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Medicine for Managers

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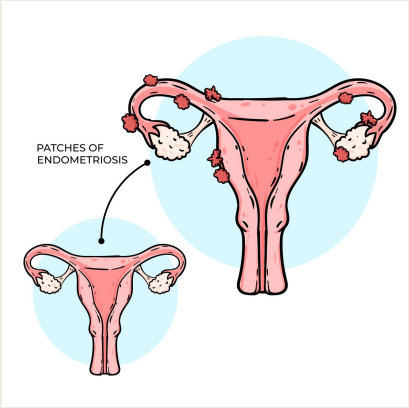
Endometriosis

Endometriosis is a condition where cells which form the inner lining of the uterus are found in other parts of the body outside the uterus. It may develop within the abdomen and may affect the ovaries, covering of the uterus or the Fallopian tubes. Rarely it may develop outside the abdomen. The symptoms are often severe, often diagnosis is delayed and it may cause severe distress in many of the 10% of women that are affected.

During the reproductive years, the normal lining of the uterus undergoes cyclical changes, thickening in the first half of the cycle to prepare for receipt of a fertilised egg and shed two weeks later at the menstrual period if the fertilisation has not occurred.

Any patches of endometriosis, away from the uterine lining and elsewhere in the abdomen, also thicken and bleed monthly and, in the locations may lead to scarring and the formation of ***adhesions***.



These bands of fibres may become attached to other pelvic organs causing them to stick together.

Symptoms

The principal symptom of endometriosis is ***pain***, usually at the time of menstruation, which many women find much more severe than the typical cramping menstrual pain.

It may also become progressively more severe during the menstrual years. The pain may be experienced in the lower abdomen, but also in the back, stomach or other areas of the abdomen. Other symptoms often around menstruation include:

- ***Dyspareunia*** (pain during or after sexual intercourse
- ***Severe pre-menstrual and menstrual period pain***, called ***dysmenorrhoea***

- ***Pain with bowel action or urination*** particularly during the period if the endometriosis is on the bowel or bladder
- ***Heavy and excessive menstrual bleeding***
- ***Tiredness***
- ***Diarrhoea, constipation or nausea***
- ***Feelings of depression*** which may be cyclical
- ***Difficulty with conception*** or ***infertility***

The symptoms may ease during a pregnancy and they may actually stop without treatment.

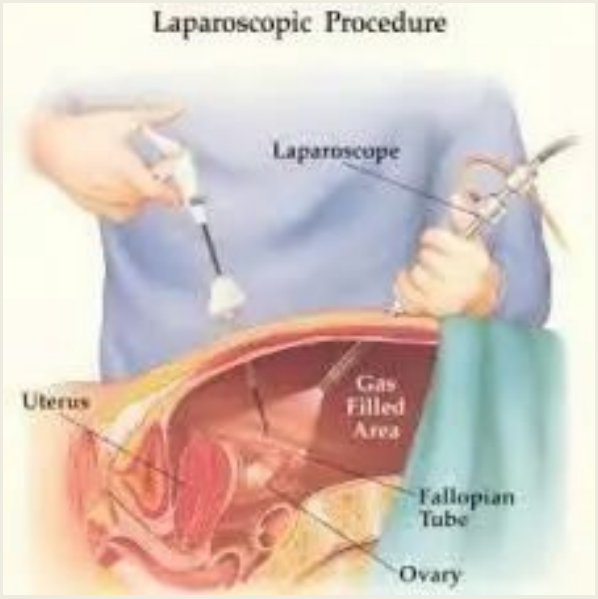
Risk Factors for Endometriosis

A number of factors have been identified as possible risk indicators for endometriosis and include:

- Never having had a pregnancy
- Early start to periods
- Heavy periods lasting more than seven days
- Late menopause
- One or more relatives with endometriosis

Diagnosis of endometriosis

In the past many women have suffered severe and distressing menstrual pain and bleeding, dismissed by some doctors as 'simple period pain'. Awareness of the nature and consequences of endometriosis is now much better recognised and understood.



Investigation of possible endometriosis includes:

- Pelvic Examination
- Ultrasound (for elimination of other causes of pain and heavy bleeding)
- MRI scan to indicate location and size of patches of endometriosis
- Laparoscopy (to assess disease internally)

Treatment of endometriosis

There are a range of treatments depending on age, severity of symptoms and whether the woman will wish to become pregnant.

1.***Analgesia***. Various pain treatments ranging from simple pharmacy drugs like ibuprofen to powerful prescribable agents.

2.***Hormone Therapy***. This may be administered in a variety of ways. It may be prescribed as a combined (oestrogen/progesterone) oral contra-ceptive or by the administration of a progestogen, either in tablet form, as a three-monthly injection, or as an intra-uterine coil progestogen system. Such treatments may not be suitable in women seeking to become pregnant.

3. ***Surgery***. Endometriosis can be removed surgically which can reduce pain and improve the chance of conception if wanted. It may recur following surgery. It may be performed by

a. ***Laparoscopy***
b. ***Laparotomy***. An incision is made in the abdominal wal usually along the bikini line to assess the uterine area
c. ***Hysterectomy*** may be an option if the patient does not want children

If the ovaries are removed, menopause will be surgically induced with hot flushes and other menopausal symptoms, in which case hormone replacement therapy may be recommended.

Endometriosis may be very painful and troublesome and may increase the difficulty of becoming pregnant. It is estimated that up to 50% of women with endometriosis may have some difficulty in conceiving. However, in modern gynaecological practice, there is no reason why, in most circumstances, symptoms cannot be well controlled and a range of treatments offered to achieve conception if required.

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