332 W8 Synchronous Reflection Option B

Your Name

Institution

332 W8 Synchronous Reflection Option B

## Explains in simple words the difference between dysmenorrhea primary and dysmenorrhea secondary.

Medical term Dysmenorrhea is used for pain related to menstruation. Dysmenorrhea can be of two types: Primary Dysmenorrhea, and Primary Dysmenorrhea. Dysmenorrhea is excessive menstrual pain. Dysmenorrhea is a menstrual cramp also known as menstrual uterine contractions are of higher frequency, duration, and strength as compared to the normal menstrual cycle (Dawood, 1985).

### Primary Dysmenorrhea

Primary dysmenorrhea is frequent and common menstrual cramp. There are no diseases cause such cramps. The cramps occur after one or two years of the first period. More than 50 % of women are affected by primary dysmenorrhea. Primary dysmenorrhea occurs mostly during the early stage of puberty (Dawood, 1985). The problem of primary dysmenorrhea eases with maturity, especially after pregnancy. The pain starts one or two days before menstrual bleeding. Region of the pains includes thighs, back, and lower abdomen. Primary dysmenorrhea’s pain usually lasts 1 to 3 days. Moreover, primary dysmenorrhea can also cause diarrhea, fatigue, vomiting, and nausea.

Doctor checks the medical history and examines pelvic to determine that the cramps are due to primary dysmenorrhea. The pelvic exam can be performed during menses in primary dysmenorrhea. Pelvic exam during menses may cause discomfort to the patient but it will not affect the results.

### Secondary Dysmenorrhea

Secondary Dysmenorrhea is a menstrual pain causing due to some disorder in women’s reproductive organs. This gynecological disorder can be due to infection, uterine fibroids, adenomyosis, or endometriosis. Unlike primary dysmenorrhea, secondary dysmenorrhea occurs in adulthood (Dawood, 1985). Pain from secondary dysmenorrhea lasts longer than common menstrual cramps, and it starts in the early menstrual cycle. In secondary dysmenorrhea, pain does not cause diarrhea, fatigue, vomiting, or nausea.

Secondary dysmenorrhea can be diagnosed through physical examination. In addition, laparoscopy and radiologic studies are used for examination. In laparoscopy, a tiny flexible tube is inserted through a small incision below the navel. Laparoscopy is performed in order to inspect pelvic and internal abdominal organs

## Phimosis and paraphimosis.

### Phimosis

Phimosis is a condition occurs in a young boy in which he is unable to retract penis foreskin behind its head (Y Hayashi, 2011). Phimosis causing pain or difficulty in urination. It can also cause a painful erection. Phimosis can be of two types: physiologic phimosis, and pathologic phimosis. In physiologic phimosis, children have the tight foreskin of the penis. The separation of foreskin happens during early puberty in late childhood. In pathologic phimosis, there is an infection present which is causing such disorder. In addition to infection, pathologic phimosis can also be caused due to scarring or inflammation. Pathological phimosis mostly found in adult men who are uncircumcised. Physiologic phimosis is present the boy at birth. Mostly it resolves on its own. At birth, most boys do not have fully retractable foreskin on their penis. Boys develop retractable foreskin as they get older, it becomes fully retractable in early puberty. Phimosis can be diagnosed by a physical examination done by a healthcare professional, and no additional tests are required to diagnose phimosis. Treatment of phimosis depends upon the age of the patient and the resulting symptoms. Phimosis is usually treated with steroid ointments. The ointment is applied on the foreskin which softens the skins. Circumcision is more beneficial treatment as compared to steroid ointments.

### Paraphimosis

Paraphimosis is a condition in which foreskin is retracted but it is behind the head of the penis (Y Hayashi, 2011). The foreskin is unable to get back to its original position in paraphimosis. Blood flow to the glans penis is decreased, resulting in a urologic emergency. In paraphimosis, edema occurs with restriction worsens. In addition to edema, a tight tissue ring is also formed in the affected area. Paraphimosis is not very common, caused by trying to retract skin forcefully. Like phimosis, paraphimosis can easily be diagnosed by a doctor through physical examination. Manual reduction is usually performed in treating paraphimosis.

# References

Dawood, M. (1985). Dysmenorrhea. *The Journal of reproductive medicine*. Retrieved from https://europepmc.org/abstract/med/3158737

Y Hayashi, Y. K. (2011). Prepuce: phimosis, paraphimosis, and circumcision. *The Scientific World Journal*. Retrieved from https://www.hindawi.com/journals/tswj/2011/405910/abs/