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ENDOMETRIOSE

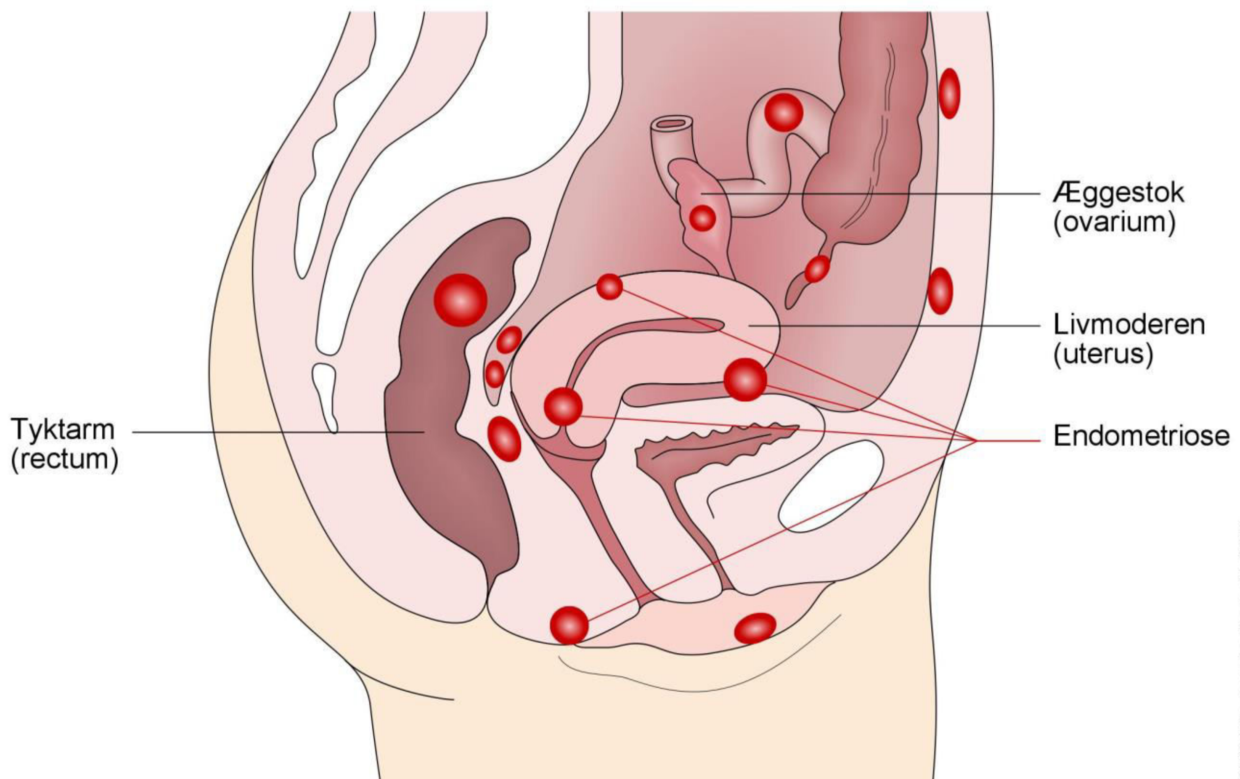
Sources: the Endometriosis Association and sundhed.dk
www.endo.dk
https://www.sundhed.dk/borger/patienthaandbogen/kvindesygdomme/syg-domme/oevrige-sygdomme/endometriose/

Facts

- Endometriosis means that tissue of the same type as the lining of the uterus (endometrium) is also located outside the uterus
- Approx. 10-20% of women of childbearing age have endometriosis, while 3-4% have a disease that requires treatment
- There is typically pain during menstruation and intercourse and the woman may have more difficulty getting pregnant
- The pain can be reduced with both medical and surgical treatment
- There are often relapses, therefore the condition is described as chronic

What is endometriosis?

Endometriosis is a condition in which tissue of the same type as the lining of the uterus (endometrium) also sits outside the uterus. This tissue can be located in the fallopian tubes, ovaries, peritoneum, intestines or bladder and in very rare cases, endometriosis can also be found elsewhere in the body.



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Endometriosis can typically be found on the peritoneum as millimetre-sized, dark areas. In the longer term, the formation of scar tissue develops where the dark areas have been and then the endometriosis is seen as whitish retractions on the peritoneum.
Endometriosis is also frequently found on the ovaries and can then develop into cysts (fluid-filled cavities) which can grow up to several centimetres in size. These cysts consist of old blood, which is thick and dark brown. For this reason, they are often called "chocolate cysts".
Endometriosis tissue is affected by female sex hormones in the same way as the lining of the uterus. For this reason, areas of endometriosis will respond in the same way as the uterine lining and soften when the woman is menstruating. This is the cause of the main symptom of endometriosis, namely severe menstrual pain, as bleeding from endometriosis irritates the peritoneum.
In many cases, women with endometriosis have no symptoms. It is estimated that 10-20% of all women of childbearing age have endometriosis, while 3-4% have a disease that requires treatment. Among women with problems getting pregnant, endometriosis can be detected in 20-30%, while these numbers are as high as 30-40% in women with chronic abdominal pain.

