

Common Gynaecological Symptoms: Causes, Diagnosis, and Management

Vaibhavi Chaudhri*

Department of Paediatrics, Gujarat Adani Institute of Medical Sciences, India

INTRODUCTION

Symptoms of several gynaecological disorders can be similar. Women with polycystic ovarian syndrome (PCOS) may experience irregular, heavy bleeding with spotting and post-coital bleeding (PCB), while women with a sub mucosal fibroid may experience similar symptoms [1].

It is critical to make an accurate diagnosis of the problem and its cause in order to give suitable therapy that considers the intended outcome for women. This is especially true when it comes to fertility concerns.

Abnormal Bleeding: Abnormal bleeding is a regular occurrence during and after a woman's reproductive life. NICE updated Clinical Guideline (CG) 44 on the assessment and management of heavy menstrual bleeding (HMB) in 2018, which is a useful source of clinical information.

Abnormal bleeding can cause the following symptoms:

- Menstruation varies in length and flow.
- Intermenstrual bleeding (IMB)
- 1 year after menopause, postmenopausal bleeding (PMB) starts, which includes bleeding that happens when a woman is on hormone replacement treatment.

These signs and symptoms might appear alone or in combination. Women may also experience discomfort and pressure.

History

A complete medical history must first be obtained from the woman. It should include the following:

- The time it takes between one cycle's first days of bleeding to the next cycle's first day of bleeding.
- Results of the most recent cervical screening
- Any discharge from a prior or current sexually transmitted infection
- Any gynaecological procedures

- The quantity of blood loss per day, which can be determined by asking about pad or tampon changes, clots, floods, and whether or not the lady is able to leave the house.
- The days of the cycle on which it takes place
- If there are any cyclical hormonal changes during the month
- Usage of hormonal contraception

Examinations: In addition to a thorough medical history, speculum and pelvic examinations are required. The cervix is examined with a speculum, which can detect polyps, erosion, and cancer. The pelvic exam may reveal a lump, which could suggest the presence of fibroids, as well as pain, which could signal additional pathology [2].

Investigations: In addition to any HMB medication, all women with HMB should have a complete blood count performed. A blood ferritin test for suspected anaemia should not be performed on women with HMB on a regular basis. Thyroid-stimulating hormone (TSH) is used to investigate HMB in the absence of pathology and when other clinical symptoms of thyroid disease are present, as well as follicle-stimulating hormone (FSH), luteinizing hormone, and oestradiol in the case of irregular bleeding and suspected hormonal dysfunction. In women who use combination oestrogen and progestogen contraception or high-dose progestogen, oestradiol testing should not be used to identify menopause, and a serum FSH test should not be used to diagnosis menopause. Only women over the age of 50 should get an FSH test to identify menopause [3].

Pelvic discomfort: In addition to gynaecological causes, bowel, bladder, and musculoskeletal causes of pelvic discomfort may need to be ruled out.

Investigations and Examinations: To determine the causes of pelvic pain, vaginal and pelvic examinations, ultrasound, magnetic resonance imaging, and, in some circumstances, diagnostic laparoscopy may be used.

Symptoms, Causes, and Treatments

One of the most common causes of pelvic pain in women is endometriosis. It usually causes pain during and immediately after

*Correspondence to: Vaibhavi Chaudhri, Department of Paediatrics, Gujarat Adani Institute of Medical Sciences, India, E-mail: cvaibhavi@yahoo.com

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periods, as well as during sexual activity. Non-cyclical pain is also experienced by certain women. It takes an average of 7.5 years from the onset of symptoms to a diagnosis. Passing pee and defecating can also be painful. Women who have ascites and/or a pelvic or abdominal mass that isn't uterine fibroids should be evaluated for ovarian cancer right once. If women, especially those over 50, report any of the following symptoms on a regular or frequent basis, particularly more than 12 times per month, have them tested in primary care [4,5].

- Abdominal constriction
- Early satiety (fullness) and/or decrease of appetite
- Abdominal or pelvic discomfort
- Urinary urgency and/or frequency have increased.

SUMMARY

When seeing and treating women with gynaecological issues, it's crucial to keep in mind that one presenting symptom can

have a variety of causes. Establishing the exact reason can aid in treatment and symptom resolution. Although criteria are crucial, certain symptoms will fall outside of them, thus having a thorough understanding and getting a thorough clinical history are essential.

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