

These sticky growths stay in the body. Like the other endometrial cells in the womb lining, these growths react to the hormones from the ovaries. They grow and bleed during the menstrual periods and can get bigger. These growths (called endometriotic deposits) in the body, are what lead to inflammation, painful periods, scarring of pelvic organs and other symptoms related to endometriosis.

Endometriosis is actually quite common. It is estimated to affect 20% to 30% of women in the reproductive age group. It may run in some families and it is common to see mothers referring their daughters to see their gynaecologists after seeing them suffer similar symptoms. Early diagnosis and intervention may help young women alleviate their symptoms and increase their chances of getting pregnant as well.

Endometriosis is not cancer.

### What are the symptoms of endometriosis?

The signs or symptoms of endometriosis include:

- Painful and or heavy periods (abdominal, pelvic and back pains)
- Painful intercourse (dyspareunia)
- Chronic pelvic pain (pain in the pelvic region not related to menses)
- Infertility (difficulty getting pregnant)
- Other associated symptoms may be: chronic pelvis pain, not related to menses, pre-menstrual spotting
- Bowel symptoms (pain before, during or after opening bowels, blood noted in motion especially during menses, irritable bowel symptoms)
- Bladder symptoms (pain during, before or after passing urine despite not having any evidence urinary infection on investigation, or blood in urine)

There is no connection between the symptoms and severity or extent of endometriosis. Hence, patients with very mild disease may actually have very severe symptoms while those with significant disease may not experience significant symptoms at all. Some women may have no symptoms at all and may be discovered incidentally during diagnostic laparoscopy while being investigated for subfertility.

### Who is at risk of getting endometriosis?

A woman is more likely to develop endometriosis if she:

- Has never given birth
- Has one or more relatives (mother, aunt or sister) with endometriosis
- Has a closed hymen, which blocks the flow of menstrual blood during the period or any medical condition that prevents the normal passage of menstrual flow out of the body
- Has uterine abnormalities

### How is endometriosis diagnosed?

As mentioned before, some women may have no symptoms at all and maybe discovered incidentally only during diagnostic laparoscopy. Pelvic ultrasound scans, blood tests and internal vaginal examinations cannot conclusively diagnose endometriosis. The only way to diagnose endometriosis is by laparoscopy. This is an operation in which a tube (a laparoscope) is inserted into the abdominal cavity through the belly button. The pictures seen by the tube is shown on a big screen in the operation



theatre. This allows the surgeon to see the pelvic organs and identify any endometriotic deposits and cysts. Surgical intervention can then proceed if necessary.

### What are the treatment options available for endometriosis?

Unfortunately, there is no cure yet for the condition and it can be difficult to treat. However, certain medical therapies or surgery can help. The type of treatment used depends on the age of the patient, her desire for future childbearing and the severity of her symptoms. Treatment options will be given to relieve pain, slow the growth of endometriosis tissue, improve fertility and to prevent the disease from returning.

Treatment may not be necessary if the symptoms are mild and the patient has no fertility problems or if she is nearing menopause, in which case symptoms may get better without treatment.

#### Treatment for pain relief

The most commonly dispensed medication for endometriosis is for the purpose of pain relief.

Non-steroidal anti-inflammatory (NSAIDs), such as ibuprofen and naproxen, are usually the preferred painkiller