What are the symptoms of endometriosis?

The most common symptom of endometriosis is pain during menstruation (dysmenorrhea). The pain can range from mild to severe and disabling pain. Ordinary painkillers may not be enough.
In the longer term, chronic pain may develop, which is also present beyond the time the woman is menstruating. These pains can cause fatigue, sleep disturbances and altered appetite.

Other typical symptoms are:

- Pain during intercourse - typically there is pain during deep shocks. The pain may last for some time after intercourse
- Decreased fertility can be a problem. 30-40% of women with endometriosis have problems getting pregnant. The cause of infertility in endometriosis is not known, but one explanation may be an "unfavorable" environment in the pelvis where the fertilization of the egg takes place. Furthermore, scar tissue, as a result of endometriosis, can cause adhesions in or around the fallopian tubes.
- In endometriosis of the intestine or ureter, pain can occur in these organs, eg pain during bowel movements. These pains can be different throughout the menstrual cycle
- In rare cases, endometriosis of the bladder can cause painful and / or frequent urination
- Feeling of heaviness in the abdomen may also occur

It is unclear why some women get pain and others do not. It may be related to the location or to properties of the endometriosis tissue. The relationship between the amount of endometriosis and the degree of pain is also not unambiguous.
There may be large endometriosis cysts without any symptoms. In other cases, there may be severe pain with very modest changes.

What symptoms should you pay special attention to?

You need to pay special attention to persistent strong pains associated with your menstrual cycle.

How is the diagnosis made?

The doctor asks about your medical history and does a gynecological examination. The examination is usually normal. In some cases, blood tests (eg blood percentage, lowering, and CRP) may be taken to rule out other diseases.

Coupled with the medical history, various examinations, such as ultrasound examination through the vagina, may give suspicion that you are suffering from endometriosis.

It is very common that there may be pain during menstruation in healthy women who do not have endometriosis. Before the doctor suspects endometriosis, you will be treated with painkillers, eg with ibuprofen and birth control pills. If this is enough to soothe the pain, further examinations are usually not necessary.
Binocular examination (laparoscopy) of the abdominal cavity is today the only sure way to diagnose endometriosis. This examination is an operation that takes place under general anesthesia, where a binocular-like instrument is passed through the navel and into the abdominal cavity. The gynecologist thus gets a good overview of the uterus, ovaries, fallopian tubes, parts of the intestine and peritoneum. A tissue sample can then confirm or disprove the diagnosis. It is important to understand that all operations, eg a binocular examination, carry a risk of complications, so you must consider whether what you want to achieve with the operation outweighs the risk of the procedure.
In case of intestinal symptoms and suspected endometriosis, an MRI and / or CT scan may be considered.

Why do you get endometriosis?

The cause of endometriosis is unknown. However, there are three theories:
One is that endometriosis occurs spontaneously, as the peritoneum is in some places transformed into uterine lining-like tissue (metaplasia theory)
Others believe that the cause of endometriosis is that parts of menstrual bleeding are carried out through the fallopian tubes, into the abdominal cavity, instead of running down into the vagina. The tissue can then attach to the ovaries, peritoneum or intestine and then grow there. Bleeding from the uterus to the abdominal cavity occurs in most women, but only in a few does the body's immune system allow the mucous membrane to grow in the wrong place (implantation theory).
A third theory believes that the lining of the uterus can be transported by blood or lymph vessels and thus placed in different places in the body and grow further (the metastasis theory).

The female sex hormone estrogen must be present in the body in order for endometriosis to develop. Therefore, endometriosis occurs only very rarely before puberty, and typically subsides after menopause.

Is endometriosis hereditary?

Hereditary conditions appear to be important for the development of this disease. If your mother or sister has endometriosis, the risk of getting it yourself is approx. 7 times larger.

How is endometriosis treated?

The goal of treatment is to alleviate the pain and prevent or treat infertility.
Treatment of endometriosis usually takes place through a collaboration between the gynecologist and the general practitioner.

Medicine for pain

For pain around the time of menstruation, over-the-counter painkillers can be tried.
NSAIDs are the first choice for pain. If this treatment is not enough, hormone therapy may become relevant.

Hormone therapy

The hormone treatment intends to stop the menstrual bleeding and thus also the activity in the endometriosis. The most gentle and effective way to achieve this is to use normal birth control pills. For women with endometriosis, it can be especially beneficial to use birth control pills in long cycles. That is, where there are only a few pill breaks.

Hormone IUD is also a treatment that can be used to stop menstrual bleeding and aggravation of endometriosis. Typically, treatment is less effective than birth control pills, but has more benefits over birth control pill use and also fewer side effects.

