Diagnosing endometriosis

INTRODUCTION

Endometriosis is a heterogeneous, chronic gynaecological disease. There is an alarming 6–7 year delay in diagnosis in adult women, and an average 8–10 year delay in adolescents. It is the most common cause of pelvic pain in Australia.

Widely held perceptions among primary care practitioners of the normalcy of period pain, particularly in adolescent girls, is a key contributor to diagnostic delay. Delay in diagnosis is strongly correlated with poorer health outcomes. One in 10 women of reproductive age are affected, with more than 176 million women worldwide with the disease.

Endometriosis has an alarming rate of delay in diagnosis.

DEFINITION

Endometriosis is a disease in which endometrial tissue is found outside the uterus, where it induces a chronic inflammatory reaction that may result in scar tissue. It is primarily found on the pelvic peritoneum, ovaries, in the recto-vaginal septum, the bladder and bowel. In rare situations, it can be found in other sites such as the diaphragm, lungs, eye and nose.

RISK

Risk factors associated with endometriosis include: a genetic link (having an affected first-degree relative confers a 7–10 fold increased risk); lower body weight; alcohol use; early menarche; shorter cycles; and heavy, prolonged cycles.

PATHOPHYSIOLOGY

Retrograde menstruation is considered the key causative mechanism. It facilitates the entry of endometrial cells into the pelvic region via a process of back flow along the fallopian tubes into the pelvis, rather than out through the vagina. The cells develop into small patches or plaques, which increase in size and may develop into nodules. On the ovary, these can increase in size and burrow to form cysts, known as endometriomas or ‘chocolate’ cysts.

SIGNS AND SYMPTOMS

Pain is the most common symptom, followed by infertility. Pain is not related to the amount of endometrial tissue outside the uterus, but associated with location (more severe in the peritoneum). It may present as dysmenorrhoea; dyspareunia; abdominal, back and/or pelvic pain; pain with bowel movement, passing wind or urinating; and abdominal pain at ovulation.

ADOLESCENTS

Up to 47% of adolescent females with pelvic pain have endometriosis, which can start as early as the first period.

INFERTILITY

Endometriosis is a leading cause of infertility in women older than 25 years, and is present in about 30% of women with infertility.

OTHER SYMPTOMS

Women with endometriosis may experience bowel or bladder symptoms, including bleeding, constipation and diarrhoea, an increase in urinary frequency or change in bladder or bowel function. They may also have premenstrual symptoms, menorrhagia (with or without clots), irregular bleeding (with or without a regular cycle) and premenstrual spotting.

DIAGNOSIS

A detailed history is required to exclude other causes of pelvic pain, such as irritable bowel syndrome and pelvic inflammatory disease.

Laparoscopy by an experienced gynaecological endoscopist remains the diagnostic gold standard. Investigations should also include urinalysis and screening for STIs, as well as a transvaginal ultrasound scan to detect ovarian endometriotic cysts, deep infiltrating endometriosis (DIE), and bowel involvement.

TREATMENT

Treatment targets symptom control and disease suppression using both medical and surgical options.

Medical management includes pain relief (e.g. NSAIDs) and endometrial suppression (e.g. OCP, progestins, Danazol, and GnRH-analogues).

Surgical management may be conservative (involving diagnosis and excision), and/or radical (pelvic clearance with hysterectomy and bilateral salpingo-oophorectomy).

Jean Hailes for Women’s Health is a national, not-for-profit organisation focusing on clinical care, innovative research and practical educational opportunities for health professionals and women. www.jeanhailes.org.au

Practice Points

- Early diagnosis with effective medical management can reduce disease progression and consequences
- High level of suspicion in patients with first degree relative with endometriosis
- Severe period pain causing reduced quality of life must be investigated
- Endometriosis can start as early as the first period
- Persistent pain unrelieved by hormonal treatment and analgesics should be appropriately referred.