

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



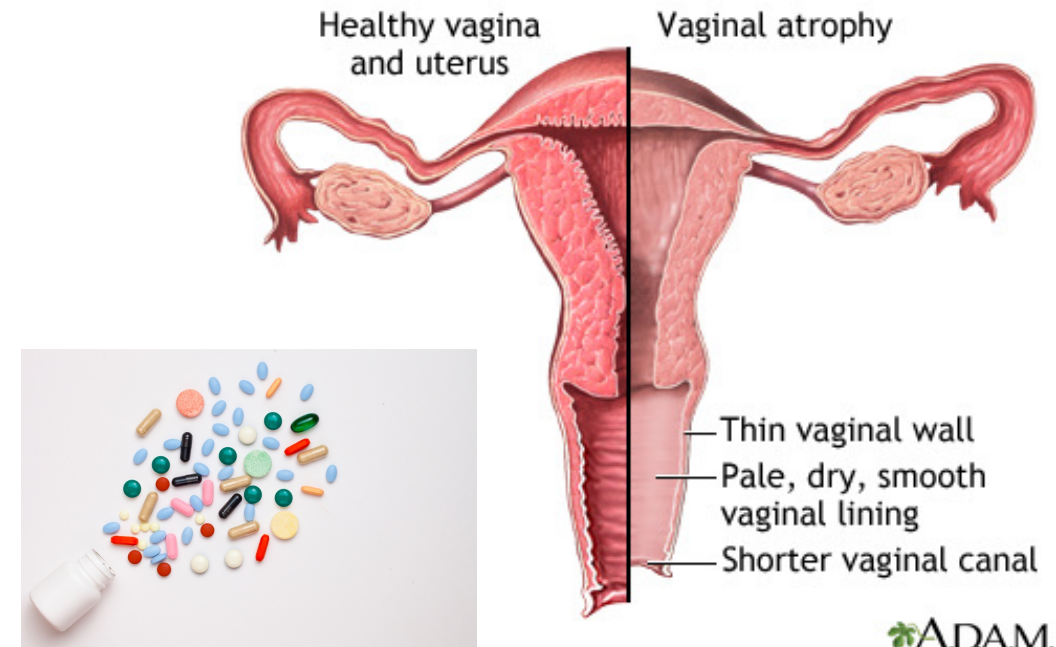
10 Gynecologic Symptoms That Should Not Be Ignored!



