

H5-2 Endometriosis

Endometriosis is a common yet poorly understood disease that affects 10–20% of American women of childbearing age. It can cause severe pain and, if untreated, can affect fertility.

What is endometriosis?

Endometriosis occurs when endometrial tissue (tissue normally found within the uterus) grows outside the uterus. Just as uterine tissue responds to the hormonal changes of the menstrual cycle, the misplaced tissue responds by breaking apart and bleeding. However, this blood cannot escape as it does from the uterus and causes swelling and inflammation around it. This in turn can produce scar tissue, most commonly in the ovaries, on the fallopian tubes, on the ligaments supporting the uterus, between the vagina and the rectum, on the outer surface of the uterus, and on the lining of the pelvic cavity. Physicians describe the severity of endometriosis in terms of stages, from minimal or mild to moderate to severe, depending on the amount of scar tissue present.

Symptoms

The most common symptom is pain, especially during menstruation and during or after sexual activity. The amount of pain is not always related to the severity of the disease, with some women with severe endometriosis having no pain, and some women with mild cases experiencing incapacitating pain.

Infertility is also a symptom of endometriosis; about 30–40% of women with the disease experience difficulty conceiving. In women with severe cases, infertility is caused by scarring of the fallopian tubes. The pregnancy rate for all women with endometriosis is lower than that of the general population, and it is not yet understood why the fertility of women with mild cases is affected.

Causes

The cause of endometriosis is unknown, although there are several theories. It is possible that during menstruation some tissue backs up through the fallopian tubes into the abdomen, where it grows. Other explanations focus on genetic factors: if endometriosis is the tissue development process gone awry, then there may be genetic factors that predispose some women to the disease. An older theory still under investigation looks at the influence of delayed childbearing. The progression of the disease slows or stops during pregnancy because ovulation ceases, and researchers continue to study the effects of these hormonal changes.

Diagnosis and treatment

After a complete pelvic exam, definite diagnosis is made by a laparoscopy, a minor surgical procedure in which a laparoscope (a tube with a light in it) is inserted into the abdomen. The surgeon uses this to assess the locations, extent, and size of the tissue growths and to check the condition of the abdominal organs.

If the symptoms of endometriosis are mild, women do not need further treatment, except pain medication if needed. Women who wish to become pregnant are advised to have a trial period of unprotected intercourse for 6 months to 1 year. If pregnancy does not occur within that time, further treatment may be needed. Women with more severe cases may undergo hormone suppression treatment, which stops ovulation. Women cannot become pregnant during this treatment, which is a concern for women who are eager to have children.

Surgery is another treatment option, particularly for women who want to have children soon (and do not want to undergo the lengthy hormone treatment), or for those who have severe, incapacitating pain. Surgery may be used to remove diseased tissue (laparotomy), which improves pregnancy rates most in the first year following the surgery. More drastic surgery, removing the uterus and ovaries, is sometimes needed to correct damage caused by previously untreated endometriosis.

SOURCE: National Institute of Child Health and Human Development. 2000. *Facts About Endometriosis* (NIH Publication 91-2413) (<http://www.nichd.nih.gov/publications/pubs/endomet.htm>; retrieved February 1, 2001).