

Ovarian Condition

Endometriosis

Definitions

Benign: Not cancerous

Endometrial tissue: It is composed of two types of cells, (stromal cells and epithelial cells) which generally line the mucous membrane of the uterus.

Uterus: The womb, where the growing embryo and fetus is nourished. The inner layer (mucous membrane) of the uterus is renewed every month (menstrual cycle) to accommodate for a possible pregnancy.

Pathologist: A physician who examines tissues and fluids to diagnose disease in order to assist in making treatment decisions.

What is Endometriosis?

Endometriosis describes a condition that occurs when endometrial tissue, which is normally shed each month during menstruation, reaches outside the uterus and grows in other locations. These endometrial cells can implant in the ovaries, fallopian tubes, outer surface of the uterus or intestines, or in the pelvic cavity. Less commonly, they also can be found in the vagina, cervix or bladder. Women with endometriosis have a slightly greater chance of developing ovarian cancer. The exact cause of endometriosis is not known.

Who is most likely to have Endometriosis?

Endometriosis affects an estimated 1 million women during their reproductive years. However, the exact number is not known because endometriosis often has no symptoms. This condition is more common among Caucasian women than among African-American or Asian women. Women more likely to have endometriosis include those who started having periods at an early age, who have heavy or long-lasting periods, who have short monthly cycles, or who have a close relative with endometriosis.

The condition is more common among women who experience infertility; however, the condition does not prevent conception.

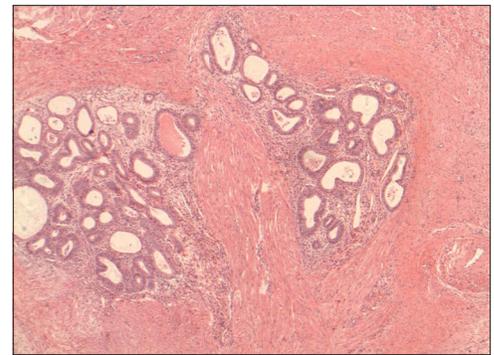
What characterizes Endometriosis?

While endometriosis often does not have symptoms, the most commonly occurring symptom is pelvic pain or cramping, usually occurring just before or during menstruation. Some women have this pain during intercourse, bowel movements, urination or pelvic exams. The intensity of the pain can vary over time and among different women. Other symptoms include infertility, lower abdominal pain, diarrhea, constipation, lower back pain, unusual menstrual bleeding, or blood in the urine.

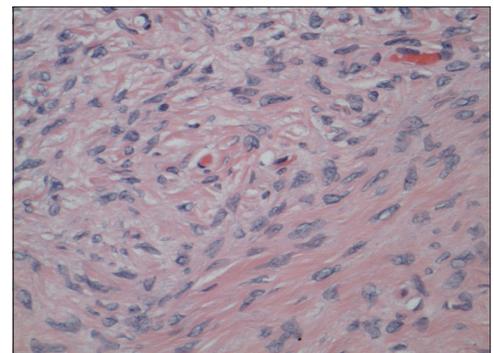
How does the pathologist make a diagnosis?

During a pelvic exam, your primary care physician may suspect endometriosis because you experience unusual pain or discomfort. Images obtained through an **ultrasound** or **magnetic**

resonance imaging (MRI) exam can rule out other pelvic diseases and suggest endometriosis. For a definitive diagnosis, a physician must visually examine the inside of the pelvis and abdomen during either a large-incision
(continued)



Endometriosis tissue is composed of benign endometrial tissue that manifests outside of the uterus lining.



Normal ovarian tissue.



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It's important to learn as much as you can about your treatment options and to make the decision that's right for you.

laparotomy or, more commonly, during a small-incision **laparoscopy**, which can be performed under general or local anesthesia as a one-day, outpatient procedure. The primary care physician or surgeon inserts a long, thin viewing instrument called a **laparoscope** into the abdominal cavity to inspect it and remove suspicious areas of endometriosis as **biopsy specimens** for the pathologist to examine under the microscope. A laparotomy or laparoscopy also can rule out ovarian cancer, which may present similar symptoms as endometriosis.

How do doctors determine what treatment will be necessary?

The pathologist studies “the specimen(s)” under the microscope, renders a diagnosis and discusses the results with your primary care physician. Together, using their combined experience and knowledge, they determine treatment options most appropriate for your condition. It's important to learn as much as you can about your treatment options and make the decision that's right for you.

What kinds of treatments are available for Endometriosis?

Physicians treat suspected endometriosis causing pain or discomfort with anti-inflammatory drug **medication** or **hormonal treatment**, and in some instances minor or major **surgery** may be necessary.

Treatment with nonsteroidal anti-inflammatory drugs (NSAIDs) such as ibuprofen or naproxen sodium can relieve pain and cramping.

Hormonal treatments – such as Gonadotropin-Releasing Hormone Analogs (GnRH analogs), oral contraceptives, progestins and others – interrupt the ova-

ries' normal cyclical hormone production, reducing pain by shrinking the foci (define) of endometriosis. These treatments, however, stop menstrual periods and have other side effects and are not recommended for women still wishing to conceive. Consult with your primary care physician before deciding upon any of these treatments.

Women with relatively mild (small areas) endometriosis very often conceive. For these women, **conservative surgery**, preserving the uterus and ovaries coupled with fertility treatment, is usually recommended. Surgeons usually use laparoscopy to remove these foci of endometriosis with laser.

Major surgery may include removing the ovaries or even pieces of bowel when endometriosis is extensive. When women choose this option, they accept the reality that they will no longer be able to conceive after this treatment.

While surgery can effectively reduce pain, it often does not prevent endometriosis from coming back. The disease returns after surgery in as many as 40 percent of the cases.

For more information, go to www.medicinenet.com (owned and operated by WebMD) or www.womenshealth.gov (U.S. Department of Health and Human Services). Type the keyword **endometriosis** into the search box.

What kinds of questions should I ask my doctors?

Ask any question you want. There are no questions you should be reluctant to ask. Here are a few to consider:

- *Please describe the type of condition I have and what treatment options are available.*
- *What are the chances for full recovery?*
- *What treatment options do you recommend? Why do you believe these are the best treatments?*
- *What are the pros and cons of these treatment options?*
- *What are the side effects?*
- *Should I receive a second opinion?*
- *Is your medical team experienced in treating the type of condition I have?*
- *Can you provide me with information about the physicians and others on the medical team?*