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



- ❖ 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

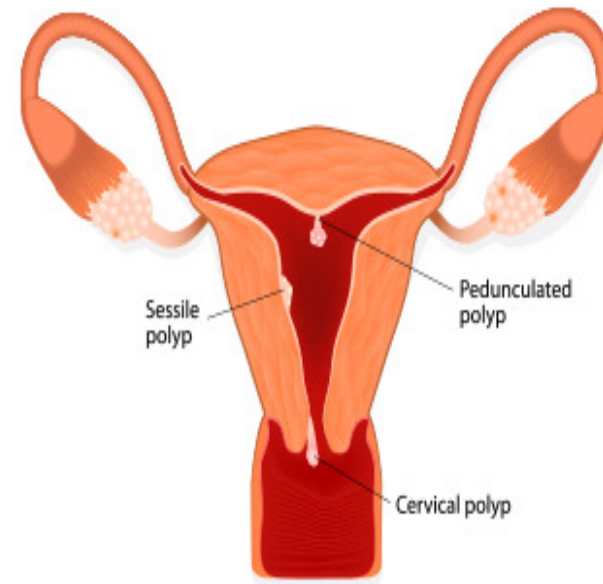


More than 1 period per month: Treatment

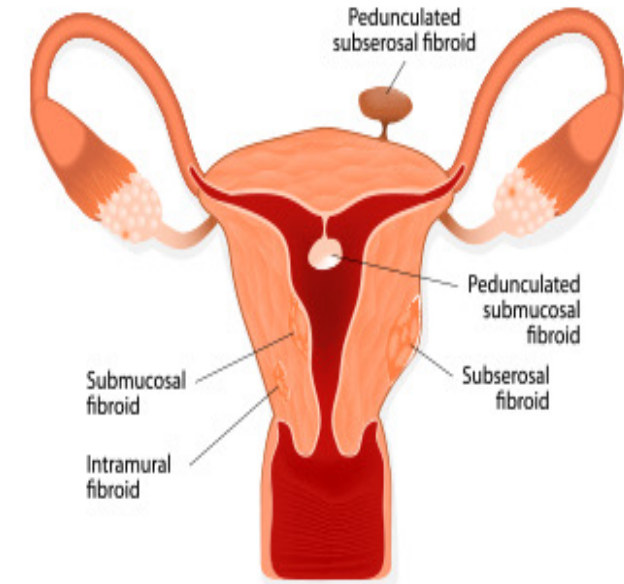
- ❖ Treatment varies based on causes
 - External sources (hormonal contraception, HRT, Tamoxifen)
 - ✓ Remove or modify medical therapy
 - Hormonal imbalance (Thyroid disease)
 - ✓ Based on condition
 - Pregnancy
 - Systemic causes (Liver disease, Coagulopathy)
 - Age related
 - ✓ Adolescents – medical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

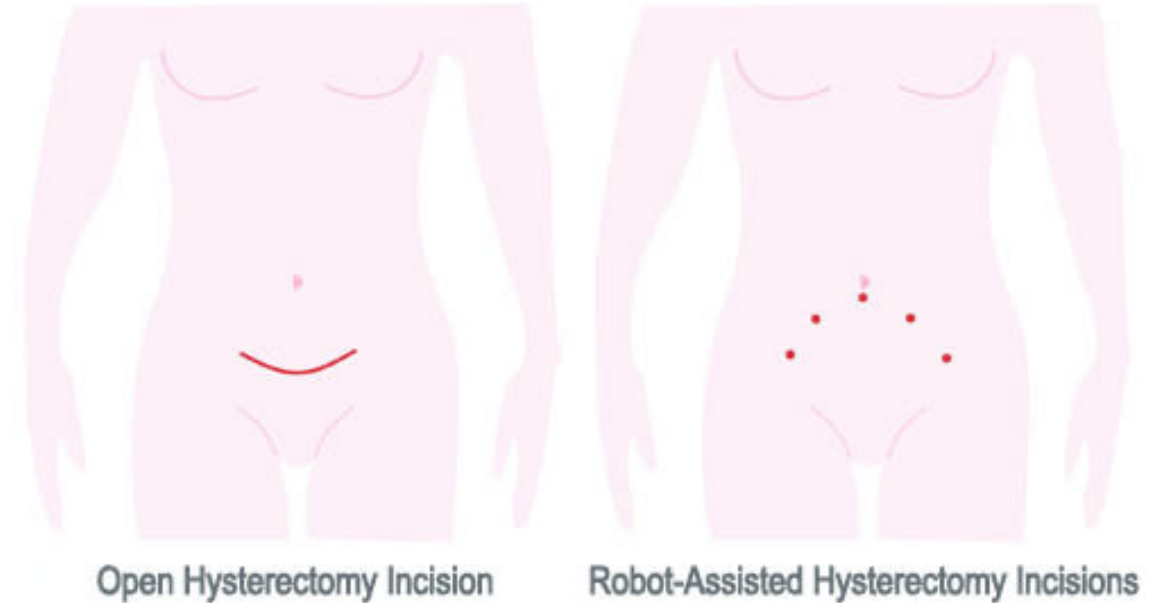
- Myomectomy
 - Done primary to preserve uterus for future child-bearing
 - ✓ Depending on extent of surgery, can impact method for future deliveries
 - Multiple routes for surgery
 - ✓ Hysteroscopic
 - ✓ Open abdominal
 - ✓ Minimally invasive (laparoscopic or robotic)



