Educational Topic 46: Dysmenorrhea

Rationale: Dysmenorrhea is a common and sometimes debilitating condition in reproductive age women. Accurate diagnosis guides effective treatment.

Intended Learning Outcomes:

A student should be able to:

- Define dysmenorrhea and distinguish primary from secondary dysmenorrhea
- Describe the pathophysiology and identify the etiologies of dysmenorrhea
- Discuss the steps in the evaluation and management options for dysmenorrhea

TEACHING CASE

CASE: A 14 year-old G0 female presents with severe dysmenorrhea for the past six months. She began menstruating 10 months ago. Her first two periods were pain-free and 2 months apart. Since then, she has menstruated every 28 days, and has associated nausea, diarrhea, and headaches. She misses school due to the pain. She says that she gets partial relief by using 3-4 Advil, two or three times a day during her period.

You speak to the patient without her mother about the possibility of sexual activity, which she denies. She is a good student, involved in sports and after school programs. She denies use of drugs or alcohol.

The review of systems, past medical history and social history are noncontributory. The patient’s mother has endometriosis.

Physical examination:

She is afebrile. Abdominal exam is benign. Because the patient is virginal, pelvic examination is deferred. Abdominal pelvic ultrasound reveals a normal size anteflexed uterus and normal sized ovaries with multiple small sub-centimeter follicles. There are no adnexal masses or tenderness.

Laboratory:

Urinalysis is negative for blood, nitrites and leukocytes.
COMPETENCY-BASED DISCUSSION & KEY TEACHING POINTS:

Competencies addressed:

- Patient Care
- Medical Knowledge
- Systems-based Practice

1. Define and distinguish between primary and secondary dysmenorrhea.

2. What is the differential diagnosis and most likely diagnosis?

3. What additional evaluation is needed?

4. How would you manage the diagnoses in #1 above?

REFERENCES
