

Endometriosis

Around 1 in 10 women of reproductive age are affected by endometriosis. It is quite a common condition, especially in women over 30 who have not yet had children.

What is endometriosis?

Endometriosis occurs where the cells that line the uterus grow in places outside the uterus (such as the pelvis). This tissue functions in much the same way as the endometrium (the internal lining of the uterus), growing through the cycle in response to the ovarian hormones and then shedding some of its tissue and also bleeding at the time of the period. Menstrual-type blood can therefore be released into sites in which it was never meant to occur, such as inside the pelvis. This release of menstrual-type blood explains many of the side effects and symptoms that are associated with endometriosis.

Causes

Whilst it is unclear exactly what causes endometriosis there are a few theories:

Retrograde (backward) menstruation

During menstruation some of the menstrual blood that carries endometrial tissue cells flows backwards along the fallopian tubes into the pelvis where the cells can then implant and grow.

Coelomic Metaplasia

Suggests that the cells lining the pelvic organs are able to change their structure and function to become endometrial cells when they are influenced by certain conditions. Triggers could include puberty or oestrogen surges.

Altered immunity

Suggests that development might be related to a deficiency in your immune system's ability to recognise the presence of endometrial tissue in abnormal locations and eliminate it.

Symptoms & diagnosis

There are a wide range of endometriosis symptoms, and the severity of these also varies greatly. In order to diagnose endometriosis we look for symptoms that include:

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- ♦ painful periods
 - ♦ pelvic pain
 - ♦ pain during intercourse
 - ♦ abnormal bleeding
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Other factors that could indicate a higher incidence of endometriosis include:

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- ♦ Early puberty (first period before 11 years of age)
 - ♦ Advanced maternal age at first child birth
 - ♦ Long periods (more than 5 days) or short cycles (less than 27 days between periods)
 - ♦ A family history of close relatives with endometriosis
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Endometriosis can sometimes be diagnosed on pelvic examination. Most endometriosis, however, needs to be accurately and directly diagnosed by direct observation during a minor form of surgery called a laparoscopy.

Effects on fertility

Endometriosis is a common cause of infertility, as severe endometriosis can distort the tubes and ovaries. It may also block the egg's release by causing scar tissue or cysts.

Treatment

Laparoscopic surgery, including removal of all the endometriosis, is considered by many to be the best treatment for most levels of endometriosis. Minor surgery, in the form of laparoscopy/laser treatment, may in some cases be as effective as drug treatment in relieving symptoms and producing pregnancies.

Hormonal (drug) therapy can be useful in treating minor endometriosis. However, while less invasive than surgery, it is often less effective.

