

COMMENTARY

Dysmenorrhea is associated with a higher incidence of pain after diagnostic hysteroscopy or treatment: A commentary

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The recent article published in *Signa Vitae*, addressing the important topic of postoperative pain perception in patients affected by dysmenorrhea, is very interesting [1]. The results were very clear: “The incidence of pain after the procedure (diagnostic or therapeutic hysteroscopy) in patients with dysmenorrhea was higher than that of patients without dysmenorrhea (77.8% vs. 45.2%, $P = 0.011$)” [1]. These results are very important and encouraging the researcher to better explore the still controversial field of pain pathophysiology in dysmenorrhea patients. In fact, dysmenorrhea, both primary and secondary, is a quite discussed gynecological pathology, [2] sometimes put together to all the other pelvic pain syndromes, especially in adolescents [3].

Dysmenorrhea is the leading cause of recurrent short-term school absence, during adolescence, and it is a very common problem in adult women [4]. Interesting reviews are making a clear point on its epidemiology [5]. Diagnosis is quite standardized, and endometriosis is the most common cause [6]. Its symptoms are quite clear, especially the somatic symptoms [7]. Frequently, it is associated to allodynia, which is an increasing disturbing factor [8].

Its diagnosis and treatment were objects of a recent consensus guidelines, which has made clear many aspects [9]. Still, the heat therapy in primary dysmenorrhea seems to have an important role, especially to ameliorate the quality of life [10].

Very recently, the topic of dysmenorrhea associated to chronic pain has been deeply reviewed, concluding that dysmenorrhea is a general risk factor for the possibility to develop a chronic pain condition in adult women [11]. Hence, the study published on *Signa Vitae* on its influence on acute postoperative pain is particularly timing [1]. It would also be interesting to study this phenomenon related to other data appeared in the literature, showing the influence of different phases of the menstrual cycle on pain perception, after gynecological surgery [12]. We hope that this commentary may open the discussion on the topic.

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CONFLICT OF INTEREST

The author is the editor in chief of this journal. He does not have any other potential conflict of interest with this publication.

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