

# 10 Gynecological Symptoms That Should Never Be Ignored

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# Introduction

- ❖ New to Boulder as of Dec 2020!
- ❖ Michigan State University
  - BS in Zoology
  - Doctorate of Osteopathic Medicine
- ❖ University of Michigan
  - Masters in Public Health
- ❖ Robotics interest since residency
- ❖ No financial disclosures



## 10 Gynecologic Symptoms That Should Not Be Ignored!

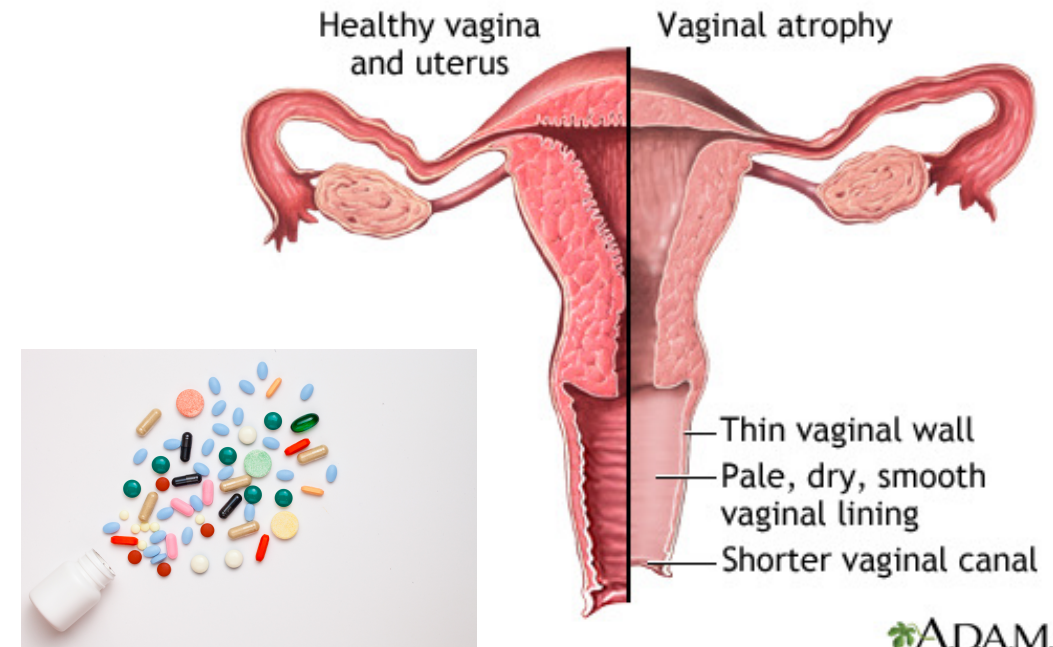


1. Postmenopausal bleeding
2. More than 1 period a month
3. Heavy periods
4. Missing periods for months
5. Painful periods
7. Pre-menopausal painful intercourse
8. Post-menopausal painful intercourse
9. Abnormal lesions
10. Bloating, Increasing pant size, Difficulty eating



# Postmenopausal Bleeding

- ❖ Menopause is defined as one year of no periods
- ❖ Any bleeding after menopause has been reached is considered abnormal and needs evaluation
- ❖ Many Causes
  - **Endometrial Cancer (what we must rule out!)**
  - Pre-cancerous cells (Hyperplasia)
  - Atrophy
  - Infection
  - HRT
  - Fibroids
  - Disease in adjacent organs
  - Anticoagulant therapy
  - Dietary supplements





# Postmenopausal Bleeding: **Evaluation**

- ❖ History
- ❖ Exam!
- ❖ Laboratory studies
  - FSH
  - Estrogen/Progesterone
  - Vaginitis culture
- ❖ Imaging!
  - Pelvic Ultrasound is the gold standard!
  - Uterine Lining (endometrial stripe) should be <4mm in a postmenopausal woman
- ❖ **Biopsy of the uterine lining (endometrium)**
  - In-office Endometrial Biopsy
  - Dilation and curettage in the OR



