Dr Myriam Girgis

Unravelling Endometriosis
– A Practical Approach to Every Day Practice

Diagnosis of endometriosis

Endometriosis is a common life-long condition that should be considered in women presenting with persistent pelvic pain and/or infertility. It may present with symptoms of dysmenorrheoa, pelvic pain, dyschezia, dyspareunia, painful rectal bleeding, dysuria, haematuria, and vague gastrointestinal symptoms (such as bloating). For some women, the pain may be severe and debilitating, dramatically affecting their quality of life, with significant physical, sexual, psychosocial, and financial implications. Therefore, early diagnosis, education and treatment is essential.

Careful history-taking provides the basis for early suspicion for endometriosis.

Pelvic examination may reveal reduced organ mobility and enlargement, a retroverted fixed uterus, tender nodularity in the posterior vaginal fornix, and visible vaginal endometriotic lesions.

Investigations for pelvic pain symptoms include baseline bloods, an STI screen, a urine MCS and a pregnancy test.

A pelvic ultrasound is the first line imaging modality; this may be an endometriosis scan in a specialised centre. An MRI may be an adjunct to a pelvic ultrasound to assess the extent of deep endometriosis involving bowel, bladder or ureter, and to image ultrasound-indeterminate pelvic masses. CT is not usually requested in young women owing to access and risk of radiation, but it may be useful if there's suspected ureteric disease.

Imaging for diagnosis of endometriosis has variable specificity and sensitivity, so negative imaging does not exclude endometriosis.

Treatment approach

The management of endometriosis depends on the patient's symptoms, treatment goals, fertility plans, coexisting conditions, and patient preferences.

Non-pharmacological therapy

Psychotherapy including cognitive behavioural therapy, relaxation techniques and pain management programs have been shown to reduce chronic pain. Adequate sleep, a healthy diet and exercise are important.

Pharmacological therapy

A 3-month trial of an NSAID alone or in combination with paracetamol is the initial management for patients with pain associated with endometriosis. Opioids should not be routinely employed due to the risk of dependence and side effects. Anti-neuropathic medications may be trialled. Neuromodulators such as SNRI medication (such as duloxetine, venlafaxine, desvenlafaxine), anticonvulsants (such as gabapentin and pregabalin) and tricyclic antidepressants (such as amitriptyline, nortriptyline) have shown efficacy in the treatment of endometriosis-associated pain. A general approach is to start with a low dose and increase as needed.

Hormonal therapy can reduce endometriosis-associated pain but delays fertility. Hormonal therapy includes the combined oral contraceptive pill, a progestogen in the form of oral, depot or intra-uterine device, and a GnRH agonist/antagonist. Ryeqo, containing relugolix, estradiol and norethisterone acetate, has recently been approved for treatment of endometriosis. Aromatase inhibitors may be considered in patients with endometriosis-related pain that is refractory to medical or surgical treatment; they can be prescribed in addition to the oral contraceptives, progestogens, and GnRH agonists (such as Goserelin). Side effects, cost, availability and contraindications should be considered when prescribing such medications.

Surgery aims to reduce disease load by removing endometriomas, endometriotic lesions and adhesions, and restoring normal anatomy. Endometriosis surgery is preferably performed by laparoscopy, rather than laparotomy, due to better visualisation and dissection, shorter hospital stay, quicker recovery, and lower risk of infective morbidity. Laparoscopic surgery for endometriosis requires advanced laparoscopic skills to ensure optimal removal of disease and patient outcomes.

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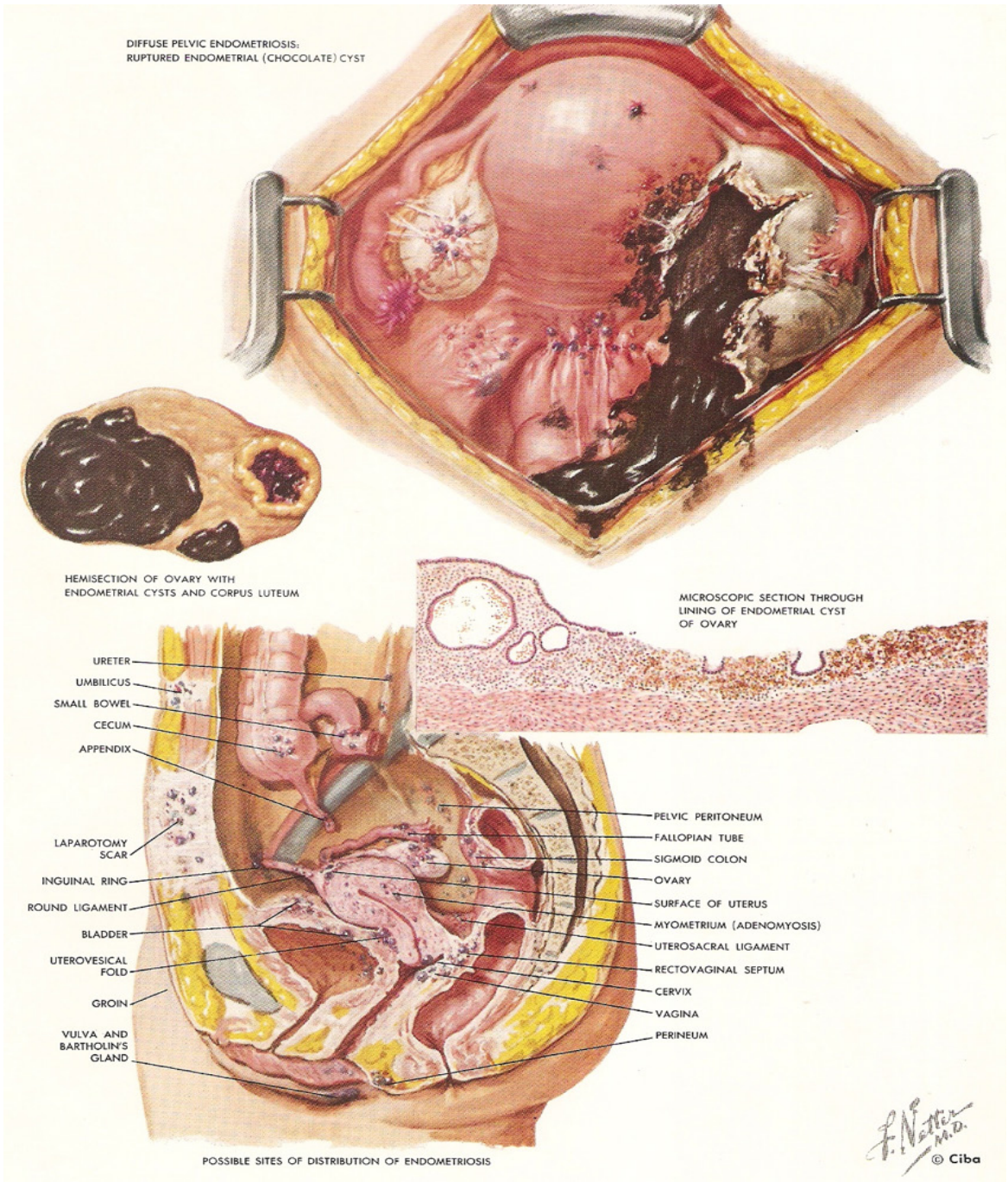

Figure 1. Adopted from Hansen, J. T., Netter, F. H. 1., & Machado, C. A. G. (2019). Netter's clinical anatomy (4th edition.). Philadelphia, PA: Elsevier.

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