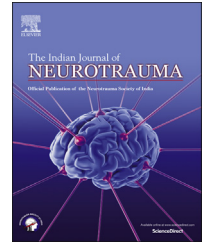


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## Letter to the Editor

# Menstrual dysfunction in a patient with spinal cord injury



Dear Sir,

It has been reported that approximately 11,000 new spinal cord injuries occur per year in the United States and more than 50% occur in persons between the ages of 16 and 30 years.<sup>1–3</sup> Women constituting approximately 18% of these cases<sup>1–3</sup> and about 2,000 women of childbearing age sustain spinal cord injuries.<sup>4</sup> A 38-year female presented with the history of falling from moving train. She presented to the emergency room 8 h after the accident. She was unconscious since the time of accident. On examination the paucity of lower limb movements was noticed. While she regained consciousness she had grade 0/5 power in both the lower limbs. She had sensory loss below umbilicus. Reflexes in the lower limbs were absent and planters were not elicitable. She had urinary retention for which she was catheterized. Higher mental functions, cranial nerves, motor and sensory functions in the upper limbs were normal. X-ray dorso-lumbar spine showed fracture of the D12 vertebral body. MRI confirmed the level of the lesion and in addition it showed underlying canal compromise and cord contusion at the same level. She underwent spinal fixation for the spine fracture with pedicle screws and rod. Tenth day post injury she passed large blood clots per vaginum associated with foul smell. It was not associated with any pain. A detail history regarding her menstrual cycle revealed that prior to the spinal injury it was normal but this time delayed by 15 days. It has been reported that the menstrual cycle is temporarily altered in some women following spinal cord injury and the menses usually return to normal six to nine months after injury without any subsequent fertility alterations.<sup>5–7</sup> The highest entry level of sensation into the spinal cord from uterine contraction is T-10 and it has been found that the pain sensations during labor and delivery are related to the level and the completeness of the injury.<sup>5,8,9</sup> Patients with complete dysfunction at T-12 level may feel uterine contractions as painful or uncomfortable but the patients with incomplete injury usually have sensation (may be partial).<sup>8,9</sup> In patients with lesions above D10, the uterus is apparently deprived of all reflex function which involve the spinal cord (could

theoretically be completely inert) and the reliable perception of labor pain may not be possible.<sup>10</sup> The issue of menstrual pain perception in these patients is also controversial.<sup>7</sup> Post injury uterine inertia would have resulted in the retained blood clots and it was further complicated by non-perception of menstrual pain in our patient. There is a need of larger study to understand the spectrum of menstrual dysfunctions in patients with spinal cord injuries.

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