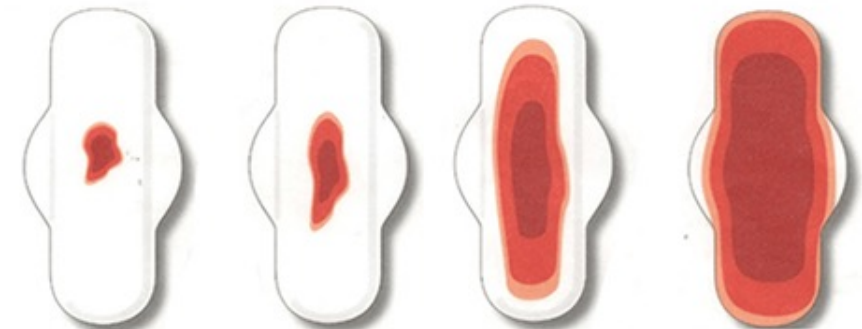
More than 1 period per month: Treatment

❖ 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



- ❖ 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



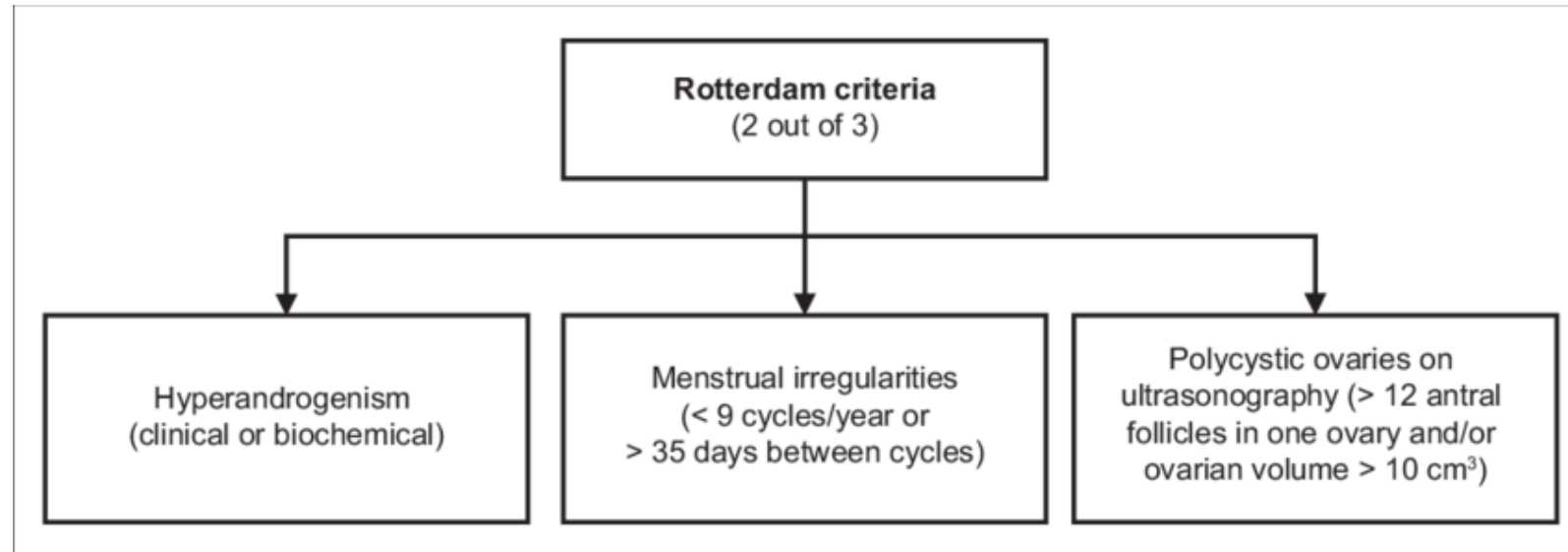
- ❖ Mostly similar causes causes
 - External sources (hormonal contraception, HRT, Tamoxifen)
 - ✓ Removal or modify sources
 - Hormonal imbalance (Thyroid disease)
 - ✓ Medical management
 - Structural abnormalities
 - Uterine Polyp
 - ✓ Surgical management
 - Cervical Polyp
 - ✓ Surgical management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

