

# Endometriosis

**Endometriosis is a condition in which fragments of cells like the ones in the lining of the womb (the endometrium) are found elsewhere in the body. As the endometrium grows during the menstrual cycle so do the fragments, often causing severe pain. They then break down and bleed, just like the uterus lining. However, this internal bleeding, unlike a period, has no way of leaving the body, and leads to inflammation, pain, and the formation of scar tissue (adhesions).**

It is unclear how common endometriosis is. Incidence figures range widely from 2% to 50%. Realistically, it would seem that about 10% to 15% of women suffer from the disease. Oriental women are more likely to suffer from it, as are women who delay having children. It now also appears in young women in their late teens. A woman is seven times more likely to get endometriosis if a first degree relative (that is, her mother, sister, or cousin) has had it.

## Where endometriosis occurs

The most common site is the ovaries, where it may occur as reddish-brown spots or develop into cysts. Ovarian cysts caused by endometriosis are called chocolate cysts. They are virtually always benign. Endometriosis may also be found on the peritoneum, the thin layer of tissue, which covers all the organs inside the abdomen. The most common sites are on or between the ligaments at the back of the womb, between the uterus and bladder, and on either side of the womb. Spots may also be found on the fallopian tubes, the cervix, or in the vagina. Less common sites for endometriosis are the bladder, bowel or appendix. Rarely, the lungs may have endometriotic lesions.

## Symptoms of endometriosis

It is possible to have severe endometriosis and no symptoms, or suffer serious problems with few visible signs of the disease. The reasons for this are not fully understood.

## The chief symptoms are:

- Painful periods (dysmenorrhoea). Pain starts before the start of a period and may continue after it ceases. Discomfort may also be felt in the lower abdomen and/or back
- Painful intercourse (dyspareunia). A deep pain in the vagina during sexual intercourse which may be followed by a persistent dull ache lasting several hours. Spots of endometriosis in the vagina may cause more localised discomfort
- Pelvic pain. Lower abdominal pain may be present continuously, although it is normally worse during a period. Irritable bowel accompany these symptoms, so that women with irritable bowel syndrome should have endometriosis excluded
- Infertility. Endometriosis is found in about a quarter of patients undergoing investigations for infertility.

Other symptoms may occur specific to the site of the endometriosis.

For instance, spots on the bladder may cause frequency or pain and discomfort in passing urine, or blood in the urine.

## The causes of endometriosis

Why endometriosis occurs in some women and not others is not fully understood. There are a number of possible explanations:

- A deficiency in the immune system means that debris left over from a period and drawn back through the fallopian tubes is not properly removed
- Cells in the body derived from the same cells as the endometrium can be "triggered" to change into endometriosis. Oestrogen is likely to be a possible trigger
- The spread of endometrial cells from the womb to distant sites via the bloodstream
- A combination of all of these.



## Treatment

A number of drugs are available for the treatment of endometriosis. They include danazol and gestrinone, which affect hormonal balance, progestogen, luteinising hormone releasing hormone (LHRH) and the oral contraceptive pill. All these drugs can have side effects.

Laser treatment can be used to destroy spots of endometriosis and sometimes divide scar tissue and remove endometrial cysts. Occasionally, if endometriosis is localised in one area, it can be surgically removed. More often, the endometriosis is more widespread and medicinal therapy has to be used as well as surgery.

An absolute last resort treatment is a total abdominal hysterectomy and bilateral salpingo-oophorectomy. This is the total removal of the womb, ovaries and fallopian tubes (TAH BSO). It is only considered if the symptoms are so severe no alternative is possible, and there is no requirement to have future children. In young women where functional ovaries are removed, HRT is often administered. Some 3-5% of these women may develop endometriosis from this and has to be managed medically.

## Endometriosis and infertility

It is easy to see how severe endometriosis that distorts the anatomy may cause infertility. Isolated spots of endometriosis appear to be associated with infertility rather than the cause of it. Treatment of mild endometriosis may not improve the chances of a pregnancy. If you want to become pregnant you should ask for a referral to an infertility specialist.

## Useful contacts

### Endometriosis UK

Helpline: 0808 808 2227

Website: [www.endo.org.uk](http://www.endo.org.uk)

### Infertility Network

Charter House, 43 St Leonards Road, Bexhill on Sea, East Sussex TN40 1JA

Tel: 08701 188088

Website: [www.infertilitynetworkuk.com](http://www.infertilitynetworkuk.com)

### Family Planning Association

FPA National Helpline: 0845 310 1334

Website: [www.fpa.org.uk](http://www.fpa.org.uk)

This factsheet has been produced by Women's Health Concern and reviewed by members of our Medical Advisory Panel.

It is for your information and advice and should be used in consultation with your own medical practitioner. **Updated: November 2007.**