



Dysmenorrhea, commonly known as "menstrual pain", is one of the most frequent menstrual disorders, affecting nearly 50% of women of childbearing age. It is characterized by pelvic pains, often described as cramps or spasms, occurring just before or during menstruation. These pains can be mild to severe, sometimes significantly interfering with daily activities and quality of life.

Two types of dysmenorrhea are distinguished: primary dysmenorrhea, which occurs in the absence of underlying pathology, and secondary dysmenorrhea, which is related to an identifiable gynecological condition.

Primary dysmenorrhea is the most common form, mainly affecting teenagers and young women. It is due to overproduction of prostaglandins, pro-inflammatory hormones secreted by the endometrium (uterine lining) during menstruation. These prostaglandins cause painful uterine contractions, cramps, and hypersensitivity of pelvic nerve endings. The pains are usually at their peak on the first or second day of menstruation, then gradually ease off.

Example: Sophie, 16, suffers from intense pelvic pains at each menstrual cycle since her menarche. These pains are sometimes accompanied by nausea, vomiting, and diarrhea, forcing her to regularly miss classes. After consulting her gynecologist and undergoing a normal ultrasound examination, the diagnosis of primary dysmenorrhea is made. Treatment with non-steroidal anti-inflammatory drugs (NSAIDs) and oral contraception is suggested to relieve her symptoms.

Secondary dysmenorrhea, on the other hand, is caused by an underlying gynecological pathology, such as endometriosis, adenomyosis, uterine fibroids, uterine malformations, or

pelvic infections. In this case, pains can occur at any time of the cycle, not just during menstruation, and progressively worsen over time. Other associated symptoms, such as abnormal bleeding, dyspareunia (pain during intercourse), or infertility, can point towards an organic cause.

Anecdote: Julie, 28, has been suffering from disabling pelvic pains for several years, which are not relieved by any painkiller. These pains are accompanied by heavy periods, deep dyspareunia, and chronic fatigue. After a comprehensive examination including pelvis MRI, the diagnosis of severe endometriosis is made. Medical treatment with GnRH analogues and surgery to remove the lesions are suggested to relieve her symptoms and preserve her fertility.

The management of dysmenorrhea depends on its severity and cause. For primary dysmenorrhea, the first-line treatments are NSAIDs (ibuprofen, naproxen), which inhibit the synthesis of prostaglandins and reduce inflammation. They must be taken as soon as the first signs of pain appear, at a sufficient dose, and for the entire duration of menstruation. Combined oral contraceptives can also be suggested, as they decrease the production of prostaglandins by atrophying the endometrium. Other non-drug measures, such as the application of local heat, massages, relaxation or acupuncture, can help relieve the pains.

For secondary dysmenorrhea, the treatment will depend on the underlying pathology. In the case of endometriosis, for example, a hormone treatment (progestin pill, GnRH analogue) aimed at resting the endometrium may be suggested, with or without surgery to remove the lesions. For symptomatic uterine fibroids, myomectomy (removal of fibroids) or arterial embolization may be considered. Pelvic infections should be treated with appropriate antibiotic therapy.

Example: Marie, 35, has been suffering from cyclic pelvic pain for several months, associated with menorrhagia (heavy periods) and pelvic heaviness. Pelvic ultrasound reveals the presence of multiple uterine fibroids, including one of 6 cm deforming the uterine cavity. After discussing the various therapeutic options with her gynecologist, Marie opts for laparoscopic myomectomy, which allows the removal of fibroids while preserving the uterus, in view of a future pregnancy.

In summary, dysmenorrhea is a common menstrual disorder, which can have a significant impact on women's quality of life. It is important to distinguish between primary dysmenorrhea, linked to overproduction of prostaglandins, and secondary dysmenorrhea, caused by an underlying gynecological pathology. A careful clinical evaluation, sometimes supplemented by imaging tests, allows the diagnosis to be made and guides the management. Treatment will depend on the severity of the symptoms and the identified cause, ranging from NSAIDs and oral contraceptives for primary dysmenorrhea, to specific treatments (hormone therapy, surgery) for underlying pathologies. A multidisciplinary approach, combining medical treatments and non-drug measures, helps optimize pain relief

and improve the quality of life of women suffering from dysmenorrhea.

Key points to remember:

1. Dysmenorrhea, or menstrual pain, is a frequent disorder affecting nearly 50% of women of childbearing age.
2. There are two types of dysmenorrhea: primary dysmenorrhea, without underlying pathology, and secondary dysmenorrhea, related to an identifiable gynecological condition.
3. Primary dysmenorrhea is due to overproduction of prostaglandins, causing painful uterine contractions. It mainly affects teenagers and young women.
4. Secondary dysmenorrhea is caused by gynecological pathologies such as endometriosis, adenomyosis, uterine fibroids, uterine malformations, or pelvic infections.
5. Treatment of primary dysmenorrhea relies on NSAIDs and combined oral contraceptives, as well as non-drug measures (local heat, massages, relaxation, acupuncture).
6. Management of secondary dysmenorrhea depends on the underlying pathology and may include hormone treatment, surgery, or antibiotic therapy.
7. A careful clinical evaluation and sometimes imaging tests are necessary to make the diagnosis and guide treatment.
8. A multidisciplinary approach, combining medical treatments and non-drug measures, helps optimize pain relief and improve quality of life for women suffering from dysmenorrhea.