UPDATES IN THE DIAGNOSIS AND MANAGEMENT OF ENDOMETRIOSIS

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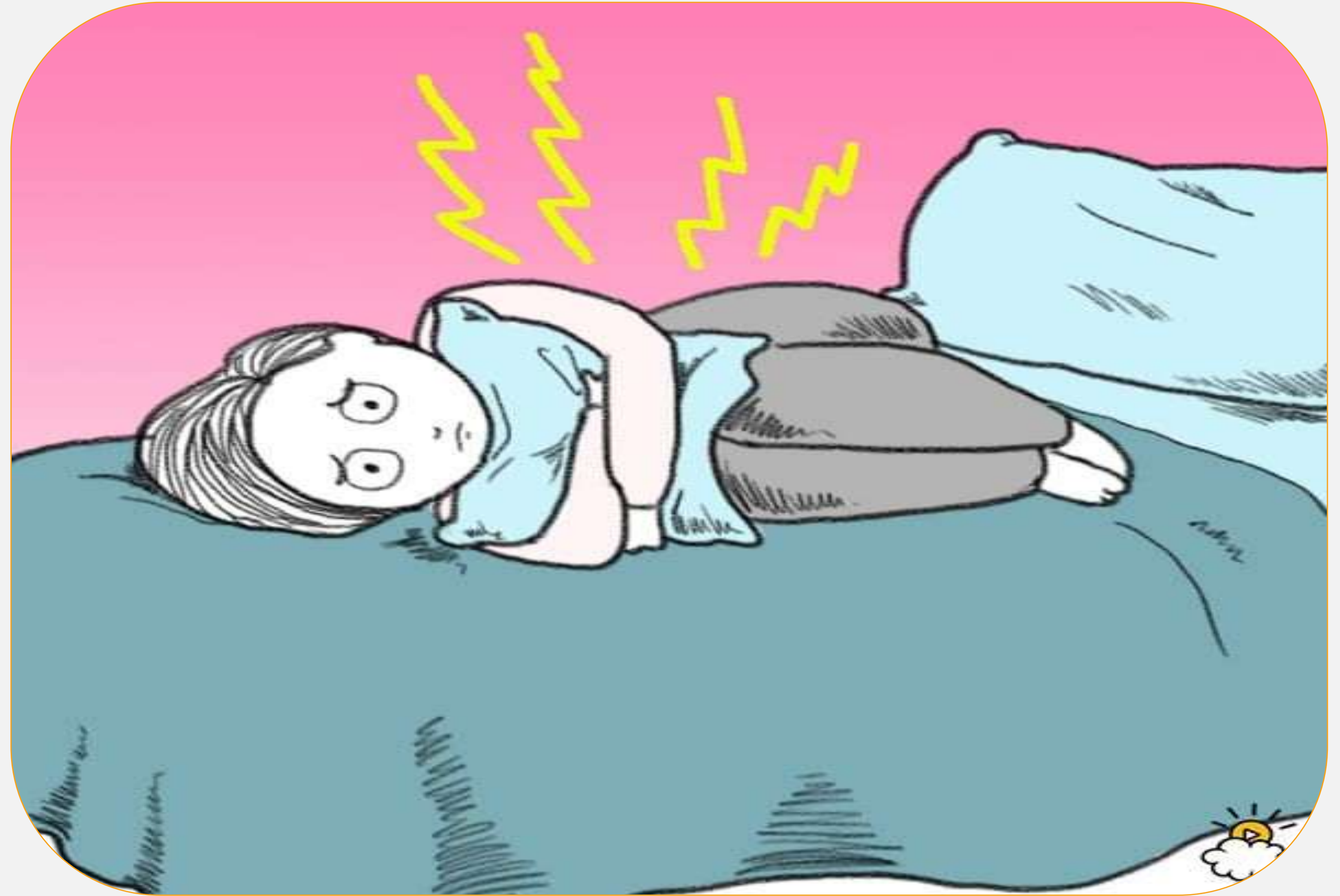
ENDOMETRIOSIS



ENDOMETRIOSIS

- Endometriosis is a chronic inflammatory disease defined as the presence of endometrium-like tissue outside the uterus
- Establishment and growth of such endometriotic tissue is estrogen-dependent