- ❖ Endometrial Cancer
  - Gynecologic Oncologist, surgical +/- medical management
- ❖ Pre-cancerous cells (Hyperplasia)
  - Can be treated with progesterone therapy
- ❖ Atrophy
  - Vaginal estrogen, vaginal laser therapies
- ❖ Infection
  - Infection dependent
- ❖ HRT
  - Adjust dosing/route
- ❖ Fibroids
  - Medical vs surgical
- ❖ Disease in adjacent organs
- ❖ Anticoagulant therapy
  - Adjust dosing/med
- ❖ Dietary supplements

# More than 1 period per month

- ❖ **Normal cycle** is defined as **28 days +/- 7 days (21 – 35 days)**, with menstrual flow lasting 4 +/- 2 days, and an average blood loss of 20 – 60 mL
- ❖ Can be many causes
  - External sources (hormonal contraception, HRT, Tamoxifen)
  - Hormonal imbalance (Thyroid disease)
  - Structural abnormalities
    - Uterine Polyp
    - Cervical Polyp
    - Fibroid
  - Pregnancy
  - Systemic causes (Liver disease, Coagulopathy)
  - Age related (adolescence vs peri-menopausal)





# More than 1 period per month: Evaluation

- ❖ History
- ❖ Exam
- ❖ Laboratory studies
  - TSH
  - CBC
  - Vaginitis culture
- ❖ Imaging!
  - Pelvic Ultrasound
  - Pelvic MRI
- ❖ Biopsy of the uterine lining (endometrium)
  - In-office Endometrial Biopsy
  - Dilation and curettage in the OR

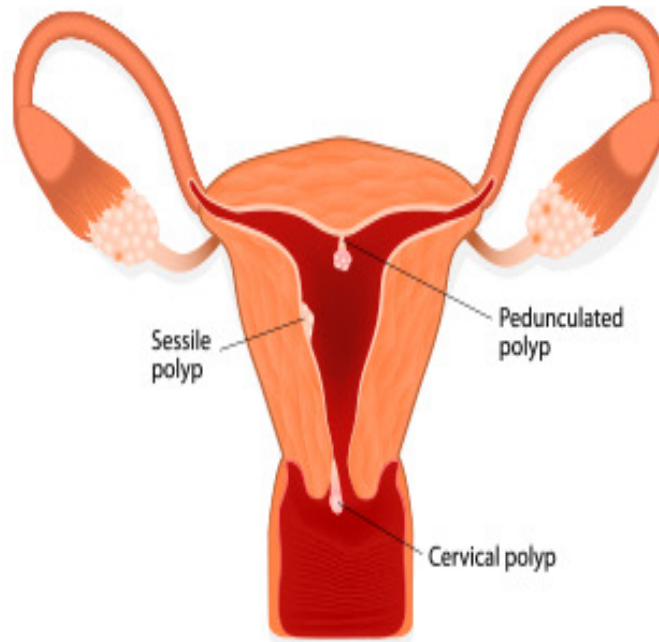


# More than 1 period per month: Treatment

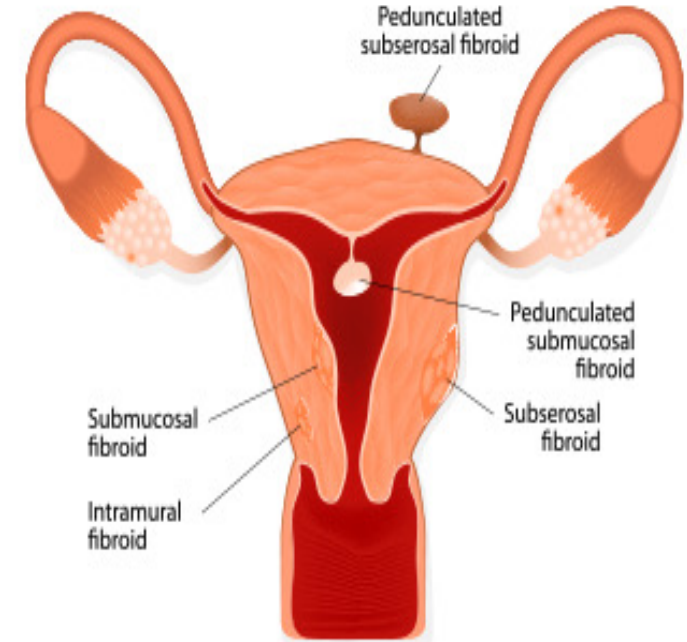
- ❖ Treatment varies based on causes
  - External sources (hormonal contraception, HRT, Tamoxifen)
    - ✓ Remove or modify medical therapy
  - Hormonal imbalance (Thyroid disease)
    - ✓ Based on condition
  - Pregnancy
  - Systemic causes (Liver disease, Coagulopathy)
  - Age related
    - ✓ Adolescents – medical therapy to regulate cycles
    - ✓ Post-menopausal

