

## WOMEN'S HEALTH

# Endometriosis: a common problem, but little understood

**How many of us suffer from painful periods go to our doctors and are told: 'it's a women's thing and you will just have to find a way to live with it'. Pain is a very difficult thing to quantify, as it is as individual as we are. Periods are part of being a woman, but the pain some of us can suffer can be controlled and managed if diagnosed and treated.**

ENDOMETRIOSIS is one of the most common problems in Gynaecology. It was described as far back as 1869 and yet it remains a poorly understood disease of the female reproductive system. Endometriosis is a condition where tissues similar to the lining of the womb, The Endometrium, is also found in places outside the womb, The Uterus. It can be found on the ligament supports of the uterus and on nearby organs such as the ovaries, bladder and bowel. It can sometimes also be found in more distant sites, such as the lungs or navel. Endometriosis can appear as spots or patches called "implants" or as "cysts" on the ovaries. In mild cases there may only be a few isolated "implants", while in others the disease may be present throughout the pelvis. Endometriosis irritates the surrounding tissue and can produce weblike scar tissue known as adhesions. The scar tissue can bind any of the pelvic organs to one another and in severe cases can cover them completely.

The disease can usually be treated with drugs or surgery. Generally endometriosis can only be diagnosed at operation and since some women have no symptoms, we can only guess at the true number of women affected. Some estimates suggest that up to 30% of women of reproductive age could have endometriosis.

It used to be thought that endometriosis was more common in women who had never had children, and is often called "the career women's disease" because women now choose to start their families later. However, generalisations should not be made since, endometriosis can affect any woman from teenager to the menopause. Endometriosis is not known to be an inherited disease, but a woman with a close relative who is herself affected is more likely to have endometriosis herself and more likely to have severe disease.

It is not known why some women get endometriosis, but its growth and spread are dependent on the female hormones produced each month by the ovaries in the reproductive cycle. The two hormones produced by the ovary are oestrogen and progesterone. Oestrogen is produced in the first half of the cycle

and progesterone, as well as oestrogen is the second. Each month in the middle of the cycle, a mature egg is released by the ovary, which is known as ovulation. The tube catches the egg and draws it inside. If the egg is fertilised, it may be embedded in the lining of the womb, the "endometrium" and a pregnancy has commenced. If it is not fertilised, it is lost together with the "endometrium", as the period at the end of the month. Endometriosis also goes through a monthly cycle each month and grows under the influence of the hormone oestrogen, it will also have a period each month, but there is no escape of blood, it remains and irritates the surrounding tissues.

**CAUSES AND SYMPTOMS** What causes endometriosis? Several theories exist as to how endometriosis begins, including the theory of retrograde menstruation. During a period most of the menstrual blood comes out through the vagina, in some women blood also passes backwards, through the fallopian tubes into the abdominal cavity. Contained within the menstrual blood are fragments of the endometrium, and this can seed and grow in the peritoneal cavity. It is not known why these cells seed in some women and not in others. This theory is called retrograde menstruation.

**WHAT DOES IT LOOK LIKE** Early implants look like spots and pimples sprinkled on the pelvic surfaces. The implants may remain unchanged, become scar tissue, or disappear over a period of months. In most women endometriosis grows slowly and can remain stable for years. Endometriosis can form benign cysts in the ovaries called endometriomas. With time the blood darkens to a tarry colour giving rise to the description 'chocolate cysts'. These may be smaller than a pea, or larger than a grapefruit. A woman may suddenly feel pain when a large endometrioma bleeds or bursts. The spilled fluid may cause further irritation and the development of scar tissue. In severe cases the web-like scar tissue, or adhesions may bind the uterus, ovaries and nearby intestines together. Endometriosis can grow into the walls of the intestine or

into the tissue that separates the rectum from the vagina, although it can invade neighbouring tissue. Endometriosis is not cancer.

