ENDOMETRIOSIS

Endometriosis is a condition whereby tissues from the lining (endometrium) of the uterus becomes implanted in the outer surface of the uterus, the fallopian tubes or the ovaries. Rarely, the endometrial tissue may spread beyond the reproductive organs and pelvic region.
In a normal menstrual cycle, the endometrial tissues respond to cyclical female hormones and becomes progressively thicker and will eventually shed each month if the woman is not pregnant. It is discharged as menstrual flow at the end of each cycle. In endometriosis, this shedding and bleeding will occur outside the uterus, causing significant pain. Recurrent bleeding and healing cycle will eventually cause scar tissue formation and destruction of pelvic structures. The excessive blood will accumulate over a period of time and eventually forms a cyst in the ovary. The 4 stages (classification) of endometriosis (minimal, mild, moderate or severe) are used to describe the location and the severity of the disorder. Endometriosis can affect females between puberty and menopause, but is most common between ages 20 and 30.

Symptoms and signs

Endometriosis can present in many ways in different women. A significant number of women do not have symptoms at all. Some may present with severe and debilitating pain. When you have your period, the misplaced tissue swells and bleeds, just like the lining of your uterus. The following symptoms may begin abruptly or develop over many years:

- Increased pelvic pain during menstrual periods
- Pain with sexual intercourse.
- Premenstrual spotting.
- Back pain.
- Pain with intestinal contractions.
- Infertility.
- Blood in the stool (sometimes) or painful defecation during menses.
- Blood in the urine.

Causes

The cause is not known. Research is still ongoing to pinpoint the cause. The predominant theory is that during menstruation, some of the menstrual tissue (endometrium) backs up through the fallopian tubes into the abdomen (retrograde menstruation), where it implants and grows. Another theory is that endometriosis may be a genetic process, or that certain families may have predisposing factors to endometriosis.

Risk factors

- Women who don't become pregnant or who delay childbirth.
- Women with family history of endometriosis.
- Abnormalities of the genital organs that block or constrict the cervix or vagina.
- Uterine abnormalities.

Complications

- Infertility (from implants that cause adhesions or scar tissue and cause tubal blockage).
- Chronic pelvic pain that causes stress and disruptions in lifestyle.
- Adhesions of pelvic organs.
- Recurrences of endometriosis are fairly common.
- Implants on the ovary can lead to large cysts and pelvic masses called endometrioma or

endometriotic cyst.

Diagnosis

Diagnosing the disorder is usually accomplished with a laparoscopy procedure. A laparoscope (telescopic instrument with fiber optic light) is inserted into the abdomen through a small incision, and visual examination of abdominal organs is possible. Endometriotic cyst can be diagnosed by ultrasound scan.

Treatment

- Without treatment, endometriosis becomes increasingly more severe. It subsides after menopause when oestrogen production decreases or ceases.
- Symptoms can be relieved with medication, and/or surgery. The type of treatment will vary, depending on the stage of the disease, symptoms, the patient's age and desire to have children.
- Pain symptom can be relieved with nonsteroidal anti-inflammatory drugs (NSAIDs). If the pain is severe during menstruation, the pain medication should be started as soon as the menstrual flow begins (e.g on the first day). Do not wait until the day of maximal pain before starting the pain-killers. By then, it is too late and often not effective.
- Combine oral contraceptive pills is a good choice if there is associated heavy menstrual flow and a need for contraception. It can be taken cyclically or continuously for several packs.
- Progestogens (oral or injections), danazol (oral tablets), gonadotropin-releasing hormones (Gn-RH) (given via monthly injection) are commonly-used drugs for treating endometriosis and work by suppressing ovarian function. This is usually given for 4 to 6 months You will not have menses during the treatment period.
- Women with severe disease have less success with treatment.
- If you want children, consider pregnancy as soon as possible. Pregnancy may offer some relief from the disorder. Delaying pregnancy may result in infertility.
- Laser surgery or electrocoagulation may be used to remove the abnormal growths during laparoscopic surgery. In those with recurrence and who had completed family, an operation to remove the uterus (hysterectomy), fallopian tubes and ovaries may be necessary to deal with this problem. This is considered a cure for endometriosis.

Recurrence

Endometriosis can recur, even after surgery. The risk of recurrence is higher is those with severe disease.

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