# More than 1 period per month: Treatment

- Structural abnormalities
  - Uterine Polyp
    - ✓ Hysteroscopic removal
  - Cervical Polyp
    - ✓ Office removal
  - Fibroid
    - ✓ Medical management
    - ✓ Uterine fibroid embolization
    - ✓ Myomectomy
    - ✓ Hysterectomy



UTERINE POLYPS



UTERINE FIBROIDS



# More than 1 period per month: Treatment

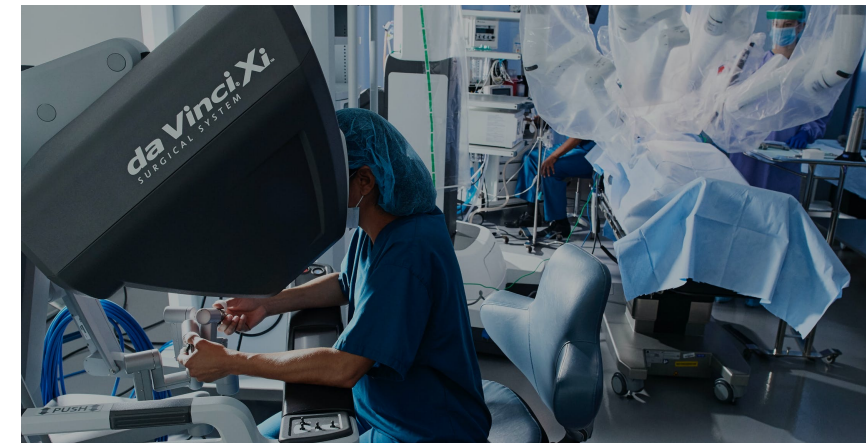
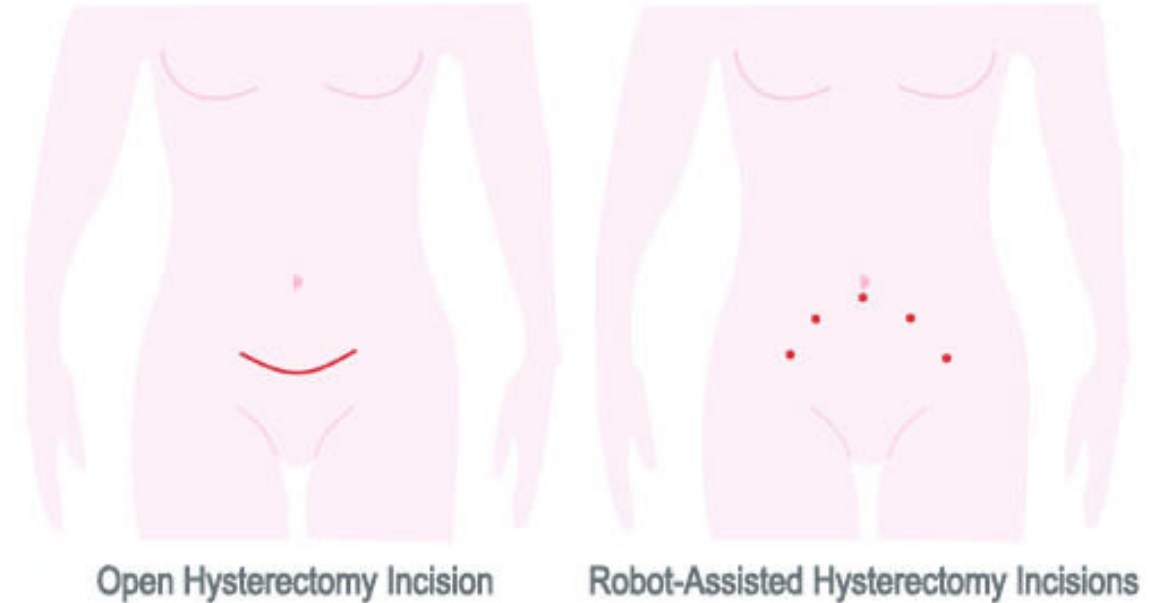
- Myomectomy
  - Done primary to preserve uterus for future child-bearing
    - ✓ Depending on extent of surgery, can impact method for future deliveries
  - Multiple routes for surgery
    - ✓ Hysteroscopic
    - ✓ Open abdominal
    - ✓ Minimally invasive (laparoscopic or robotic)



