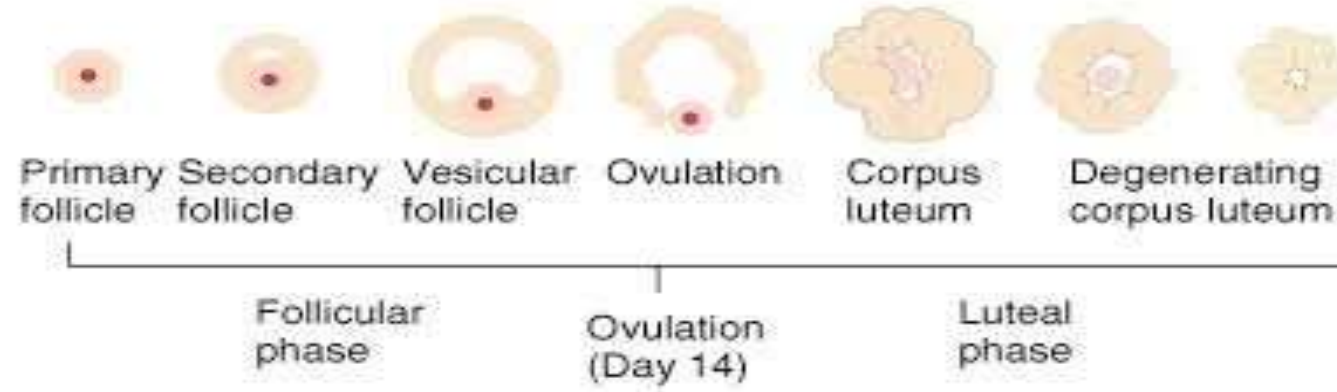
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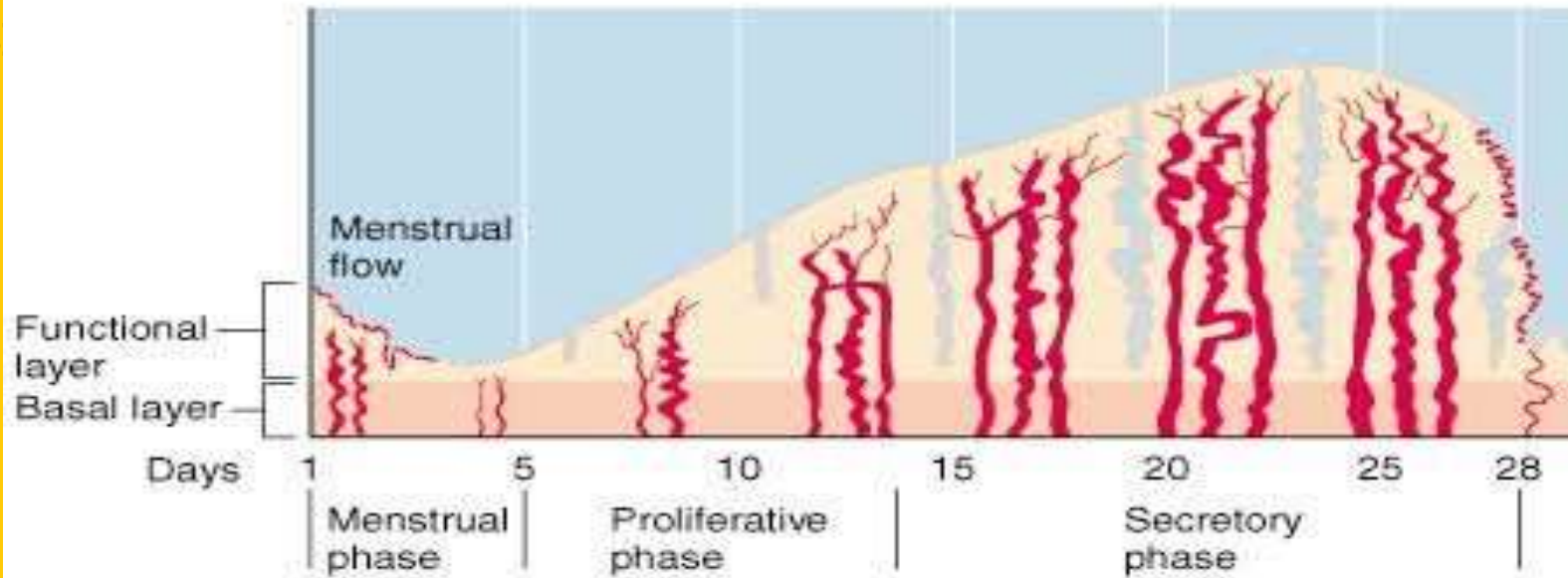