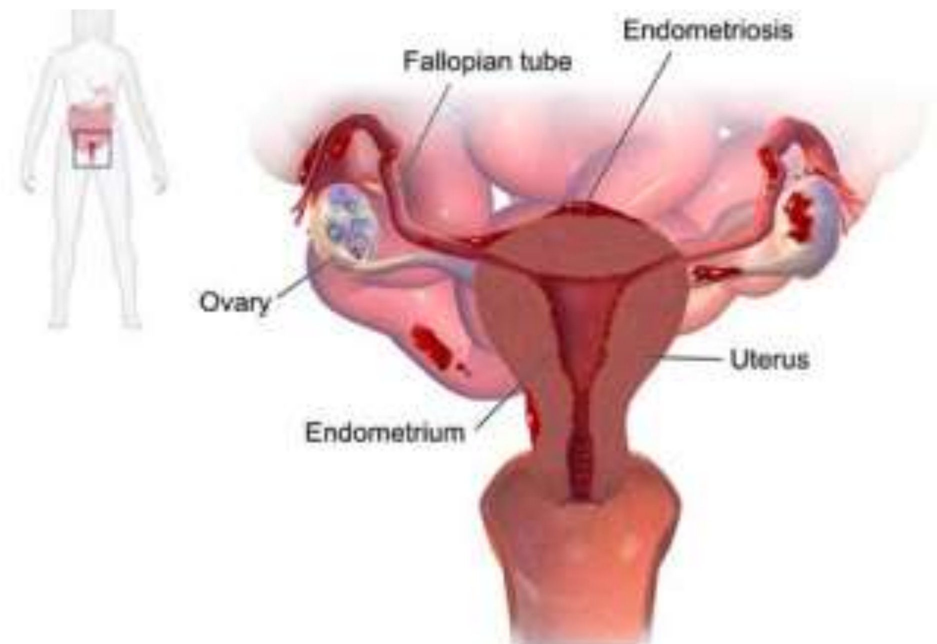


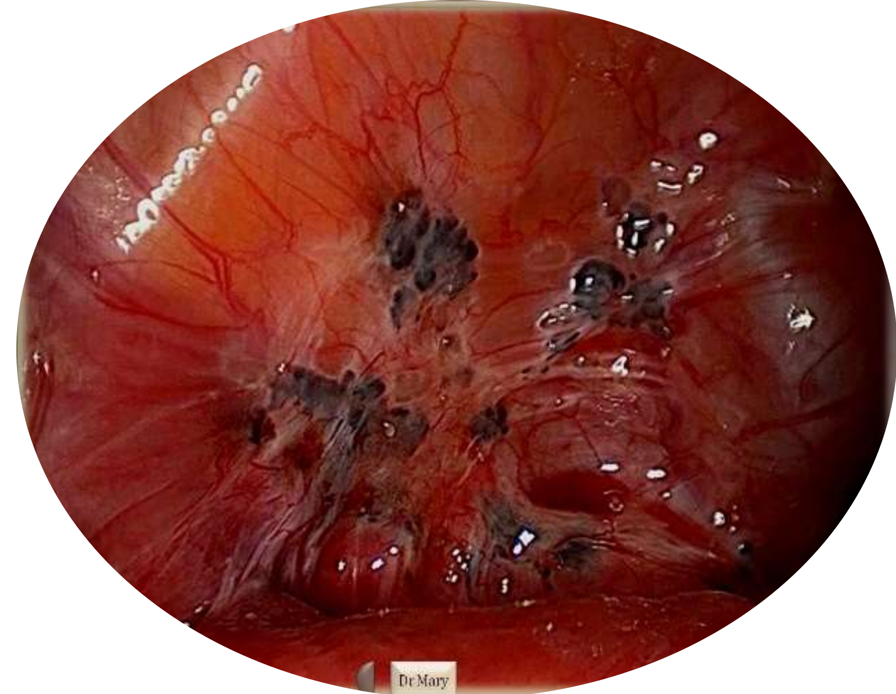
Figure 1. Endometriosis

The exact prevalence of endometriosis is unknown, but estimates range from 2 to 10% within the general female population but up to 50% in infertile women (Eskenazi and Warner, 1997, Meuleman, *et al.*, 2009).

190 million women and adolescent girls worldwide are affected by the disease during reproductive age although some women may suffer beyond menopause

ENDOMETRIOSIS PATHOLOGY

- The cause of endometriosis remains unknown.
- Retrograde menstruation
- Endometriosis is a genetic disease, unlikely that there exists an 'endometriosis gene'.
- Other suggestions are an immune response triggering inflammation.



- Whilst not all women with endometriosis are symptomatic, endometriosis-associated pain and infertility are the clinical hallmarks of the disease