# More than 1 period per month: Treatment

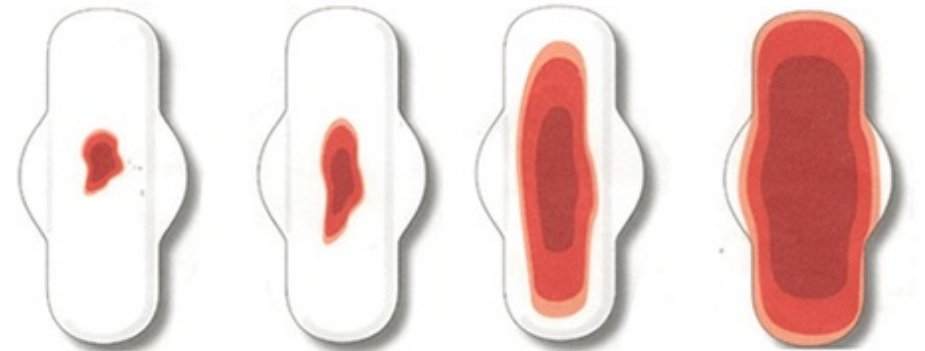
## ❖ Hysterectomy

- Refers to removal of uterus and cervix
- No impact on menopausal status, if ovaries left intact
- Multiple routes
  - ✓ Open Abdominal
    - Necessary for large uterus
  - ✓ Vaginal
    - No Incisions
    - "Blind" Procedure
  - ✓ Laparoscopic
    - Minimally invasive incisions
  - ✓ Robotic
    - Minimally invasive incisions
    - Greatest surgeon dexterity – able to complete more complicated procedures



# Heavy Periods

- ❖ Normal cycle is defined as 28 days +/- 7 days (21 – 35 days), with menstrual flow lasting 4 +/- 2 days, and an average blood loss of 20 – 60 mL.
- ❖ **Heavy periods can be defined as either:**
  - **Prolonged – lasting more than 7 days**
  - **Excessive blood loss – more than 80mL**
- ❖ Heavy periods also should be evaluated with an exam, laboratory studies and often pelvic US.
- ❖ Mostly similar causes as frequent periods.





# Heavy Periods: **Evaluation**

- ❖ History
- ❖ Exam
- ❖ Laboratory studies
  - TSH
  - CBC
  - Vaginitis culture
- ❖ Imaging!
  - Pelvic Ultrasound
  - Pelvic MRI
- ❖ Biopsy of the uterine lining (endometrium)
  - In-office Endometrial Biopsy
  - Dilation and curettage in the OR



# Heavy periods: **Treatment**

- ❖ Mostly similar causes causes
  - External sources (hormonal contraception, HRT, Tamoxifen)
    - ✓ Removal or modify sources
  - Hormonal imbalance (Thyroid disease)
    - ✓ Medical management
  - Structural abnormalities
    - Uterine Polyp
      - ✓ Surgical management
    - Cervical Polyp
      - ✓ Surgical management
    - Fibroid
      - ✓ Medical vs surgical management
  - Pregnancy
  - Systemic causes (Liver disease, Coagulopathy)
    - ✓ Medical management

