

## Case Description:

The patient is a 47-year-old woman with a history of C6 ASIA C spinal cord injury presented to our clinic with frequent episodes of autonomic dysreflexia approximately five years after her initial injury. Her urinary catheterization regimen, bowel regimen, and positioning were all optimized; however, the episodes continued to occur. Dysreflexia resolved with as needed nitro paste for systolic blood pressure above 150 mmHg but the trigger for these episodes remained unclear. The patient noted regular menstruation, though she was having heavier menses than normal. She also noted that these dates coincided with her episodes of autonomic dysreflexia. Her gynecologist attempted several methods to suppress her menstrual cycles, including medroxyprogesterone injection, unsuccessfully. Eventually, she had uterine ablation which led to discontinuation of her menses and patient has had no further episodes of dysreflexia.

## Discussion:

Triggers for AD such as UTI, urinary obstruction, urinary catheter complications (including obstruction), or constipation account for the vast majority of cases of AD.<sup>1</sup> However, less common triggers are important to keep within the differential once common causes have been excluded. In cases where menstruation can be identified as a potential cause, treatment can include referral to gynecology for management with oral contraceptives, implantable progesterone devices (non-uterine), sensitization therapy with physical therapy or definite ablation as was the treatment here.

## Conclusions:

Though uncommon, menstruation is an important consideration as a trigger of AD in female patients with spinal cord injury. Considering this in the differential after common causes have been excluded is sensible. More research should be done on gynecologic health of women with spinal cord injuries, particularly its relationship to AD.

## Reference:

1. Cragg J, Krassioukov A. Autonomic dysreflexia. *CMAJ*. 2012;184(1):66. doi:10.1503/cmaj.110859