**SYMPTOMS** Some women with endometriosis are without symptoms, but others suffer with very painful periods. Pain during intercourse and infertility. These symptoms and women with severe disease occasionally have none. Painful periods or dysmenorrhoea may be a symptom of endometriosis. Increasingly painful periods or severe pain in the day leading up to a period should be viewed as a possible warning sign of endometriosis. However, there are many women who suffer from painful periods who do not have endometriosis, teenagers for example commonly complain of painful periods, but endometriosis is uncommon in this age group. Many women with endometriosis are able to conceive without any problems. In some cases women with endometriosis are infertile. In severe cases this is because scar tissue forms a barrier between the ovary and the tube. In mild cases it is debated whether endometriosis simply develops as a result of several years of uninterrupted periods. Endometriosis can cause pain during intercourse, a condition called dyspareunia. Women with endometriosis can have irregular vaginal bleeding, other symptoms of the thrusting motion can cause pain in the tender nodule of endometriosis. Endometriosis can grow on intestines, in the wall of the bladder, or surgical scars, these implants may bleed into the bladder or bowel during a period causing blood stained urine or motions at the time of a period.

**DIAGNOSIS** The diagnosis of endometriosis cannot be made from symptoms alone, since some women with endometriosis have no symptoms at all. A doctor may suspect the disease if a woman is having difficulty getting pregnant, or she has painful periods, or pain during intercourse. A family history of endometriosis in a close relative is also suggestive.

**VAGINAL EXAMINATION** Vaginal examination can be helpful in making the diagnosis, the doctor may be able to feel tender spots of endometriosis or an enlarged ovary.

**LAPAROSCOPY** Laparoscopy is an operation, during which a thin telescope, a laparoscope is inserted through a small incision near the navel. This enables the doctor to see inside the abdominal cavity, inspect the reproductive organs and diagnose endometriosis. A small piece of endometriosis can be removed for microscopic examination at this time called a biopsy the surgeon can then check the fallopian tubes are not blocked during the laparoscopy by flushing an inert blue dye through the neck of the womb, the cervix. If the tubes are open the dye will be seen passing out of the ends of the tubes. If minor degrees of endometriosis are seen at laparoscopy, it is sometimes possible to destroy it at this time by burning it with hot wire diathermy or laser beam. The site of the endometriosis will influence if this can be done.

**OTHER DIAGNOSTIC TECHNIQUES** There has been intense research directed towards finding a blood test to diagnose and

stage endometriosis. As yet this is still in the research phase. Ultrasound, Computerised Tomography, CT Scan or Magnetic Resonance Imaging, MRI can be used to get more information about the extent of endometriosis in severe cases. These techniques can identify cysts on the ovaries and are usually done in the hospital radiology x ray department or in a specially equipped doctors office. These techniques cannot be used to make a definite diagnosis of endometriosis.

**TREATMENT** Treatment is tailored to the individual woman and aims to improve pain and / or infertility. It may involve hormone treatment, surgery or a combination of both. It has been claimed that pregnancy is a “natural cure” for endometriosis and if you were planning to start a family in the near future your doctor may advise you to go ahead.

**HORMONE TREATMENT** Pregnancy and the menopause are two “natural cures” for endometriosis. In pregnancy there are sustained high levels of oestrogen and especially progesterone; in the menopause levels of oestrogen and progesterone are low. Treatment involves mimicking one or other of these conditions. Both types of treatment lead to changes in the lining of the womb, the endometrium and in the endometriosis which encourage its healing. Periods usually stop on treatment.

**SURGERY** Some forms of severe endometriosis do not respond to drug treatment. Surgery may be required to remove scar tissue or ovarian cysts to relieve pain, or improve fertility. Mild forms of endometriosis can be treated during laparoscopy, while more severe endometriosis may require a bigger operation.

**HYSTERECTOMY** For women who have no success with other treatments and have completed their families, the uterus hysterectomy and ovaries ‘oophorectomy’ may be removed to relieve severe and persisting pain. After hysterectomy alone (eg. without removal of the ovaries), there is a significant chance that the endometriosis will recur. The chance of recurrence is much smaller if the ovaries are also removed at the time of hysterectomy. However, this leaves a woman in the menopause. To prevent the loss of bone calcium and menopausal symptoms due to oestrogen deficiency in the menopause, most women will need hormone replacement therapy. The majority of women with endometriosis can take hormone replacement therapy without problems.

**CONCLUSIONS** Endometriosis is a disease affecting millions of women throughout the world, for many the condition goes unnoticed, but for others it demands professional attention, especially when pain affects your lifestyle or fertility is impaired. Should you be suffering from any pain or feel you may have some of the symptoms associated with endometriosis – don’t just live with it – discuss it with your doctor and decide what is the best and appropriate course of treatment for you based on your own personal circumstances.

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