

What You Should Know About Endometriosis

Alice, age 22, has very bad cramps starting a few days before and lasting all the way through her period. Every month they get worse, and recently she's started bleeding between periods.

Tanisha, age 28, sometimes has cramps that go away when she takes ibuprofen. For the past year, she's been trying to get pregnant, but so far she hasn't succeeded.

Like about 10 out of every 100 reproductive-aged women (an estimated 5.5 million), Alice and Tanisha have endometriosis. This condition can occur anywhere between the time a woman begins having periods and at menopause, the time periods stop.

An Anatomy Lesson to Understand Endometriosis

The uterus, where the fetus grows, is a hollow muscular organ lined with endometrium, a spongy bed of tissue, mucus, and blood vessels. Hormones prepare you for pregnancy each month by making the endometrium grow and thicken. If an egg is not fertilized, hormone levels drop, causing the endometrium to shed through the vagina as your period.

In some women, bits of endometrium-like tissue (called endometrial implants) occur in, outside or behind the uterus, on or around the ovaries, outside the bowel or bladder, or on the ligaments that support the uterus. Monthly hormonal changes can cause these implants to grow; when the endometrium sheds and bleeding occurs, so do they, producing inflammation and inviting pain-causing chemicals.

Endometriosis Symptoms

Some women have endometriosis with no symptoms but most have one or more of the following:

- Severe menstrual cramps, often worsening over the years. Cramps may be bad enough to prevent usual activities.

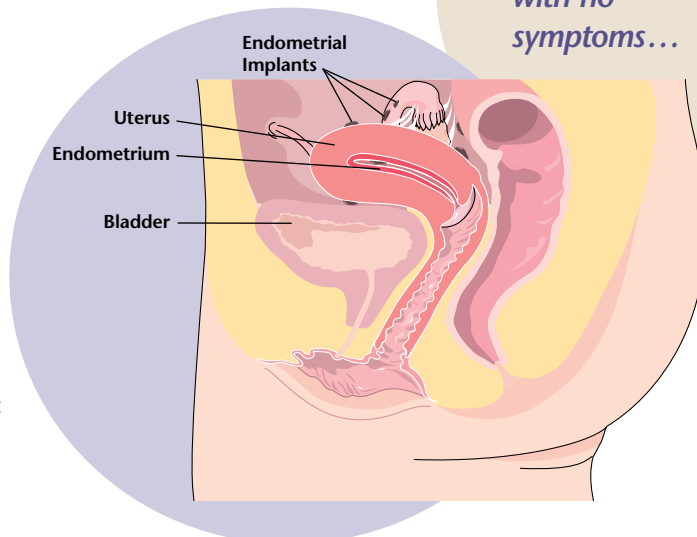
- Chronic pain (lasting 6 months or more) in the lower abdomen or back.
 - Pain during or after intercourse, or when inserting and removing tampons.
 - Pain with urination or bowel movements, and/or during menstrual periods.
 - Particularly heavy periods.
 - Bleeding or spotting between periods, or for several days before menstrual flow.
 - Infertility, being unable to become pregnant within 12 months of having regular intercourse without using any kind of birth control.
- Endometriosis is the third leading cause of infertility, affecting about three to four out of every 10 women with endometriosis.

Diagnosing Endometriosis

If your health history and symptoms sound like endometriosis, you and your health care provider may decide on treatment without any further testing. However, just a history and physical exam cannot tell for sure.

One diagnostic test is ultrasound, which bounces sound waves off the pelvic organs to produce a computerized picture. Magnetic resonance imaging provides even more detailed pictures using magnets and radio waves but is more expensive. Either test can be useful but both sometimes miss endometriosis.

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The most accurate way of diagnosing endometriosis is looking directly inside the pelvis, most often by laparoscopy. In a laparoscopy, the surgeon inserts a hollow viewing scope into the lower abdomen through a small incision and looks directly at the pelvic and abdominal organs, sometimes taking a tissue sample (biopsy) for further study.

Treating Endometriosis

Endometriosis cannot be cured, but symptoms can usually be controlled. Pain generally improves during pregnancy and after menopause, so for women who don't want an immediate pregnancy, treatment focuses on reducing inflammation or creating a pregnancy-like hormonal state.

Anti-cramp Medications.—Pain relievers such as ibuprofen, naproxen, or mefenamic acid provide adequate relief for 8 out of 10 women with bad cramps. If you know when your period will start, take the medicine just beforehand; otherwise, take it as soon as the cramps begin.

Hormone-containing Birth Control

Methods.—Oral contraceptives, transdermal contraceptive patches, and vaginal contraceptive rings thin the endometrium and implants. You can use them without a break, so you get no periods at all. The birth control injection, hormone-containing intrauterine device (IUD), and subdermal contraceptive implants also thin the endometrium. If you need birth control, these methods serve two purposes, but you can use them for endometriosis treatment even if you are not having intercourse.

Danocrine.—This drug tells your brain to stop signaling the ovaries to release an egg, shutting down the menstrual cycle and thinning the endometrium and implants. You will get your period rarely or not at all while using danocrine. This drug can harm a developing fetus, so you need to carefully use a nonhormonal barrier birth-control

method (diaphragm, cervical cap, condoms and spermicide, or IUD). Danocrine has some male-hormone-like side effects such as oily skin, acne, weight gain, smaller breasts, and deepening voice.

Gonadotropin-releasing Hormone

Agonists.—This medication, given as a nasal spray or injection, causes a temporary menopause-like state. The uterine lining thins and the endometrial implants may disappear. The treatment is usually used for only about 6 months; when it's stopped, symptoms may return. Side effects are menopause-like (e.g., hot flashes, vaginal dryness, sleep problems, headaches, and fatigue). Low doses of estrogen and progesterone are sometimes used to prevent these problems.

Surgery.—During laparoscopy, areas of endometriosis can be removed by cutting, burning, or laser vaporization. For women with very severe pain who already have children and do not want more, surgery to remove the uterus (hysterectomy), with or without removal of the tubes and ovaries, may be considered if other treatments don't work.

Endometriosis and Infertility

No one knows why endometriosis can cause infertility. It may change the lining of the uterus so an embryo can't implant, change the egg in some way, or block the fallopian tubes so a fertilized egg can't travel to the uterus. Surgery to remove the endometrial growths is often helpful. For women still unable to become pregnant after endometriosis treatment, advanced fertility treatments such as in-vitro fertilization may be recommended.

In Conclusion

Endometriosis can cause severe menstrual cramps, chronic pelvic pain, unusual bleeding, pain during sex, urination, and bowel movements, and/or infertility. Not all women with these problems have endometriosis, and not all women with endometriosis will have trouble getting pregnant. If you or your health care provider think you may have endometriosis, you should discuss your options for diagnosis and treatment to make an informed decision about what's right for you.

This Patient Handout was prepared by Diane E. Judge, APN/CNP, using materials from The American Society of Reproductive Medicine, The Endometriosis Association, and Grow DR and Hsu AL. Endometriosis, Part 1: Clinical Diagnosis and Analgesia. The Female Patient. 2006;31(11):62-68.

Resources

- **The Endometriosis Association**
www.endometriosisassn.org
www.KillerCramps.org
- **The American Society for Reproductive Medicine**
www.asrm.org
- **The National Women's Health Information Center**
<http://www.4woman.gov/faq/infertility.htm>