

# Endometriosis Update

Endometriosis is a condition in which endometrial-like tissue grows in locations outside the uterus. The condition may affect women at any time during the menstruating years and it is estimated that 10 to 15% of women may be affected. The disease is graded from stage I (minimal) to stage IV (severe). Several theories have been postulated as to aetiopathological mechanisms (retrograde menstruation, genetic predisposition, environmental factors, immunological factors) but the exact cause of endometriosis is still not known.

## Symptoms

Endometriosis is a common cause of period pain, chronic pelvic pain and infertility. The symptoms of endometriosis are quite variable and may fluctuate in severity over time in any individual. Both the severity and types of symptoms may not correspond to the extent and locations of the disease.

### Pain symptoms:

- With period
- During ovulation
- During or after intercourse
- Low back pain when passing urine

### Bowel symptoms:

- Painful bowel movements during menstruation
- Diarrhoea or constipation
- Abdominal bloating
- Symptoms suggestive of IBS

### Abnormal bleeding:

- Heavy bleeding
- Irregular bleeding
- Premenstrual spotting

Infertility: endometriosis is found in up to 30% of women presenting with infertility and endometriosis may also be an important reason for unsuccessful IVF treatment.

Other symptoms may include:

- Chronic fatigue
- PMT

## Diagnosis

Endometriosis can be suspected on the basis of symptoms. Pelvic examination may allow detection of endometriotic nodules or dense adhesions caused by the implants. A retroverted uterus can also be associated with endometriosis.

Routine pelvic ultrasound may show the presence of endometriomas which occur in 10% of women with endometriosis but more superficial disease is not reliably detected.

A specialised ultrasound for deep infiltrative endometriosis or MRI may detect nodular disease, reduced pelvic organ mobility or uterosacral ligament thickening which are all associated with more significant disease. At the present time, the only way to confirm the presence of and to assess the extent of endometriosis is by laparoscopy.

## Treatment Options

The most appropriate options depend on the severity of symptoms, patient age, fertility desires, response to previous treatments and the findings at any previous laparoscopy. General advice always includes regular exercise and maintenance of a healthy weight.

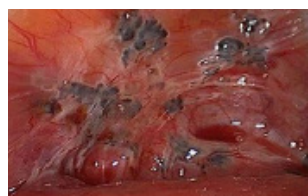
1. 'Wait and see': may be appropriate if minimal symptoms or incidental finding at surgery
2. Non-hormonal medications such as anti-inflammatories: may assist in symptom control

*Continued overleaf...*

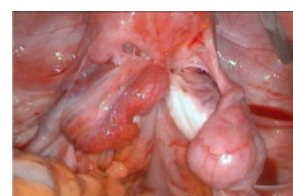
3. Hormonal medications: may be used to suppress the menstrual cycle and thereby aim to suppress the growth and activity of endometriotic implants. All are associated with potential hormonal side effects.
  - a. Combined oral contraceptive pill
  - b. Oral progestogens
  - c. Mirena
  - d. Danazol
  - e. GnRH analogues (Zoladex, Synarel)
4. Surgery: used to confirm diagnosis and treat the disease. Laparoscopic surgery can be used to excise the deposits, divide adhesions, remove endometriomas and repair tubal damage. Hysterectomy may be indicated in patients with concurrent adenomyosis or other pathologies but if performed in isolation (without excision of any endometriosis that is present) may result in persistent symptoms.

## Can endometriosis be cured?

Endometriosis can be effectively treated and successfully managed in the majority of cases. This means a significant chance of symptom improvement and a good chance of pregnancy for those desiring to conceive. However, it is estimated that between 20-40% of patients will develop a recurrence of some symptoms within 1-5 years. Hormonal suppression, pregnancy and breastfeeding may reduce the likelihood of recurrence.



*Pigmented peritoneal endometriotic lesions*



*Severe endometriosis with extensive adhesions and obliteration of the Pouch of Douglas*

### Options for Medical Management of Pelvic Pain/Endometriosis

Medication	Dose	Main potential side effects
Combined oral contraceptive pill	1 pill orally per day (continuous or cyclically)	VTE, headache, nausea, mood disturbance, hypertension
Medroxyprogesterone acetate (Depo-provera)	150mg IM every three months	Weight gain, mood disturbance, acne, loss of bone mineral density (longer term use), changes in hair growth
Levonorgestrel-releasing IUD (Mirena)	1 device intrauterine (lasts up to 5 years)	Irregular bleeding, mood disturbance, pelvic discomfort
Dienogest (Visanne)	2mg orally per day	Headache, breast tenderness, acne, mood disturbance, changes in hair growth
Goserelin (Zoladex)	3.6mg s/cut every 28 days	Estrogen deficiency (menopausal symptoms, bone mineral density loss with prolonged use)
Nafarelin (Synarel)	400mg per day intranasally (1 spray in one nostril morning, 1 spray in other nostril evening)	As for goserelin, also nasal irritation



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