DEPART

COURSE



(c) Ovarian cycle



(d) Uterine cycle

CHARACTERISTICS OF NORMAL MENSTRUATION

- **Menarche: 10-16 years, average 13 years.**
- **Duration : 2-7 days.**
- **Amount : 30-80 ml, uses 3 napkins per day >80ml is hyper menorrhoea.**
- **<30 ml is hypo menorrhoea.**

DYSMENORRHEA

- **Dysmenorrhea, also known as painful periods, or menstrual cramps,**
- **Dysmenorrhea is a term describing painful menstruation that typically involves cramps caused by uterine contractions.**
- **Dysmenorrhea is divided into two categories: 1] Primary dysmenorrhea 2] Secondary**

Definitions

- **Primary dysmenorrhea** is defined as painful menstruation with no identifiable pelvic pathology.
- **Secondary dysmenorrhea** is defined as painful menstruation due to pelvic or uterine pathology.

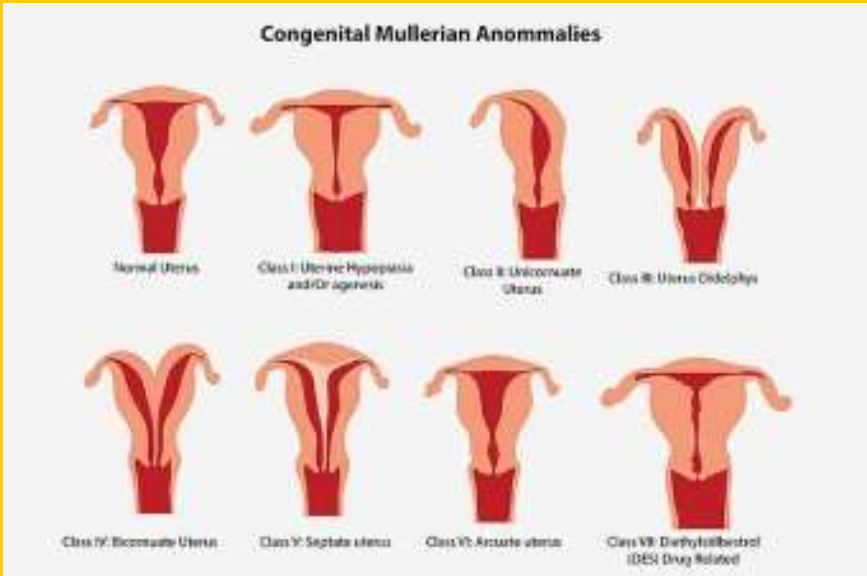
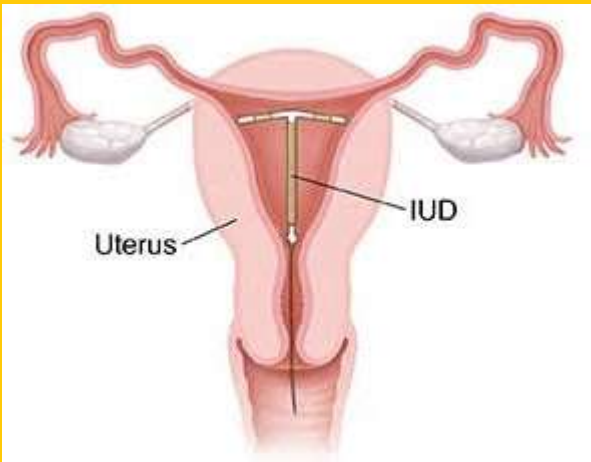
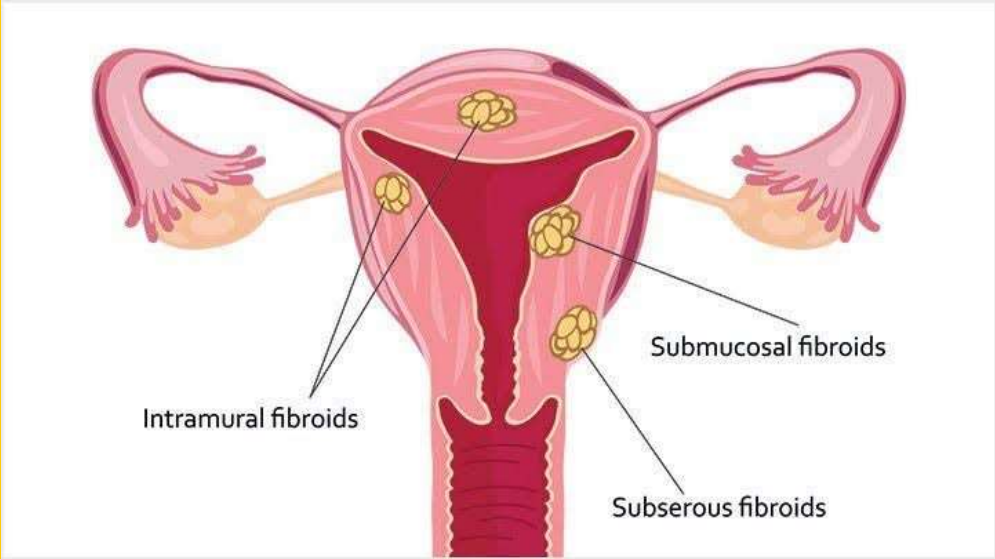
Causes