If birth control pills or IUDs are not sufficient, possibly. GnRH agonists are used. It is medicine that stops the ovaries' production of sex hormones almost as effectively as when the ovaries are removed. This creates an artificial menopause. Hormone conditions remain as they are after menopause, and side effects such as hot flashes, headaches and dry mucous membranes typically occur. If the treatment lasts, there will also be a reduction in the bone mass in the skeleton, which can be counteracted by Ad-back treatment.

Treatment with GnRH agonists is typically reserved for physicians who are experts in endometriosis and is typically used only for short periods due to the serious side effects of the treatment.

Surgery

In some cases of endometriosis, surgery is recommended, eg in case of suspected endometriosis cysts on the ovary, suspicion of painful adhesions in the abdominal cavity or occluded fallopian tubes in women who want surgery. Today, primarily binocular surgery (laparoscopy) is always recommended in surgery for endometriosis. This is also the only way to ensure the diagnosis, as one can thus confirm or disprove findings of endometriosis tissue in the abdominal cavity.
Surgery may also be necessary if the endometriosis grows down into, for example, the intestinal wall or the bladder. In that case, the woman should be referred to a gynecological department with expertise in endometriosis.

Treatment of impaired fertility

In some cases, help is needed to achieve pregnancy, either by hormone stimulation and inseminations or by in vitro fertilization (in vitro fertilization).
Surgical treatment of endometriosis - for example to loosen adhesions at the fallopian tubes - can in some cases improve fertility.
In some cases, artificial insemination with the test tube (IVF) method is needed either due to endometriosis or due to other causes. An overlap can advantageously be agreed between the hormone treatment for endometriosis and the hormone treatment for reduced fertility.

How good is the treatment?

With hormone therapy, pain is improved (reduced) in 80-90% of women with symptoms. Most people experience significantly less pain, and some become completely pain-free. Unfortunately, the symptoms often return after the treatment is over, but this can take several years.
75% of operated patients have less pain afterwards, however, the pain usually returns if new endometriosis is not prevented with medication.
Endometriosis is considered a chronic condition, but after menopause, when the woman's production of estrogen ceases and menstruation stops, most become asymptomatic.

Lack of treatment effect may be due to the endometriosis having led to changes, eg adhesions in the abdominal cavity. However, it can also be due to the fact that there is no endometriosis. In these cases, the treatment is stopped. It should be remembered that the most common cause of abdominal pain is muscle knots and muscle tension, not endometriosis.

What can I do?

Physical activity can help, so it's a good idea to exercise regularly and exercise.
How do I avoid getting or worsening endometriosis?
There is nothing you can do to prevent endometriosis. If this condition is suspected, treatment with birth control pills or IUDs is often a good idea, as it prevents the disease from developing and causes changes in the abdominal cavity which in the long run can lead to chronic pain.

When should I seek help?

If you have a lot of menstrual cramps that are not improved by regular painkillers.

How does the disease develop?

Endometriosis usually develops in the 20s and 30s, causes discomfort in the 30s and 40s and usually disappears after menopause.
Pregnancy and breast-feeding reduce endometriosis pain. The effect of hormone therapy and surgery is good. There are often relapses and therefore repeated treatments may be necessary both medically and surgically.
The disease is therefore described as chronic and recurrent.

Is endometriosis dangerous?

Endometriosis is not dangerous in itself, but can cause very significant pain and discomfort to the most severely affected. In rare cases, severe complications are also seen in connection with operations.

How common is endometriosis?

In many cases, women with endometriosis have no symptoms. It is estimated that 10-20% of all women of childbearing age have endometriosis, while 3-4% have a disease that requires treatment. Among the women who have problems getting pregnant, endometriosis can be detected in 20-30%, while these numbers are as high as 30-40% in women with chronic abdominal pain.
Approximately 2-3% of all women develop symptomatic endometriosis during their lifetime.

Can I get endometriosis more than once?

Yes. Endometriosis can occur throughout the period of life in which the woman has menstruation. Treatment with medication or surgery may remedy, but there is a risk of relapse.

Special problems with endometriosis

Pregnancy and childbirth

Women with endometriosis may experience difficulty getting pregnant, but after the woman becomes pregnant, the pregnancy typically proceeds as in other women. There is no increased risk of pregnancy loss or of ectopic pregnancy
Some will experience more pain in the first few months, but in most, the pain disappears completely during pregnancy.
Severe endometriosis can complicate a birth or special cesarean section, due to adhesions in the abdominal cavity.

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The pain-free period usually continues until menstruation returns. With frequent breastfeeding, menstruation can be delayed. Some people find it easier to get pregnant a second time.

After menopause

If hormone therapy becomes relevant after natural menopause or after removal of the ovaries due to symptoms related to the decline of female sex hormone, it can be tried even though it will typically s stimulate endometriosis. Some women will then experience relapse of endometriosis symptoms, and then it is possible either to stop taking hormone supplements or switch to another drug.

There are several hormone treatments to choose from, and some are less likely to stimulate endometriosis than others. The doctor can advise on the choice of treatment.