

Endometriosis is an unusual disease which affects women during their reproductive years and is a reasonably common cause for pelvic pain. It is extremely variable in nature with some women having no symptoms at all, while others have debilitating pain even though they may only have mild disease.

### What is endometriosis

Endometriosis is the presence of tissue called endometrium lying outside the cavity of the uterus. Normally endometrium is the lining of the womb which is shed at each menstrual period. However, in endometriosis this can be found to be growing in the wrong place on other organs such as the ovaries, tubes and the peritoneum. Therefore in response to the hormones of the normal female cycle these spots of endometrium grow, bleed and are shed at the time of a period but in doing so cause pain and inflammation as the blood has nowhere to escape. Rarely it can be found in distant parts of the body such as the lungs, kidneys or in surgical scars but this is very rare.

What causes endometriosis is not really clear and there are various theories as to how it develops. There is nothing that you could have done to stop it developing in you as it is something that appears to occur at random. However, it needs fairly regular menstrual cycles to perpetuate it.

### Symptoms

The most common symptoms are pain and infertility. Pain tends to get worse in the second half of the cycle, building up to be at its maximum just prior to the onset of menstruation (period). Usually once your period starts the pain tends to reduce, although it may be particularly bad on the first day. Women may notice that they have particular pain at the time of ovulation, which is the release of an egg and also during intercourse. Sometimes endometriosis lumps grow within the pelvis and unfortunately the tubes and ovaries may become part of that process so that as a result the tubes become blocked or stuck to the ovaries so that the tubes cannot pick up an egg from the ovaries. This makes the woman less fertile. This may happen even if the woman has no symptoms whatsoever.

### Diagnosis

Vaginal examination by your doctor may elicit certain tender spots within your pelvis during a vaginal examination and may suggest endometriosis. The only effective way to diagnose

endometriosis is a laparoscopy test. This involves a small incision in the abdomen. The abdomen is distended with gas and a telescope is passed into the abdomen to look for endometriosis.

### Treatment

There treatments include analgesia for pain, hormonal treatment, surgery, or complementary medicine such as homeopathy etc.

### Analgesia

Simple analgesia such as Aspirin or Paracetamol may be sufficient but often a stronger pain killer may be required until the disease is brought under control.

### Hormonal treatment

Because endometriosis depends on hormones for its survival, hormonal drugs which interfere with the natural cycle will tend to stop endometriosis from growing and often help obliterate it, particularly if a woman can go for 6-9 months without a period. The commonly used drugs are:

- **Progesterone** which when given continuously suppress menstruation but have side effects of fluid retention, breast tenderness and weight gain.
- **Danazol** which is a hormone related to male reproductive hormones which if taken in adequate doses also suppresses the menstrual cycle and is a very effective treatment for endometriosis but is associated with a number of side effects which some women find unacceptable. In particular nausea, vomiting, weight gain, greasy skin and spots.
- **Gestrinone**. This works in a similar fashion to Danazol with similar side effects but needs only to be taken twice a week.
- **LHRH agonist**. These are relatively new drugs that stop the pituitary gland stimulating the ovaries, so that again the menstrual cycle is suppressed. During the course of this time endometriosis shrinks and healing takes place. These drugs are very effective in endometriosis but cause menopausal side effects such as hot flushes, vaginal dryness and if used in the long term could produce osteoporosis. Therefore they are not for long-term therapy.

## **Surgery**

Surgery may be performed by a laparoscopy or a laparotomy. Laparoscopy is the telescopic method and a laparotomy requires the abdomen to be opened.

Laser or diathermy treatment may be used during a laparoscopy operation to destroy patches of endometriosis in particular places and to divide adhesions. A laparotomy may be required to remove pelvic masses as a result of endometriosis, or for reconstructive work on the tubes or ovaries in an attempt to restore fertility. Where fertility is not an issue a hysterectomy, with or without removal of the ovaries may be more appropriate.

## **How long should treatment last?**

In general, medical treatment will last for 6-9 months. The length of time will depend on whether you wish to become fertile and what drugs you are on. It will normally take about 3 months before the benefits of the drug will be noted. There is evidence that endometriosis may return in some women but that this may take up to 10-12 years after the original treatment to cure it. It is difficult to predict how quickly the disease may occur in a single individual.

## **Prevention of Endometriosis**

There is evidence that there is a family trend for endometriosis, so if you have a sister or a mother you may wish to use the oral contraceptive pill as a contraceptive as there is evidence to suggest this reduces potential endometriosis. Pregnancy is another way of protecting against the disease but obviously requires careful consideration.

## **What about Hormone Replacement Therapy**

If a woman has undergone a hysterectomy and had her ovaries conserved then it is possible that HRT may reactivate any endometriosis that is present. There is a little published data in this area but if the ovaries are removed evidence suggests that even if HRT is given over 95% of patients will not have a restimulation of their disease. Where women have undergone a natural menopause and have had endometriosis in the past it would appear that the large majority of women can take HRT without the endometriosis returning. If they have a recurrence of their symptoms, it would probably be wise for them to discontinue the treatment or take a newer hormone replacement that suppresses endometriosis.

## **Complementary therapies**

Some women have reported improvements by using homeopathy, herbalism or changing their diet etc. Symptoms often change with no therapy and it is common of women to ascribe an improvement to

complementary medicine. There is no scientific evidence that it does any good but it does little harm.

The Endometriosis Society at 35 Belgrave Square, London SW1X 8XQ (tel 0171 235 4137) can provide more information if you write to them with a stamped addressed envelope.