- **Primary dysmenorrhea causes are:**
- **Increased prostaglandin production by the endometrium in an ovulatory cycle which cause contraction of the uterus.**

Causes

- **Secondary dysmenorrhea causes are**
 - a) Endometriosis**
 - b) Adenomyosis**
 - c) Pelvic infection**
 - d) Uterine fibroids**
 - e) Intrauterine device**
 - f) Congenital uterine or vaginal anomaly.**

Causes



Symptoms

- **Pain in the lower abdomen.**
- **Pain may radiate to the lower back to the thighs.**
- **Pain may be sharp pelvic cramps or deep and dull ache.**

Symptoms Continued...

- **Primary dysmenorrhea**
starts from 12 to 24 hours before
the onset of menses.
- **Abdominal pain often accompanied**
by Nausea
Diarrhea
Fatigue
Light headache or dizziness.

Symptoms Continued...

- **Secondary dysmenorrhea : usually occurs after the women has experienced problem free periods for sometime.**
- **Pain may be unilateral, constant and continues, longer than primary dysmenorrhea.**
- **May be**
 - Painful intercourse**
 - Painful defecation**
 - or irregular bleeding may occur at times other than menses.**

Assessment & Diagnosis

- **History collection**
- **Physical examination**

Primary

dysmenorrhea:

Cramping pain with menstruation and the physical examination is completely normal.

Secondary dysmenorrhea:

If the signs and symptoms are present then further diagnostic

Assessment & Diagnosis

- **Laboratory tests:**
 - CBC – evidence of infection**
 - Urine analysis**
 - Cervical culture to exclude STI.**
 - ESR (erythrocyte sedimentation rate)**
to detect an inflammatory process.

Assessment & Diagnosis

Non invasive diagnostic procedure:

Abdominal and transvaginal ultrasound.

Invasive diagnostic procedure:

Laparoscopic examination

Hysteroscopy and D & C

(dilatation

and curettage).

Treatment

- **Pain relief:**
- **NSAIDs, e.g. naproxen, ibuprofen.**
- **Low doses of oral contraceptive pills**
- **Heat application:**
- **Heat is applied to the lower abdomen or back may reduce pain**
- **Life style changes like daily exercises, weight loss, smoking cessation**
- **Relaxation techniques: sleep, rest, avoid unnecessary work load.**