# Missing Periods for months

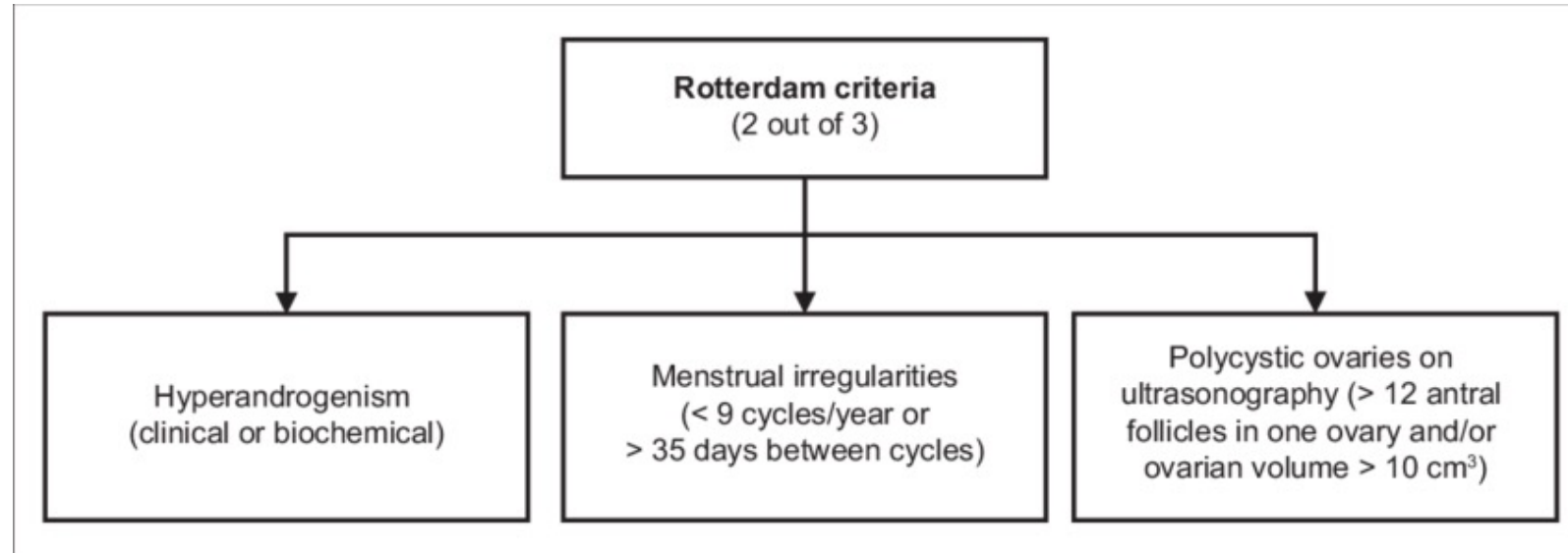
- ❖ Cycles with intervals longer than 35 days describe a state of oligomenorrhea – missing periods
  - Primary amenorrhea
    - Absence of period by age 15 yrs old
  - Secondary amenorrhea
    - Absence of period for 3 months in women with previous regular cycle, or 6 months for women with previously irregular cycle
- ❖ Most commonly associated with **PCOS**
- ❖ Other causes include:
  - Hyperprolactinemia
  - Thyroid disease
  - Primary ovarian failure
  - Intrauterine adhesions





# Missing Periods for Months: Evaluation

- ❖ History
- ❖ Exam
- ❖ Laboratory studies
  - Testosterone
  - FSH/LH
  - TSH, DHEA, Prolactin, 17-OHP
- ❖ Imaging
  - Pelvic US



**Don't ignore!!**

# Missing Periods for Months: Treatment

- ❖ Women not pursuing pregnancy
  - Combined Oral Contraceptives considered first line therapy
  - Metformin
  - Anti-androgens (i.e., spironolactone)
- ❖ Women pursuing pregnancy
  - 5-10% weight loss shown to increase fertility
  - Metformin
  - Ovulation induction (Clomiphene, Letrozole)
  - Assisted reproductive techniques with REI
  - Alternative methods such as acupuncture



# Painful Periods

❖ Sudden onset vs chronic

❖ Non-Emergent

- Endometriosis
- Adenomyosis
- Fibroids
- Ovarian cysts
- Infection
- Urologic causes
- GI causes

