

Today's Health for the Empowered Woman

ENDOMETRIOSIS

When asking my colleagues and office staff what topic they feel would be interesting to women, the term "endometriosis" came up frequently. We receive frequent calls concerning this condition and many of our office visits and operative procedures are done for endometriosis- to treat the pain associated with it and/or to treat the accompanying infertility so common to it.

The lining of the uterus is called the endometrium and sometimes, for reasons unknown, will grow somewhere else in the body. When this happens, it is called endometriosis. It can cause mild or severe pain before and during menstrual periods and may also lead to infertility. The endometrium responds to changes that take place during a monthly cycle. The endometrium swells and grows during the 28 day cycle and is shed as menstrual flow if no pregnancy ensues. When endometrium is found on other organs it still swells and has the potential to bleed. The swelling will cause pain of various degrees depending upon where it is located. Most common sites of endometriosis are ovaries, fallopian tubes, surface of the uterus, the space behind the uterus, bowel, bladder and rectum. There are even reports of it being found in the lungs of woman who coughed up blood every time she had a period. When found on the ovaries it can cause a cyst called an endometrioma and when on fallopian tubes can cause infertility by blocking them. When these implants of endometriosis bleed on a regular hormonal schedule they can cause adhesions that cause pain and infertility. The disease is progressive, never cancerous and can be treated, in many cases to keep it from getting worse.

This disease is most common in women in their 30's and 40's and occurs more often in women who have never had children probably because they have had more ovulatory cycles. It is most definitely inherited and is found in three quarters of women have chronic pelvic pain.

The main symptom is indeed pelvic pain that may occur with sex, bowel movements, or urination especially just before a menstrual period when this tissue has swollen. It must be emphasized that other conditions can cause these symptoms also. The cause is uncertain and has been debated in medical literature for decades. Either some blood and tissue escape through the fallopian tube into the abdominal cavity or other organs produce endometrial tissue as a result of some confusion of genetics at the cellular level. In any event, the degree of endometriosis is not related to the degree of pain and indeed some women have no pain at all and the diagnosis is made incidentally.

If any of the above symptoms are present a medical provider will do a pelvic exam to rule out other causes and if ruled out can initiate treatment without any surgery. Since the disease can be mild, moderate, or severe the extent of the disease can only be confirmed by looking directly into the body. This can be done by laparoscopy which is done under

general anesthesia in the operating room. A camera (laparoscope) is inserted through a very small incision in the umbilicus. A biopsy can be done at this time also.

Treatment depends on the extent of the disease and whether or not the woman has completed her child bearing or wants children at all. It can be treated with medication, surgery, or both. Unfortunately, the symptoms over time almost always come back. Medications run the gamut from just pain medications that do not cure the disease but just treat the symptoms to hormones that stop ovulation and therefore stop the monthly hormone cyclicality that is causing the pain. These would include birth control pills, GnRH which shuts down the ovaries but has the side effects of hot flashes, headaches, vaginal dryness and decrease in bone density as it mimics menopause, and progesterone which counteracts estrogen and limits endometrium growth. Side effects include mood changes, weight changes, bloating, and sexual problems. Surgery can be done to remove the endometriosis, usually laparoscopically to remove adhesions and to burn or remove the endometriosis. When severe, a more conventional opening of the abdomen may be necessary. Again, symptoms usually recur in about one year and the more severe the disease the more likely the recurrence. If very severe and if child bearing is not an issue a hysterectomy with removal of ovaries becomes the definitive treatment.

Endometriosis is a lifelong condition. Medical providers can help provide the most effective treatment options. There are also many endometriosis support groups that help in coping with this painful disease.