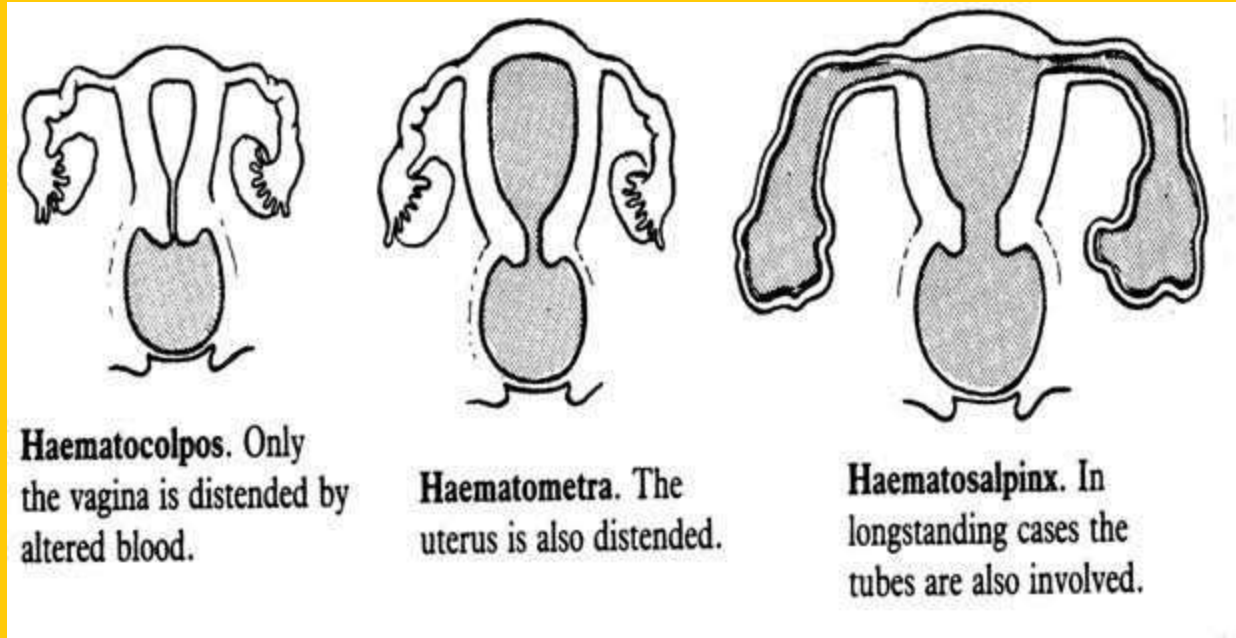
Treatment....

To treat secondary dysmenorrhea:

Management of secondary dysmenorrhea is directed at diagnostic and treatment of underlying causes (e.g. endometriosis or pelvic inflammatory disease).

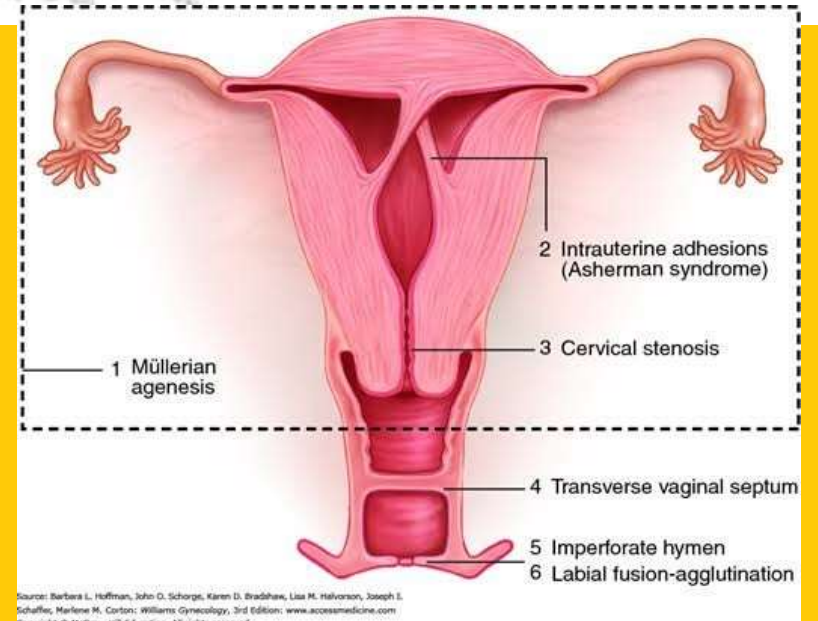
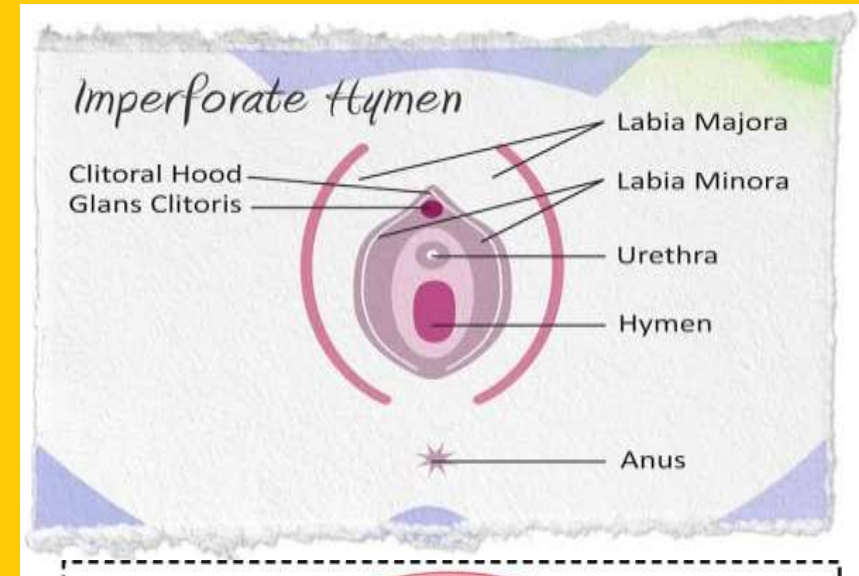
CRYPTOMENORRHEA

