

Endometriosis

Your Healthy News – Fertility Newsletter

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It is estimated that more than five million women in the United States have endometriosis.² Endometriosis is a condition that occurs when the tissue that normally lines the uterus called the endometrium grows in other parts of the body outside of the uterus.¹ These extra tissue growths called lesions are typically found in the pelvic area on body structures such as the ovaries, fallopian tubes, outer surface of the uterus, bowel, rectum, bladder, and the lining of the pelvis.²

The main symptoms women experience include painful periods, pain in the lower abdomen or pelvic cramps during menstruation, chronic pelvic and low back pain, pain during or following sexual intercourse, pain with bowel movements, and spotting or bleeding between menstrual periods.² However, some women may have no symptoms or pain at all and the amount of pain does not necessarily correlate with the severity or extent of endometriosis.² Endometrial tissue outside the uterus can also lead to scarring of the fallopian tubes and ovaries, causing possible infertility in women.

Who's at risk?

Women who have a mother or sister with endometriosis are six times more likely to develop endometriosis than women without any family history.¹ Other risk factors include menstruation at an early age, never having had children, short menstrual cycles (27 days or less), periods that last 7 days or more, or a closed hymen which blocks the normal flow of menstrual blood during periods.

Treatment Options

If you suspect that you have endometriosis, talk with your doctor or obstetrician/gynecologist about your symptoms, frequency of these symptoms, as well as their severity. Treatment will depend on your symptoms, age, and plans for getting pregnant. There are both medical and surgical options that can help with your symptoms and increase your chance of getting pregnant.

Pain Medication

For some women with mild symptoms over-the-counter pain medications such as ibuprofen (Advil®, Motrin®) or naproxen (Aleve®) may help to provide symptomatic relief. In some cases, stronger prescription pain relievers may be prescribed.

Hormone Treatment

Hormonal therapy is used to suppress the menstrual period to prevent the monthly bleeding. These medications work by reducing the lining of the uterus as well as the endometriotic lesions.³ Examples include:

- Oral Contraceptives
 - Work to decrease the amount of menstrual flow and prevent overgrowth of tissue that lines the uterus.²
- Gonadotropin-Releasing Hormone Analogues (GnRH)
 - Work by reducing the amount of estrogen in the body, which stops the menstrual cycle.²
- Progestin
 - Shrinks the endometrial lesions by working against the effects of estrogen on the tissue. It stops menstrual periods, but can cause irregular vaginal bleeding.

Laparoscopic Surgery

Endometriotic lesions are directly cut out during the diagnostic laparoscopy.

- The aim is to remove any endometriosis and adhesions, attempt to repair the damage, and restore the anatomy of the organs that the lesions affected.
- This has been shown to be an effective method of improving pregnancy rates and is sometimes used in combination with in-vitro fertilization.

References

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