❖ Emergent

- Ovarian torsion
- Ectopic pregnancy
- Tubo-ovarian abscess



## ❖ History

- Character of pain
- Location of pain
- Timing of pain
- Severity of pain

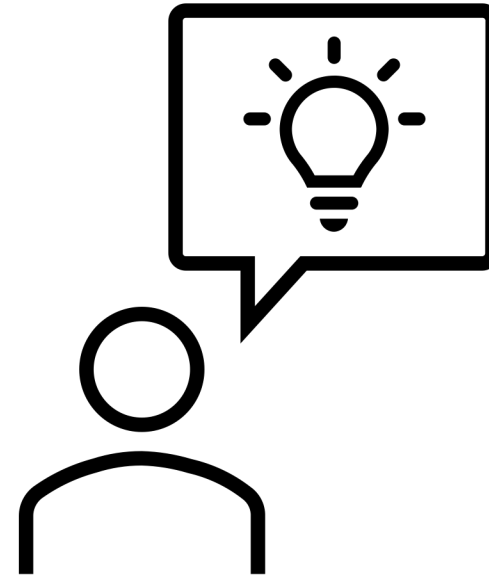
## ❖ Physical exam

## ❖ Laboratory studies

- Culture for infection
- Urine studies

## ❖ Imaging

- Pelvic Ultrasound
- Pelvic MRI





# Painful Periods: **Treatment**

## ❖ Medical

- Endometriosis
- Adenomyosis
- Fibroids
- Ovarian cysts

## ❖ Surgical

- Ovarian torsion
- Ectopic pregnancy
- Tubo-ovarian abscess
- Endometriosis
- Adenomyosis

## ❖ Alternative treatments



# Vulvar Itching

- ❖ Sudden onset vs chronic
- ❖ Itching
- ❖ Burning
- ❖ Dryness
- ❖ Discharge

## Possible Causes ...

Lichen Sclerosis

Lichen Planus

Psoriasis

Vulvar Intraepithelial Neoplasia (VIN)

Vulvar cancer

Infection

Atrophy

# Vulvar Itching: **Evaluation**

- ❖ History
- ❖ Exam
- ❖ Laboratory studies
- ❖ Treatment
- ❖ **Biopsy**



# Vulvar Itching: **Treatment**

## ❖ Medical

- Topical Steroids
- Topical estrogen
- Infection specific treatment

## ❖ Surgical

- Excision

## ❖ Continued monitoring



# Pre-menopausal Painful Intercourse

- ❖ Sudden onset vs chronic
- ❖ Multi-factorial
- ❖ Can be anatomic
  - Ovarian Cysts
  - Endometriosis
  - Pelvic organ prolapse
- ❖ Can be medical cause
  - Vulvodynia
  - Infection
  - Hormonal contraception



- ❖ History
- ❖ Exam
- ❖ Laboratory studies
  - ❖ Vaginal cultures for infection
  - ❖ Urine studies
- ❖ Biopsy
- ❖ Imaging

## ❖ Medical

- Ovarian Cysts – suppression of ovulation w/ OCPs or Depo
- Endometriosis – suppression of cycles
- Vulvodynia – PFT, Sex therapy, topical lidocaine, topical estrogen, TCA
- Infection
- Hormonal contraception – switch to non-hormonal such as ParaGard

