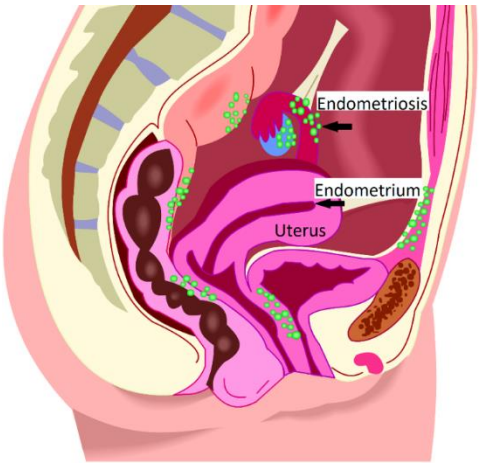
Endometriosis

Endometriosis occurs when tissue that is similar to the lining of the uterus (endometrium) grows in other parts of the body and causes chronic inflammation that can cause scarring. It affects an estimated 5-10% of all women. It is most commonly found in the pelvic cavity and ovaries. Less commonly, these lesions may grow on the intestines and bladder, and rarely in the lungs or other body locations. Growths of endometriosis are almost always benign (not cancerous).



Symptoms

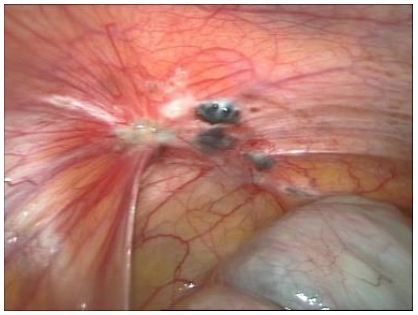
The most common symptom is pain in the pelvis, lower abdomen, or lower back. Pain is most often during the menstrual cycle, but women may have pain at other times. Not everyone with endometriosis has pain. Other symptoms include difficulty getting pregnant, pain during or after sex, pain with bowel movements or urination, constipation, diarrhea and bloating (often around the menstrual cycle).

Main causes of Endometriosis

No one knows the exact cause. It is highly likely that certain genes play a role, but there are many other factors. Experts do agree the hormone estrogen promotes the growth of endometriosis and treatment often focuses on lowering estrogen levels.

Diagnosis

The only way to diagnose endometriosis is with a surgical procedure called a laparoscopy to obtain a biopsy (sample of tissue). Laparoscopy allows surgeons to see the disease and take a biopsy that can be evaluated in a laboratory. Currently there are no blood tests or imaging tests that can make a *sure* endometriosis is present. However, if endometriosis is suspected based on symptoms, such as persistent painful periods and examination findings showing possible pelvic nodules, it is generally acceptable to start medical treatment without actually performing a laparoscopy. Usually surgery is recommended in patients who do not respond to medical treatment.



Treatment

Hormone treatment like birth control pills rings, implants or IUDs, progestins, and antihormones called GnRH-analogues or GnRH-antagonists are used to decrease the amount of estrogen produced by the ovaries and fat cells, leading to decreased growth and shrinkage of the endometriosis. The hormonal treatments suppress menstrual flow and help to stop new endometriosis implants from forming.

The hormonal treatments are often successful for controlling pain (and bleeding) due to endometriosis. Pain medications such as Non-steroidal anti-inflammatories (NSAIDS) n are also helpful to provide relief when the symptoms are mild.

Surgery is often the best choice for women with severe endometriosis or infertility who do not respond to medical treatment. Initial surgery is usually aimed at safely destroying as many of the endometriosis growths as possible. After surgery, continued suppression of menstruation is often recommended to reduce re-growth of endometriosis.

In select cases a hysterectomy, (surgery to remove the uterus) can relieve symptoms. The ovaries may or may not be removed at the same time, depending on the severity of disease and the age of the patient. This surgery is typically done

when a patient has failed other treatments and generally after childbearing has been complete. In women younger than 40, removal of the ovaries needs to be carefully considered and balanced against the risks of menopause.

Some women with endometriosis have a more complicated type of pain. The pain is not just due to endometriosis implants but is also coming from other areas in the pelvis such as the pelvic muscles or other organs like the bladder or bowel. Dysfunction in these organs adds to chronic pain of endometriosis and can lead to pain with intercourse and to changes in bowel movements and urination.

Other pain conditions involving the gut and urinary bladder, such as irritable bowel syndrome (IBS) and bladder pain syndrome (interstitial cystitis) (IC), or fibromyalgia can co-exist with endometriosis and cause pain. Therefore, in some cases, patients can have pain that originates from multiple causes not just from endometriosis.

The chronic pain experienced by patients with endometriosis can lead to changes in the brain and spinal cord (the Central Nervous System) which is the primary organ responsible for pain interpretation and control. Chronic pain can change the way pain is felt such that the pain increases or may spread to other parts of the body other than the pelvis. In addition, changes at the level of the brain may affect patients in other ways leading to mood changes such as depression and anxiety, interference with sleep, daily activities or sexual function.

In complex cases of endometriosis where patients are affected by chronic pain and other distressing symptoms, hormonal and / or surgical treatments may not be enough. To address all symptoms, additional therapies such as physical therapy, dietary changes and multi-disciplinary care from specialists in bladder and bowel function may be needed.

The brain /pain connection also important and may be addressed with meditation, yoga, acupuncture, and/or cognitive behavioral therapy (CBT) for pain. Medications that are used to treat nerve pain or mood such as anticonvulsants or antidepressants can also helpful for management of complicated endometriosis related chronic pain.

For more information on endometriosis visit:

www.womenshealth.gov - Office of Women's Health, U.S. Department of Health and Human Services
www.endometriosisassn.org - Endometriosis Association
www.endometriosis.org -Global forum on endometriosis
www.endocenter.org - Endometriosis Research Center
www.endometriosis.ca - World Endometriosis Society