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Looking trough dysmenorrhea

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Case Discription: 14 years old patient that comes twice for dysmenorrhea with nauseas and vomits. It started since menarche at 9 years old. The pain has been increasing in the past 6 months, with bad response to antiinflamatory treatment, limiting her daily life.

Menstrual calendar: 5/28-30.

Physical exploration: not conclusive.

She is send to gincology with the suspect of secondary dysmenorrhea

Transrectal ultrasound: Double uterus that ends in a single vagina. Right anexial cyst. Loss of the left kidney. RMN and TAC don't give new information.

Diagnose: Doble uterus. With the ultrasound images and the symptoms it is decided to perform a laparoscopic surgery (histerostomy of the rudimentary uterus and right anexectomy) and she will be given analogs of GNRH monthly, to decrease the pain until the surgery. After the surgery the patient remains asintomatic

Conclusions: The main cause of absenteeism from school and from work in young women is dysmenorrhea, that is also the most frecuent gynaecological patholoy of women at reproductive age. It is our responsibility to distinguish between primary dysmenorrhea (more frecuent, no organic cause, asociated to ovulatory cycles, good response to hormonal treatment and AINES) and secondary dysmenorrhea that is characterized by having a organic cause, it start at a older age (except in cases of genital malformations), it also increases the intensity gradually and bad response to treatment. Mainly it is caused by endometriosis and pelvic inflammatory disease (normally it course with fever).

So if we suspect secondary dysmenorrhea, we have to send the patient to gynecology. in this case, having a ultrasound scanner in primary care would have been very helpful to guarantee an efficient care to the patient.

Keywords: dysmenorrhea, menstrual pain, menstrual disorders