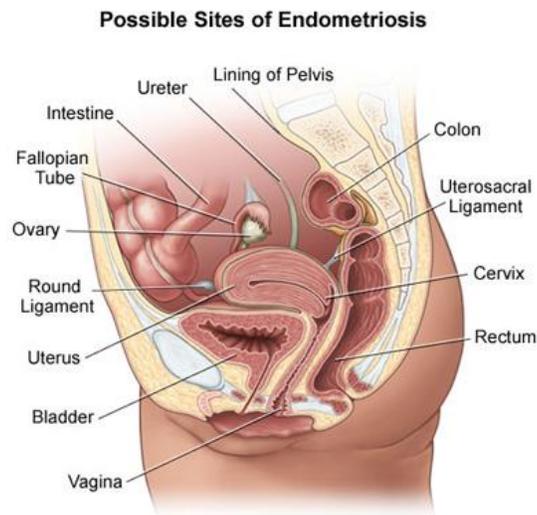


ENDOMETRIOSIS

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What is endometriosis? Endometriosis is a benign condition where the normal tissue (endometrium) is seen outside of the uterus. It may occur in the fallopian tubes, ovaries, cul-de-sac, broad ligament, uterosacral ligament, and the tissue that lines the pelvis. The most common site is the ovaries.



Statistics: Endometriosis affects women of reproductive age. Globally, around 200 million women are affected by this disease and about 1 out of 10 is affected in the USA. Some remain undiagnosed.

Etiology: Although the etiology is not known, there are many theories that suggest what may happen. In Sampson's theory, it introduced the idea of retrograde menstruation where it explains when a woman is menstruating, blood and tissue from the uterus is flowing back through the ovaries into her body (abdominal cavity). Meyer's theory explained that endometriosis may be present at birth and it is triggered at a later stage when estrogen levels are raised. Another suggestion was the presence of cells outside of the uterus that undergo changes to become the same cell that lines the uterus. There was another idea that mentioned cells lining the uterus travel via blood vessels or the lymphatic system to reach other body locations. It is also suggested that endometriosis can spread during a surgery. An additional fact is that retrograde menstruation can be normal in many women but its relationship with endometriosis still needs to be investigated. Genetics play a major contribution. The risk of getting endometriosis is high if a family member has experienced it.

Stages of endometriosis: Endometriosis has four stages. Stage 1 - in minimal endometriosis there are no adhesions but few implants. Stage 2 - in mild endometriosis there is less than 5mm superficial implants and no adhesions. Stage 3 - moderate endometriosis consists of multiple deep implants, small cysts, and some adhesions. The final stage - severe endometriosis consists of multiple deep implants, large cysts, and thick adhesions.

What are the risk factors? The risk factors include family history; early menarche (before 11); shorter menstrual cycles (less than 27 days); heavy menses that last more than 7 days; and never given birth.

What are the manifestations that you may experience? A woman may experience the following: chronic pelvic/abdominal pain, painful menses (dysmenorrhea), painful intercourse (dyspareunia), painful bowel movements, painful urination, heavy menses (menorrhagia), infertility, and others such as nausea, constipation, diarrhea, backache, and fatigue. A small percentage of women with infertility will have endometriosis.

How is endometriosis diagnosed? Endometriosis is diagnosed by laparoscopy. Endometriosis lesions inside the abdomen are referred as “cigarette burns” and lesions that are situated inside the ovary are referred as “chocolate cysts”. The physical examination includes the examination of the pelvis where a pelvic tenderness is commonly detected. An ultrasound imaging is also performed. In the laboratory findings, serum CA-125 is elevated.

What are the treatment options? Pain medications such as non-steroidal anti-inflammatory drugs are recommended to ease any pain. Hormonal treatment is also advised such as oral contraceptive pills, gonadotropin-releasing hormone (Gn-RH) analog such as Lupron, progestin therapy, and aromatase inhibitors. And finally, surgery is another treatment choice. Surgery has proved to ease out the pain associated with endometriosis and may also help women to conceive.

What are the complications that can be associated? The major complication with endometriosis is infertility. Ovarian cysts and adhesions may also develop.

So, if you are a woman in the reproductive age group and experiencing any of the signs and symptoms and/or having problem conceiving, consult your doctor immediately.

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