- Menstruation occurs but there is obstruction to the outflow of blood



Causes

- **Congenital:**
imperforate hymen
- **Acquired:**
vaginal atresia,
cervix stenosis



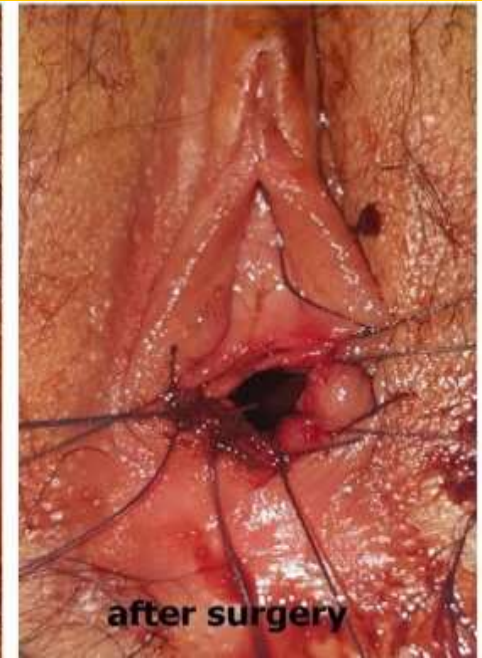
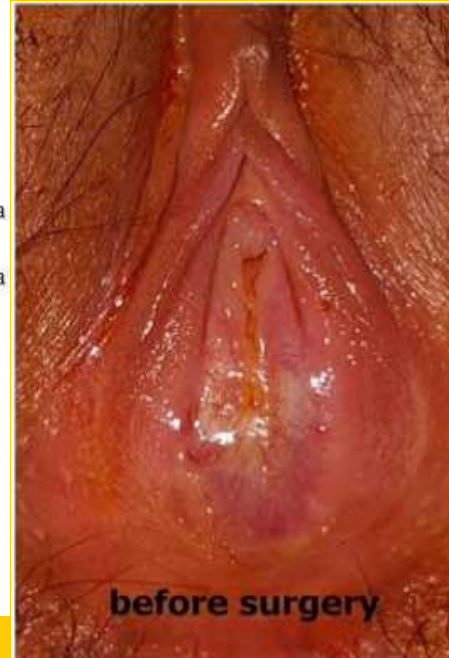
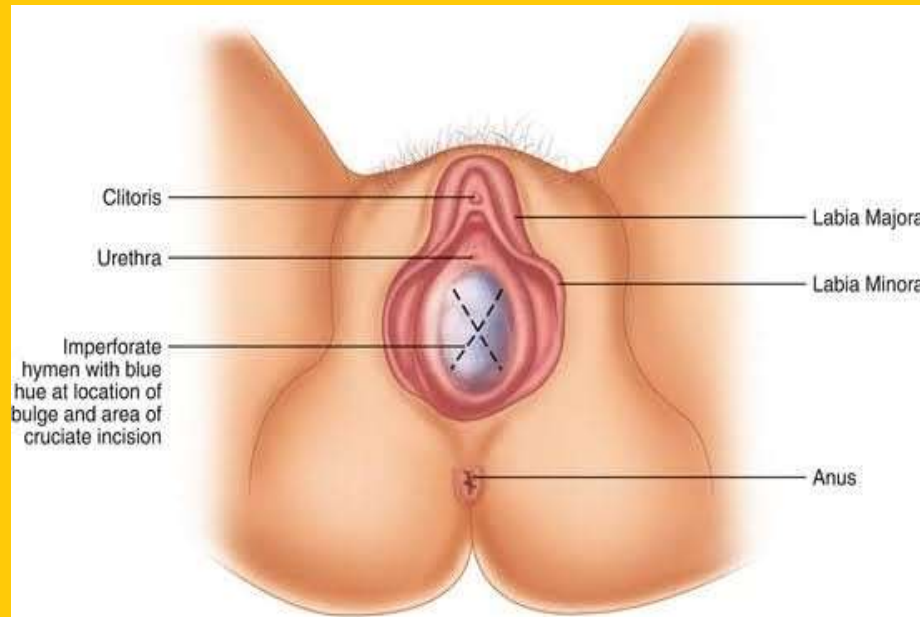
Clinical features

