



BASIC INFORMATION

DESCRIPTION

A disorder in which tissue resembling the inner lining of the uterus (endometrium) appears at unusual locations in the lower abdomen. This tissue may be found: on the ovary surfaces; behind the uterus, low in the pelvic cavity; on the intestinal wall; and rarely, at other sites far away. The 4 stages (classification) of endometriosis (minimal, mild, moderate or severe) are used to describe the anatomic location and the severity of the disorder. Endometriosis can affect females between puberty and menopause, but is most common between ages 20 and 30.

FREQUENT SIGNS AND SYMPTOMS

The following symptoms may begin abruptly or develop over many years:

- Increased pelvic pain during menstrual periods, especially the last days, or the pelvic pain may occur at anytime.
- Pain with sexual intercourse.
- Premenstrual spotting.
- Blood in the urine.
- Back pain.
- Pain with intestinal contractions.
- Blood in the stool (sometimes).
- Infertility.

CAUSES

Unknown, but the following theory is most accepted among medical professionals:

Normally during ovulation, the uterus lining thickens to prepare for implantation of a fertilized egg. If this does not occur, the lining tissue peels away from the uterus and is expelled in the menstrual flow.

In some cases, this material builds up and passes backward out of the fallopian tubes into the pelvic cavity. Here it floats freely and attaches itself to other tissues.

The transplanted tissue reacts each month as if it were still in the uterus, thickening and peeling away. New bits of peeled-off tissue create new implants. The growing endometrial tissue between pelvic organs may cause them to adhere together, producing pain and other symptoms.

RISK INCREASES IN/WITH

- Women who don't become pregnant or delay childbirth.
- Family history of endometriosis.
- Cervical stenosis (narrowing or closing).

PREVENTIVE MEASURES

There are no known preventive steps. Early diagnosis and appropriate treatment help prevent the spread of the endometriosis.

EXPECTED OUTCOME

- Without treatment, endometriosis becomes increasingly severe. It subsides after menopause when estrogen production decreases.
- Symptoms can be relieved with medication, and the disorder is sometimes curable with surgery.
- Women with severe disease have less success with treatment.

POSSIBLE COMPLICATIONS

- Sterility (from tissue implants constricting the fallopian tubes).
- Disabling, but never life-threatening, pain.

- Bowel or bladder problems.
- Adhesions of pelvic organs.
- Recurrence of endometriosis after surgery.
- Implants on the ovary can lead to large cysts and pelvic masses called endometriomas.



TREATMENT

GENERAL MEASURES

- Diagnosing the disorder may take time, requiring repeated examinations or surgical diagnostic procedures, such as laparoscopy. A laparoscope (telescope instrument with fiber optic light) is inserted into the abdomen through a small incision and visual examination of many abdominal organs is possible.
- Treatment after diagnosis will vary depending on the stage of the disease and the patient's age and desire to have children.
- If you want children, consider pregnancy as soon as possible. Pregnancy may offer some relief from the disorder. Delaying pregnancy may result in infertility.
- Use sanitary napkins instead of tampons. Tampons may make backward menstrual flow more likely.
- Use heat to relieve pain. Place a heating pad or hot-water bottle on your abdomen or back, or take warm baths to relax muscles and relieve discomfort. For some women, cold therapy is more helpful. Place an ice pack on the lower abdomen.
- Laser surgery or electrocoagulation may be used to remove the abnormal growths.
- Surgery to remove implants, or a hysterectomy to remove the uterus, fallopian tubes and ovaries in women who don't want to become pregnant.
- Additional information or help in finding a support group is available from the Endometriosis Association, 8585 N. 76th Place, Milwaukee, WI 53223, (800) 992-ENDO; web site <http://www.ivg.com/endoassn.html>.

MEDICATION

- You may use nonprescription drugs, such as nonsteroidal anti-inflammatory drugs (NSAIDs), to relieve minor pain.
- Stronger pain relievers may be prescribed.
- Oral contraceptives, progestogens, danazol, gonadotropin-releasing hormones (Gn-RH) are commonly used drugs for treating endometriosis by suppressing ovarian function.

ACTIVITY

- Exercise, such as walking, helps in relieving pain and reduces estrogen levels which may slow the growth of endometriosis.
- Some activity restrictions may apply following surgical therapies.

DIET

Some diet changes may help. Avoid caffeine. It seems to aggravate pain in some women.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of endometriosis.
- The following occur during treatment:
 - Intolerable pain.
 - Unusual or excessive vaginal bleeding.
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects. Symptoms recur after treatment.