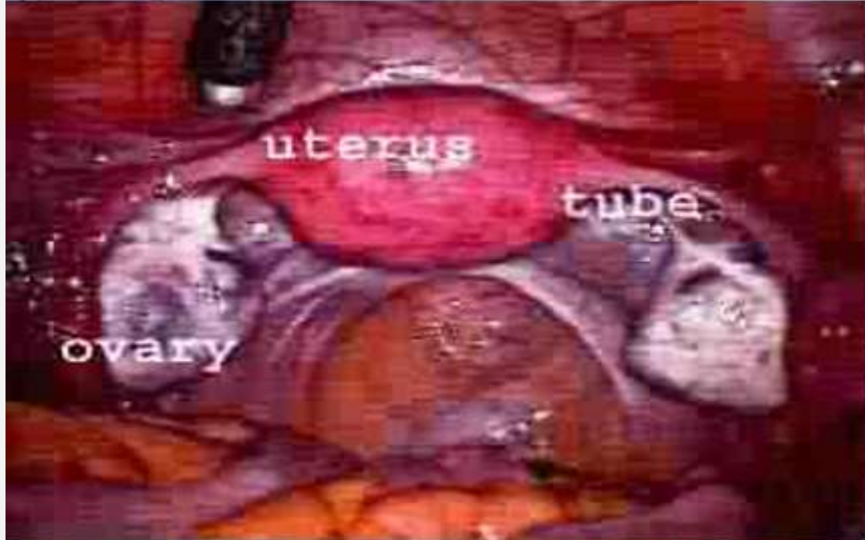
- A diagnosis of endometriosis in individuals presenting with the following cyclical and non-cyclical signs and symptoms:
- Dysmenorrhea
- Deep dyspareunia
- Dysuria
- Dyschezia
- Painful rectal bleeding or
- Haematuria
- Shoulder tip pain, catamenial pneumothorax, cyclical cough/haemoptysis/ chest pain, cyclical scar swelling and pain, fatigue, and infertility.

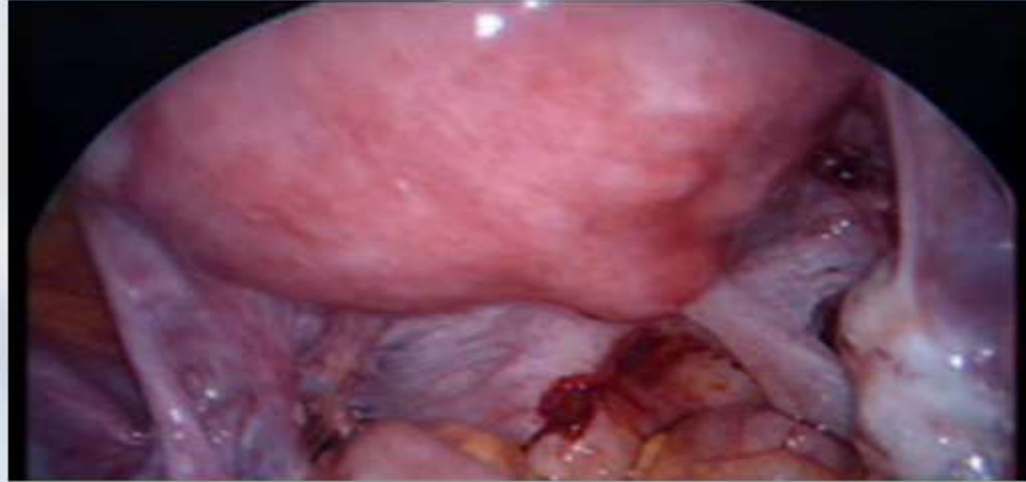
- Both diagnostic laparoscopy and imaging combined with empirical treatment (hormonal contraceptives or progestogens) can be considered in women suspected of endometriosis.
- MRI or US
- Laparoscopy and histology
- Biomarkers (Ca125)
- mRNA – saliva tests

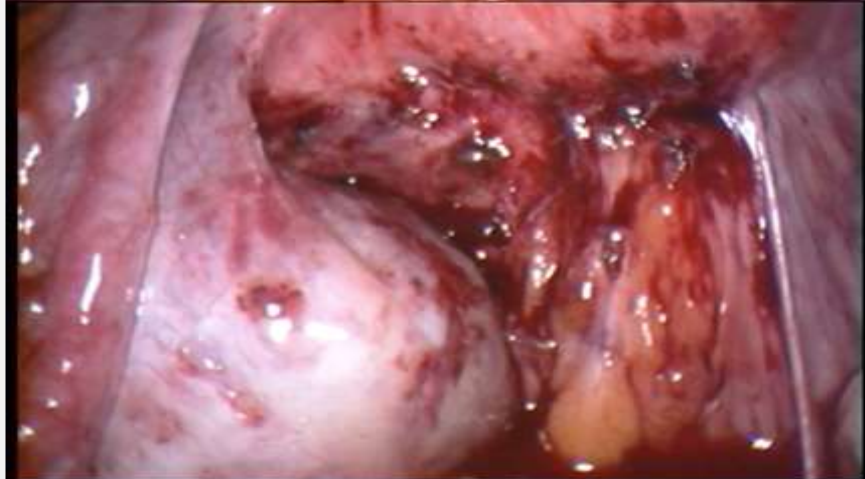
- NSAIDs or other analgesics (either alone or in combination with other treatments) to reduce endometriosis-associated pain.
- Combined hormonal contraceptive (oral, vaginal ring or transdermal) to reduce endometriosis-associated dyspareunia, dysmenorrhea and non-menstrual pain.
- Progesterone only contraceptives
- GnRH analogues
- Aromatase inhibitors - Aromatase inhibitors may be prescribed in combination with all the above for women whose pain are refractive.