- Amenorrhea –absence of menstrual periods
- Lower abdominal pain
- Retention of urine
- Uniform globular abdomen
- Bulging hymen -



Management

- **Cruciate incision of hymen and drainage of blood.**
- **Dilatation of cervix in stenosis**



Dysfunctional uterine bleeding

Dysfunctional uterine bleeding

- **Definition:**

Dysfunctional uterine bleeding is an abnormal uterine bleeding an pathological manifestation of the female reproductive tract and does not have a known genital organic cause.

It reflects a disruption in the normal cyclic pattern of ovulatory hormonal stimulation to the endometrial lining.

Classification

- **Primary (DUB):** there is no detectable disease in the genital tract or else where in the body.

It is due to dysfunction in the menstrual or ovarian cycle.

- **Secondary(DUB):** disorders outside the genital tract is the cause of bleeding like hypothyroidism, IUCD, hormone for contraceptive or other

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Etiology

- **Primary (DUB):**
- **Lack of ovulation (anovulation)**
- **Hypothalamic disorder**
- **In case of adolescents, DUB can happen because they often do not ovulate as their pituitary –ovarian axis matures.**
- **In case of premenopausal women, it can happen due to irregular ovulation because of their decreasing ovarian hormone**

Continued

- **Hormones : low dose or large dose of progesterone.**
- **IUCD: ulceration of endometrium and increased vascularity.**
- **Bleeding disorders: thrombocytopenia.**
- **Hypothyroidism: direct effect of thyroxin.**

Normal menstrual cycle

- **Cycle length** - **28 days**
- **20-27 days**
- **At age 40** - **2-7 days**
- **Duration** - **8 days or longer**
- **Excessive**
- **Amount** - **40 ml**

Clinical feature

- **Breast tenderness**
- **Nausea**
- **Urinary frequency**
- **Fatigue**
- **Excessive vaginal bleeding with severe pain or cramping**
- **Excessive vaginal bleeding with passage of tissue**
- **Weight gain.**

Diagnosis

- **History collection about : age, parity, fertility, occupation, amount, duration, bleeding disorders, or thyroid dysfunction, contraceptive devices, and social or personal background.**
- **Abdominal and pelvic examination**
- **Physical assessment.**

Continued

- **Hysteroscopy**
- **Complete blood count**
- **Human chorionic gonadotropin (HCG)**
- **Pap smear**
- **Thyroid function test**
- **Coagulation studies/ factors**
- **Other hormone assays, as indicated**

Medical management

- **Non pharmacological management: hot/cold application**
- **Bed rest**
- **Proper nutrition**
- **Oral iron therapy**
- **Treatment of secondary disease.**
- **Medical therapy: NSAID, hormone therapy, prostaglandin inhibitors.**

Surgical management

- **Endometrial ablation**
- **Hysterectomy**
- **Radiotherapy**
- **Transcervical resection**
- **Uterine curettage.**