**Menopause**

* Menopause occurs when a woman stops ovulating and her menstruation ceases.
* Most women reach menopause between the ages of 45 and 55, with the average age around 51.
* It heralds the transition from reproductive capability to incapability.
* Climacteric refers to the period between the premenoposal to the post menoposal period.

**Causes of menopause**

* Physiological ageing of the ovaries
* Pathologically induced menopouse
* Premature ovarian failure
* Radiation
* Cytotoic therapy
* Bilateral oopherectomy

**Physiology of Menopause**

With the ageing of the ovaries, there is reduction of the production of se homones, mostly oestrogen leading to:

* Menstrual irregularities
* Decrease in fertility levels
* Neuroendocrine changes of thermoregulation, sleep patterns, mood and behavior changes
* Finally there is cessation of menstration and other clinical effects of dwindling se steroids

**Clinical features**

**Initially**

* Changes in the menstrual cycle
* Hot flushes
* Nights sweats
* Insomnia
* Depression
* Mood changes
* Urogenital atrophy
* Dyspareunia
* Dysuria
* Stress incontinence
* Skin changes
* Osteoporosis
* Dry vagina
* Weight changes
* Aches and pains.
* Forgetfulness
* Headaches
* Irritability
* Lack of self-esteem
* Reduced sex drive (libido)

**Management**

* Take good history
* Physical eamination
* Do baseline investigations
* Reasurance
* Healthy diet
* Regular exercise is important. At least 30–45 minutes on most days of the week
* Avoid smoking
* Hormone replacement therapy

**Premature menopause**

Premature menopause means the woman’s ovaries have spontaneously stopped working before she has reached the age of 40 years.

**Causes**

* Unknown causes– in the vast majority of cases, the cause can’t be found.
* Autoimmune conditions – about 10 to 30 per cent of affected women have an autoimmune disease such as hypothyroidism, Crohn’s disease, systemic lupus erythematosus or rheumatoid arthritis.
* Genetic conditions –
  + Familial ovarian failure (FOF)
  + Galactosaemia- when the body cannot convert the carbohydrate galactose into glucose. The unconverted galactose could be toxic to the ovaries.
  + Congenital adrenal hyperplasia
  + Turner’s syndrome
* Viral infections – such as mumps or cytomegalovirus
* Induced menopause
  + Cancer surgery- a woman with ovarian cancer may require surgery to remove the ovaries.
  + Radiation therapy or chemotherapy eg in treatment for leukaemia or Hodgkin’s diseasem or chemotherapy for breast ca.

**Diagnosis of premature or early menopause**

Medical history, including family history and medical examination

* Investigations to rule out other causes of amenorrhoea (absence of periods), such as pregnancy, extreme weight loss, other hormone disturbances and some diseases of the reproductive system
* Investigations into other conditions associated with premature or early menopause, such as autoimmune diseases
* Genetic tests to check for the presence of genetic problems associated with premature or early menopause
* Blood tests at various stages of the menstrual cycle to check hormone levels.

**ENDOMETRIOSIS**

**Def:**

Abnormal growths of tisssue histologically resembling the endometrium in other locations rather than the uterine lining. *Also called ectopic endometrium*

* Its a disease commonly found in women in the reproductive age
* Affects about 10-20% of reproductive age women

**Aetiology**

The cause is unknown, but there are three theories

1. Retrograde menstration theory
2. Theory of coelomic metaplasia
3. Immunological theory

**Commonest sites**

1. The ovary- 50%- Pouch of Douglas, utero- sacral ligament, posterior visceral surfaceof the uterus, broad ligament, bowel, bladder and uterus
2. Rare- deep in the cervi, vaginal fornices
3. Distance- may be found out of the pelvis eg in the lungs, brain and kidneys

**Clinical features**

* History –pelvic pain ( is the cardinal symptom), dyspareunia, haematuria, haematochezia
* Physical eams- tender nodules in the posterior vaginal forni. Cervical eitation test positive
* Infertility**-** the prevalence of endometriosis doubles with infertility
* Investigation- laparascopy, laparatomy and histology

**Treatment**

Options would depend on desire for fertility, symptoms, disease stage and age of the patient

Counselling is vital

* Minimal disease- observe on NSAIDS and prostaglandin inhibitors
* Moderate disease- combined oral pills
* Severe- Danozol, GnRH agonists,
* Surgery- eicion and adhesionolysis,

**Prognosis**

May recur even afer definitive surgery