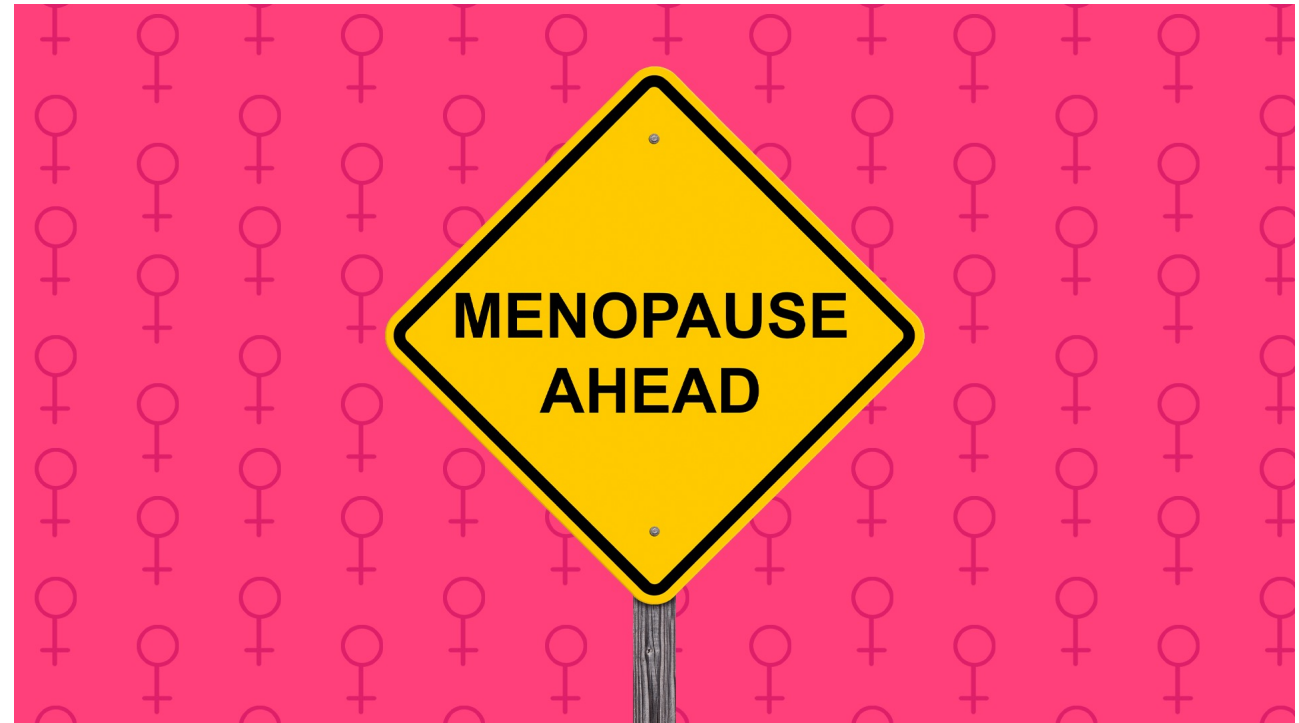
## ❖ Surgical

- Ovarian Cysts
- Endometriosis
- Pelvic organ prolapse

## ❖ Alternative treatments

- Sex therapy

- ❖ Multi-factorial
- ❖ Can be medical cause
  - Atrophy
  - Infection
  - Vulvodynia
- ❖ Can be anatomic
  - ❖ Pelvic Organ Prolapse
  - ❖ Narrowing of introitus





- ❖ History
- ❖ Exam
- ❖ Laboratory studies
  - ❖ Vaginal cultures for infection
  - ❖ Urine studies
- ❖ Biopsy
- ❖ Imaging

# Post-M Painful Intercourse: **Treatment**



## ❖ Medical

- Topical Steroids
- Topical Estrogen

## ❖ Pelvic Floor Therapy

- Pelvic floor relaxation
- Use of dilators

## ❖ Procedural

- Vaginal laser

## ❖ Alternative treatments

- Sex therapy



- ❖ You should be looking!
- ❖ You should be feeling!
- ❖ Can be signs of systemic conditions
- ❖ Growing/spreading/painful/irritating are concerning
- ❖ New products or meds?



- ❖ History
- ❖ Exam
- ❖ Laboratory studies
- ❖ Biopsy

*Herpes?*

*Syphilis?*

*Melanoma?*

*Lichen Sclerosis?*

*Crohn's*



- ❖ Treatments are as varied as possible diagnosis!
- ❖ Medical
- ❖ Surgical
- ❖ Alternative treatments

