

Oligomenorrhea is defined as a cycle length >35 days or <10 menses per year. Both the frequency and the amount of vaginal bleeding are irregular in oligomenorrhea, and minimal symptoms (premenstrual breast tenderness, food cravings, mood lability), suggestive of ovulation, are variably present. Anovulation can also present with intermenstrual intervals <24 days. Frequent or heavy irregular bleeding is termed *dysfunctional uterine bleeding* if anatomic uterine and outflow tract lesions or a bleeding diathesis have been excluded. Oligo- and anovulation are most frequently associated with polycystic ovarian syndrome (PCOS).

Primary Amenorrhea The absence of menarche (the first menstrual period) by age 16 has been used traditionally to define primary amenorrhea. However, other factors, such as growth, secondary sexual characteristics, and the presence of cyclic pelvic pain, also influence the age at which primary amenorrhea should be investigated. Recent studies suggest that puberty is occurring at an earlier age, particularly in obese girls. However, it is important to note that these data reflect earlier breast development alone with minimal change in the age of menarche. Thus, an evaluation for amenorrhea should be initiated by age 15 or 16 in the presence of normal growth and secondary sexual characteristics; age 13 in the absence of secondary sexual characteristics or if height is less than the third percentile; age 12 or 13 in the presence of breast development and cyclic pelvic pain; or within 2 years of breast development if menarche has not occurred.

Secondary Amenorrhea or Oligomenorrhea Irregular cycles are relatively common for up to 3 years after menarche and for 1–2 years before the final menstrual period. In the intervening years, menstrual cycle length is ~28 days, with an intermenstrual interval normally ranging between 25 and 35 days. Cycle-to-cycle variability in an individual woman who is ovulating consistently is generally ± 2 days. Pregnancy is the most common cause of amenorrhea and should be excluded early in any evaluation of menstrual irregularity. However, many women occasionally miss a single period. Three months of secondary amenorrhea, or 6 months in women with