



Endometriosis

Endometriosis is a disease where the endometrium (lining of uterine cavity) becomes displaced outside the uterus, such as in the ovaries or ligaments behind the uterus. The most common symptom of endometriosis is pelvic pain. This may be menstrual pain (dysmenorrhea), non cyclic chronic pelvic pain or pain with intercourse. A significant number of women with endometriosis have no pain. The extent of endometriosis does not correlate with the degree of symptoms.

It also appears that endometriosis may cause a decrease in fertility. However, many patients with proven endometriosis are fertile. There are many theories about why mild endometriosis may decrease fertility including increased tubal motility and immunology issues. None of these theories have been proven.

The diagnosis of endometriosis can be suspected by symptoms and a physical exam. It can only be proven by direct visualization, whether by laparoscopy or an open surgical procedure and a biopsy of the lesions.

Treatment of endometriosis can be medical or surgical. Infertile patients with no significant pain can be treated with ovarian hyperstimulation and intrauterine insemination. Infertile patients with pain often elect a surgical procedure because the treatment can be done at the time of diagnosis. The goal of the treatment is to remove or destroy the endometriosis by laser vaporization, electrocautery, or excision.

Women with pain and not desirous of pregnancy may try medical therapy. Endometriosis may be suppressed by continuous oral contraceptives. More recently, gonadotropin releasing hormone or GnRH agonist drugs (Lupron) have been used successfully. If medical treatment fails, a conservative operation for resection of endometriosis or a hysterectomy may be indicated.