Symptoms Often Co-Occurring with Menstrual Pain

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Introduction

Dysmenorrhea, also referred to as painful periods or menstrual cramps, is pain during menstruation. Its usual onset occurs round the time that menstruation begins. Symptoms typically last but three days. The pain is typically within the pelvis or lower abdomen. Other symptoms may include back pain, diarrhea or nausea.

Dysmenorrhea can occur without an underlying problem. Underlying issues which will cause dysmenorrhea include uterine fibroids, adenomyosis, and most ordinarily, endometriosis. It’s more common among those with heavy periods, irregular periods, those whose periods started before twelve years aged and people who have a coffee weight. A pelvic exam and ultrasound in individuals who are sexually active could also be useful for diagnosis. Conditions that ought to be ruled out include extraterine pregnancy, pelvic disease, interstitial cystitis and chronic pelvic pain. Dysmenorrhea occurs less often in those that exercise regularly and people who have children early in life.

Treatment may include the utilization of a hot pad. Medications which will help include NSAIDs like ibuprofen, hormonal contraception and therefore the IUD with progestogen. Taking vitamin B1 or magnesium may help. Evidence for yoga, acupuncture and massage is insufficient.

Secondary dysmenorrhea is that the diagnosis given when menstruation pain may be a secondary cause to a different disorder. Conditions causing dysmenorrhea include endometriosis, uterine fibroids, and uterine adenomyosis. Rarely, congenital malformations, intrauterine devices, certain cancers, and pelvic infections cause dysmenorrhea. If the pain occurs between menstrual periods, lasts longer than the primary few days of the amount, or isn't adequately relieved by the utilization of non-steroidal anti-inflammatory drugs (NSAIDs) or hormonal contraceptives, this might be a symbol for secondary causes of dysmenorrhea.

When laparoscopy is employed for diagnosis, the foremost common explanation for dysmenorrhea is endometriosis, in approximately 70% of adolescents. Other causes of dysmenorrhea include leiomyoma, adenomyosis, ovarian cysts, pelvic congestion, and cavitated and accessory uterine mass.

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