



PRIMARY AMENORRHEA

Primary amenorrhea is defined as the complete absence of menstruation in a woman who has reached the age of 16 years. In the United States, the average age at which a girl begins menstruation is 12 years and 8 months. By the age of 16, over 95% of girls have had their first menstrual period.

CAUSES

The causes of primary amenorrhea are varied, and include a number of possibilities. Among the possibilities are the following:

- Hormonal causes
- Congenital abnormalities such as abnormal formation of the vagina, uterus, or ovaries
- Obstruction of the vaginal opening (Intact hymen): The hymen is a membrane covering the vaginal opening. If it has no opening to allow passage of menstrual flow, the blood will back-up into the vagina and uterus
- Tumors of the ovaries or pituitary gland (A gland that lies within the brain)
- Previous radiation therapy or chemotherapy
- Chromosome disorders that cause a lack of or abnormal development of the vagina, uterus, or ovaries
- Medical disorders such as thyroid trouble, anorexia, or other endocrine problems

RISK FACTORS

In most patients, no risk factors are present. However, risk factors associated with the development of primary amenorrhea include:

- Stress
- Use of medications including oral contraceptives, anticancer drugs, barbiturates, narcotics, or cortisone
- Excessive exercise
- Family history of late onset of menstruation
- Excessive dieting, weight loss, or the presence of anorexia

DIAGNOSTIC EVALUATION

The diagnostic evaluation begins with a thorough physical examination, and a medical history. Laboratory studies and blood samples may be ordered to check for ovarian, thyroid, and adrenal function. Additional studies such as chromosomal analysis, x-rays, or ultrasound may be used depending of the exact nature of the problem.

TREATMENT

As with all problems of this nature, the treatment is individualized based on the particular patient and the exact cause of her problem. For example, treatment may involve hormone replacement therapy if the problem is secondary to a hormone deficiency. Psychotherapy or counseling may be used if the amenorrhea is stress-related or the result of an eating disorder. Surgery may be necessary to create an opening in the hymen if it is closed. Surgery may also be necessary if there are other types of uterine abnormalities. While most cases of primary amenorrhea may be treated if the problem is related to a chromosomal problem, it may not be totally correctable.

Depending on the cause of the primary amenorrhea, it may present a health risk such as the development of osteoporosis or bone loss. Other problems may include short stature if the cause is ovarian failure.

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