- ❖ 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



❖ 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

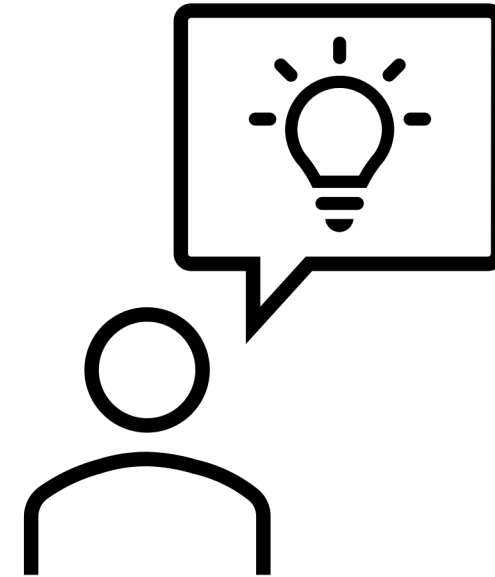
❖ Physical exam

❖ Laboratory studies

- Culture for infection
- Urine studies

❖ Imaging

- Pelvic Ultrasound
- Pelvic MRI



❖ Medical

- Endometriosis
- Adenomyosis
- Fibroids
- Ovarian cysts

❖ Surgical

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

❖ Alternative treatments



- ❖ 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**



- ❖ Medical
 - Topical Steroids
 - Topical estrogen
 - Infection specific treatment
- ❖ Surgical
 - Excision
- ❖ Continued monitoring

