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Suicidal tendencies.

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DYSMENORRHEA

Primary dysmenorrhea is painful menstruation c no identifiable pelvic pathology. It occurs at the time of menarche or shortly thereafter. Crampy pain that begins before or shortly after the onset of menstruation & continue for 48 to 72 hrs.

Clinical Manifestations

- Frequently pain that occurs several days before menses.
- Nausea
- Dizziness
- Diarrhea
- Backache.

Assessment & diagnostic findings:

- A pelvic examination is performed to rule out possible disorders, such as PID endometriosis, uterine fibroids
- A laparoscopy may be performed to identify organic causes.

Management

- In primary dysmenorrhea the reason for the discomfort is explained & the patient is assured that menstruation is a normal function of the reproductive system.
- Symptoms usually subside c appropriate medication. Useful medication includes prostaglandin antagonists such as NSAIDS (Ibuprofen, naproxen.

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- Continuous low-level local heat may also be effective in relieving primary dysmenorrhea. Heat therapy & medication have been found to work well in combination.
- The patient is encouraged to continue her usual activities & to increase physical exercise if possible because this relieves discomfort for some women.

CRYPTOMENORRHOEA

Also known as hematocolpos, is a condition where menstruation occurs but is not visible, due to obstruction of the outflow tract.

- A patient ć crypto. will appear to have Amenorrhea but will experience cyclic menstrual pain.

Signs & Symptoms

- lower abdominal pain
- on abdominal exam. Swelling is felt on palpation
- on rectal exam. a large bulging mass is felt.

Diagnosis

It can be easily diagnosed using ultrasound. The vagina is commonly seen filled ć blood & the uterus usually appears pushed upward.

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Treatment

A simple crucial incision followed by excision of flaps of hymen allows drainage of the retained menstrual blood.

- A blind vagina will require a partial or complete vaginoplasty.
- Hematosalpinx may require laparotomy or laparoscopy for removal or reconstruction of affected tube.

DYSFUNCTIONAL / ABNORMAL UTERINE BLEEDING / anovulatory bleeding

It is defined as irregular, painless, bleeding of endometrial origin that may be excessive, prolonged, or both pattern.

- It can occur at any age but is most common at opposite ends of the reproductive lifespan.

- Abnormal or unusual vaginal bleeding that is typical in time or amount must be evaluated.
- A physical examination is performed & the patient is evaluated for conditions such as pregnancy, infection anatomic abnormalities, trauma, endocrine disorders.

Types

1. Menorrhagia: is prolonged or excessive bleeding at the time of regular menstrual flow. In young women the

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cause is usually related to endocrine disturbance.

2. Metrorrhagia: vaginal bleeding btw regular menstrual periods., is probably the most significant form of menstrual dysfunction because it may signal cancer, benign tumors of the uterus. or other gynecologic problems.

3. Polymenorrhea: too frequent menstruation

4. Oligomenorrhea: infrequent or light menstrual cycles.