

Disorders of Menstruation in Adolescent Girls



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KEYWORDS

- Adolescent • Menstrual disturbances • Amenorrhea • Menstruation
- Dysmenorrhea • Abnormal uterine bleeding

KEY POINTS

- Distinguishing whether the teen is ovulatory or not can be helpful in narrowing the differential diagnosis.
- The menstrual cycle can take several months to become regular and ovulatory. Reassurance may be all that is necessary but treat if interfering with activities or depleting the teen (physically and/or emotionally).
- Primary physiologic dysmenorrhea is usually not present at menarche; it accompanies the establishment of ovulatory cycles. Take NSAIDs proactively and be suspicious of endometriosis if properly administered nonsteroidal antiinflammatory drugs (NSAID) in combination with Combined Contraceptives (CCs) fail to control dysmenorrhea. Similarly, be suspicious of outflow obstruction if dysmenorrhea is intractable, if menarche is painful or if puberty is near complete and no menses has occurred.
- CCs offer many benefits but teens and/or parents often have misinformation about safety and side effects that must be addressed.
- Functional amenorrhea is a diagnosis of exclusion and is caused by an imbalance of stress, diet, and/or exercise. These factors can also cause irregular menses.
- It can be difficult to identify polycystic ovarian syndrome (PCOS) patients during adolescence.
- With true menorrhagia, take bleeding history from teen and her family.

INTRODUCTION

Abnormal menstruation in adolescent girls can cause psychological, emotional, and physical strain from excess, unpredictable, painful, or even absent bleeding. This article discusses these common complaints and describes variations of normal, including the maturation of the hypothalamic-pituitary-ovarian (HPO) axis, but goes on to provide indications for reassurance alone versus active intervention. (Figs. 1 and 2) show broad differential diagnoses for common symptoms. It is important for readers to recognize that these key figures and their list of underlying

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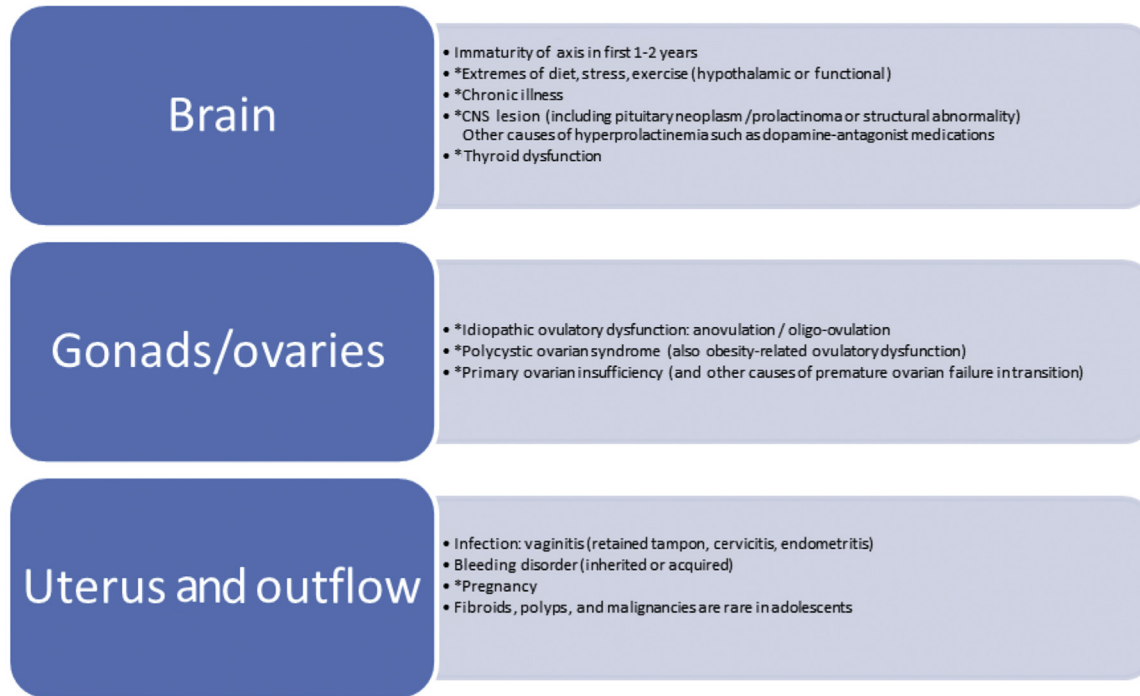


Fig. 1. Abnormal uterine bleeding in adolescents: heavy, prolonged, and/or irregular (those noted with an asterisk can also present as secondary amenorrhea). CNS, central nervous system.

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