- ❖ 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

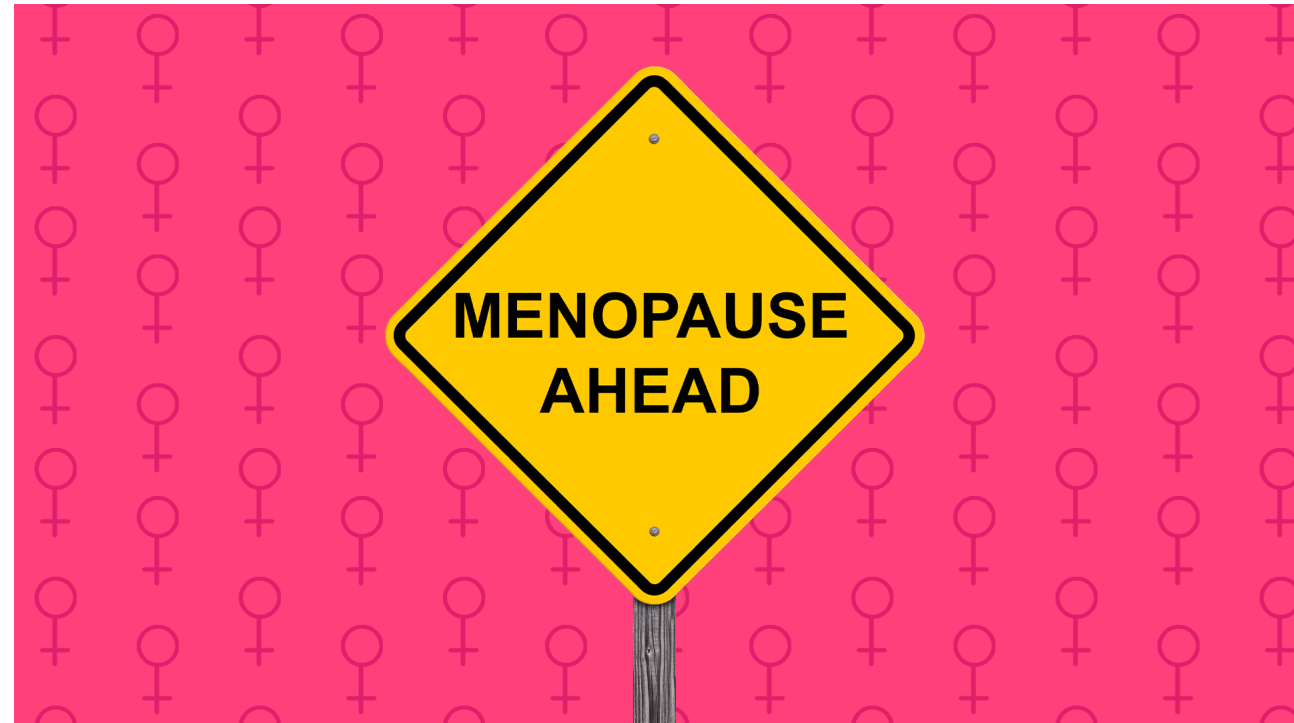
❖ Surgical

- 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

- ❖ 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

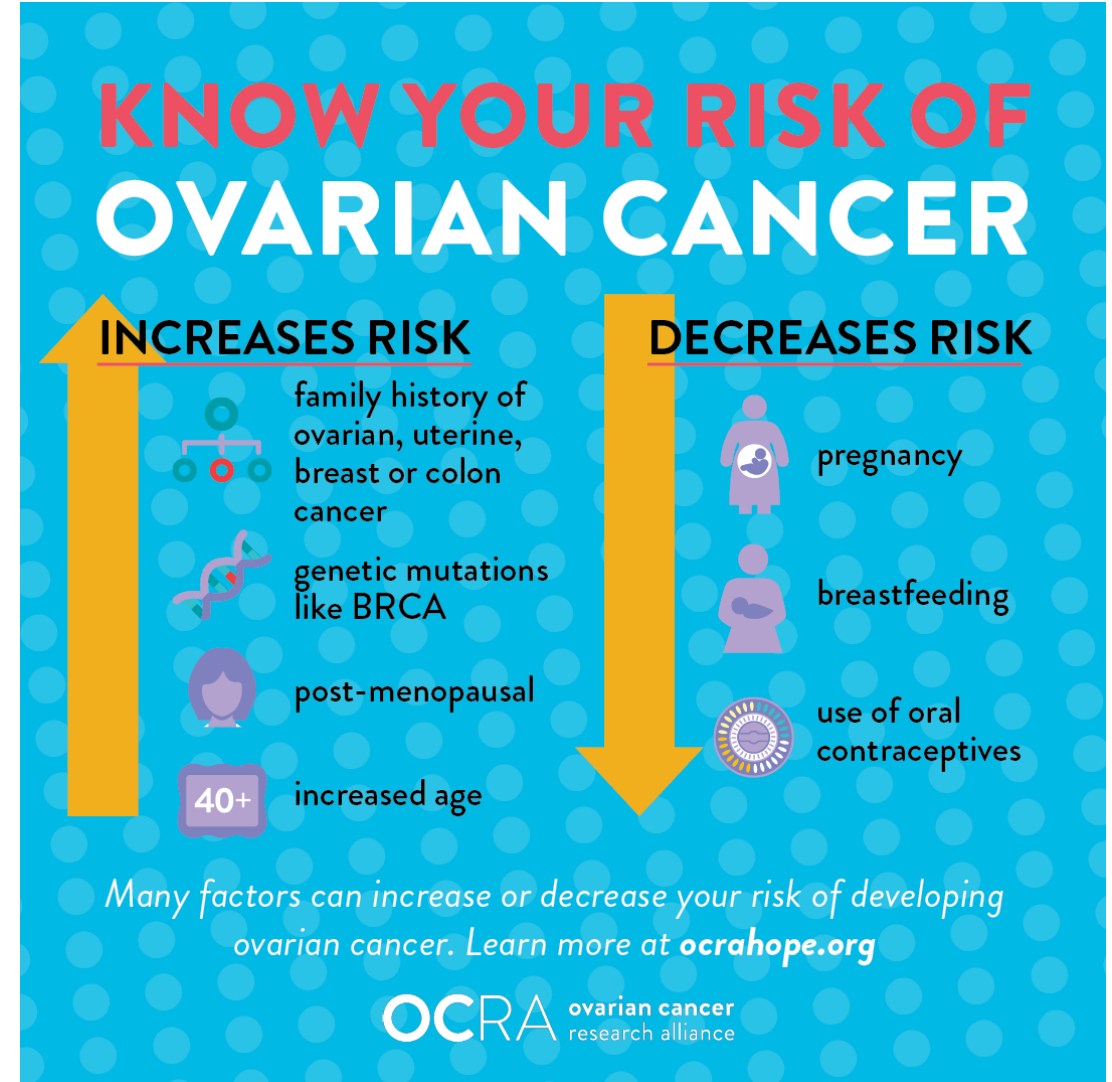
Don't be shy, bring it up!

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






KNOW YOUR RISK OF OVARIAN CANCER

INCREASES RISK

-  family history of ovarian, uterine, breast or colon cancer
-  genetic mutations like BRCA
-  post-menopausal
-  increased age

DECREASES RISK

-  pregnancy
-  breastfeeding
-  use of oral contraceptives

Many factors can increase or decrease your risk of developing ovarian cancer. Learn more at ocrahope.org

OCRA ovarian cancer research alliance

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 720-918-6473.



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