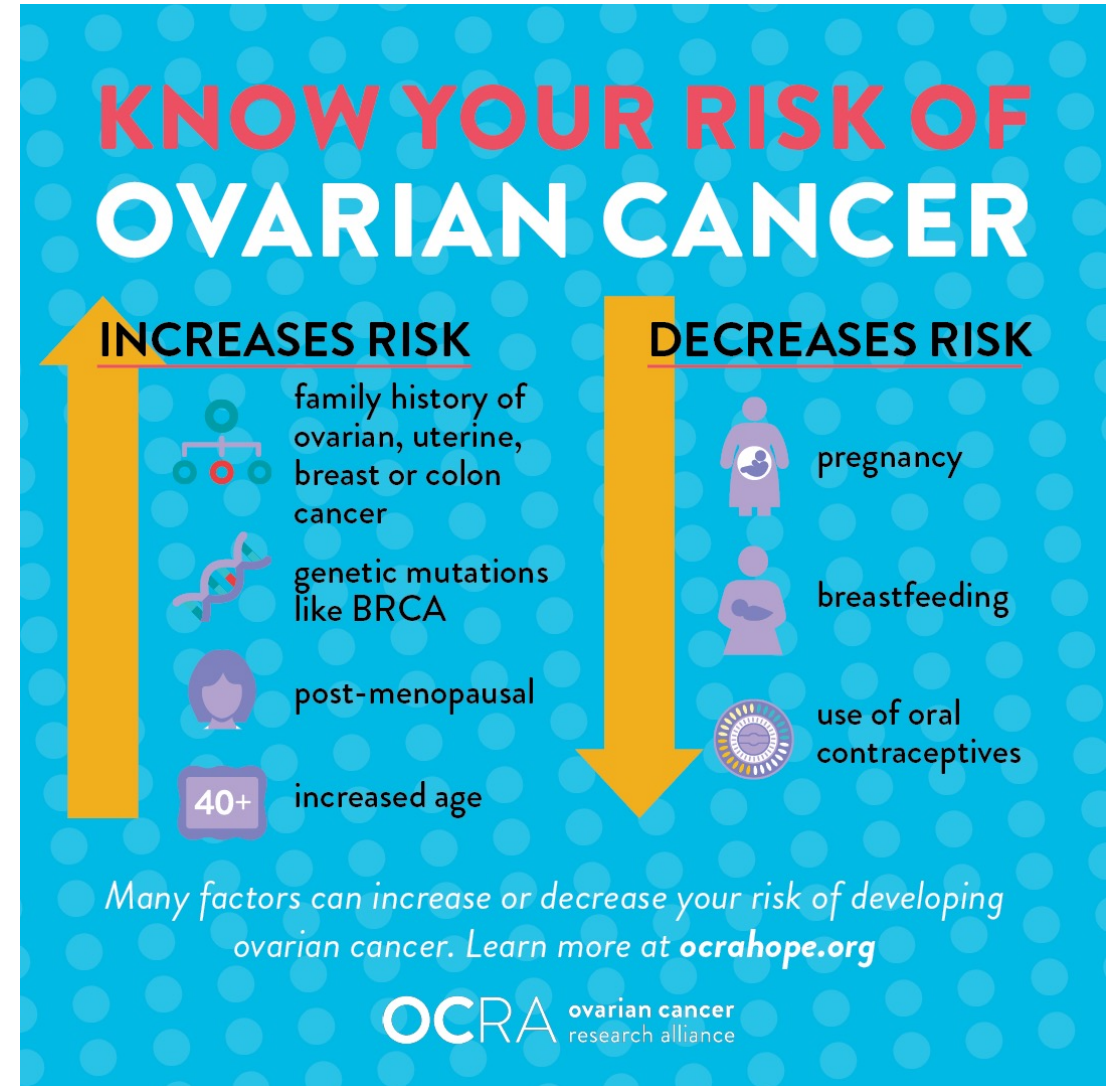
**Don't be shy, bring it up!**

# Bloating, Increasing Pant Size, Difficulty Eating

- ❖ Ovarian cancer is known as “silent killer”
- ❖ Typically no symptoms until advanced stages of disease
- ❖ Family history
  - Can give indication for genetic screening
- ❖ Most commonly reported symptoms:
  - Bloating
  - Urinary urgency or frequency
  - Difficulty eating or feeling full quickly
  - Abdominal or pelvic pain
  - Increased abdominal size or bloating

# Bloating, Increasing Pant Size, Difficulty Eating: **Evaluation**

- ❖ History
- ❖ Exam
- ❖ Imaging
  - Pelvic US
  - CT
- ❖ Laboratory Studies
  - Ca-125



# Bloating, Increasing Pant Size, Difficulty Eating: **Treatment**

- ❖ Referral to Gynecologic Oncologist
- ❖ Treatment usually a combination of medical and surgical



***Thanks for  
joining me  
tonight!***

If you would like to  
schedule an  
appointment,  
Call 303-747-4280



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