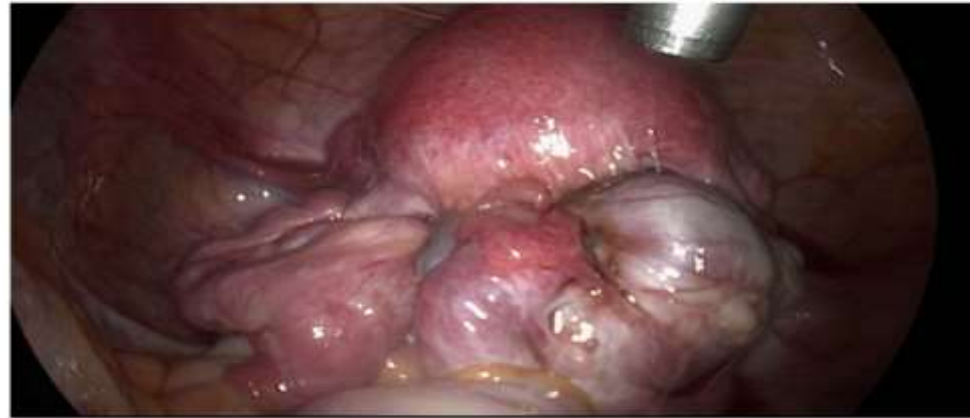
- Therapeutic options range from improving pain symptoms and fertility prospects by means of hormone suppression of endogenous oestrogen levels,
- anti-inflammatory effects on endometriotic tissues
- surgical removal or destruction of endometriotic lesions and division of adhesions to management of chronic pain syndromes.

Diagnostic laparoscopy









- It is recommended to offer surgery as one of the options to reduce endometriosis-associated pain.
- Excision vs ablation
- Postoperative hormone treatment to improve the immediate outcome of surgery for pain

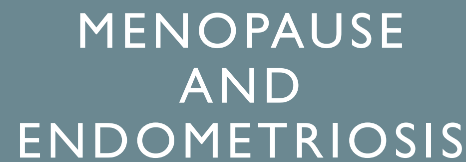
- Surgery (with removal of all endometriotic lesions) can enhance the chance of spontaneous pregnancy.
- Surgery can result in damage to the ovary.
- Ovarian reserve/AMH – type of surgery
- Those women who cannot attempt to or decide not to conceive immediately after surgery should be offered hormone

- No recommendations can be made for any specific non-medical intervention. The potential benefits and harms of these non-medical interventions are unclear.
- Traditional Chinese Medicine,
- Nutrition,
- Electrotherapy
- Acupuncture
- Physiotherapy
- Exercise
- Psychological interventions to reduce pain, improve general well-being, or improve your chances of getting pregnant.

Business Use

- The signs and symptoms may be different in adolescents as compared to adult women.
- These include chronic or acyclical pelvic pain, particularly combined with nausea, dysmenorrhea, dyschezia, dysuria, dyspareunia,
- Cyclical pelvic pain, (cyclical) absenteeism from school

- Diagnosis - If a transvaginal scan is not appropriate, MRI, transabdominal, transperineal, or transrectal scan may be considered.
- Treatment options in adolescents with endometriosis are hormonal contraceptives or progestogens, NSAIDs or GnRH agonists can be used.
- Surgery (and post-operative treatment) is also an option in adolescents, but it should be considered that symptoms/disease may recur.



- Endometriosis symptoms may still exist, even after menopause.
- There have been limited studies on treatment of endometriosis after menopause.
- Surgical treatment may be an option.
- If surgery is not feasible, aromatase inhibitors can be helpful.
- Menopausal hormone treatment (MHT) can be used to relief menopausal symptoms.

- There does not seem to be an increase in the woman's risk of developing cancer.
- Healthy lifestyle changes, balanced diet exercise, reduction in alcohol consumption, avoid smoking , maintain a healthy weight

ENDOMETRIOSIS EXTRA-PELVIC

- Clinicians should be aware of symptoms of extrapelvic endometriosis, such as cyclical
- shoulder pain, cyclical spontaneous pneumothorax, cyclical cough, or nodules which enlarge during menses.

- Follow-up and psychological support should be considered in women with confirmed endometriosis, particularly deep and ovarian endometriosis,
- There is currently no evidence of benefit of regular long-term monitoring for early detection of recurrence, complications, or malignancy.

THANK YOU