



Endometriosis:

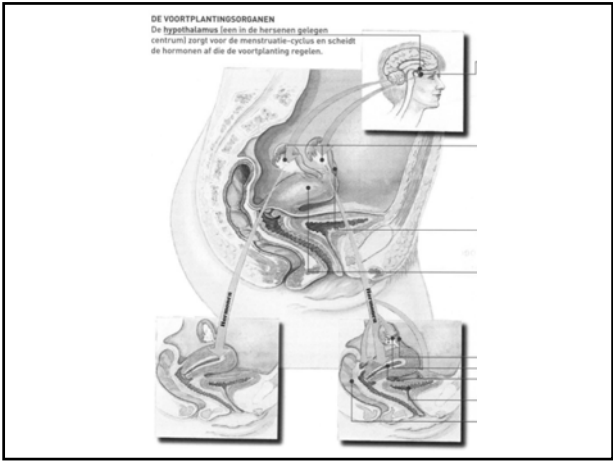
epidemiology, physiopathology, clinical
symptoms and signs, management

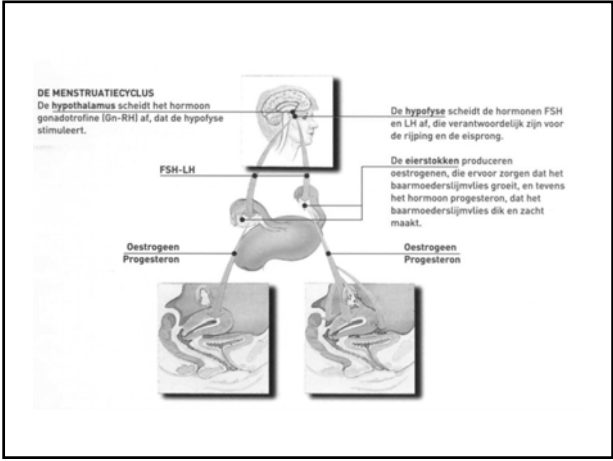
Course Objectives

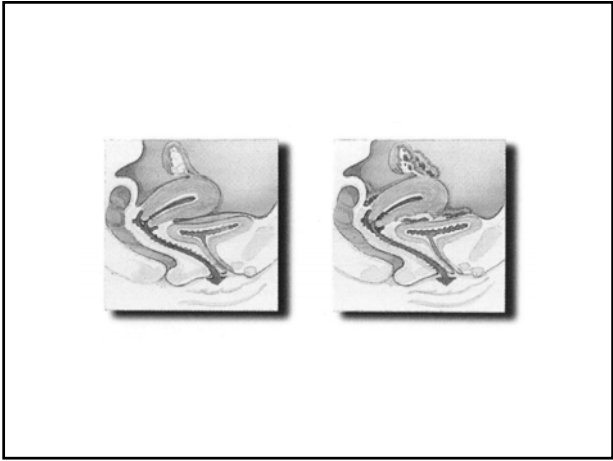
- Understand what endometriosis is and its clinical relevance
- Be able to identify patients who may have infertility and/or pelvic pain related to infertility
- Understand principles of diagnosis and treatment of endometriosis

Prevalence/Epidemiology

- 10-15% reproductive age women
- 40-60% women with pain and infertility
- Estrogen dependent disease
- Progressive (50%), recurrent
- Genetic aspects
- Heavy menstrual flow, short cycles

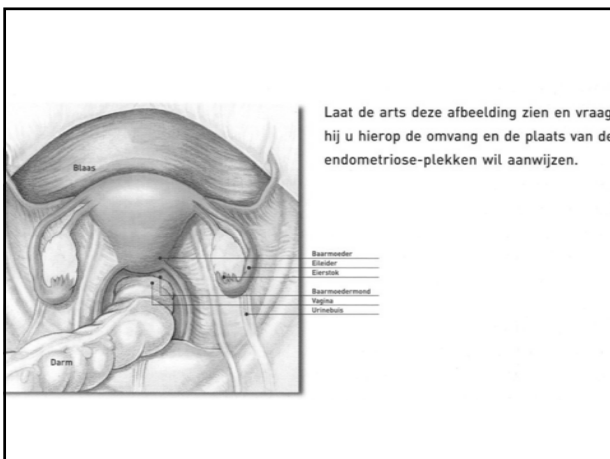




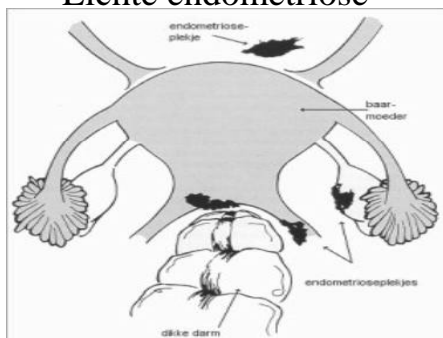


ENDO PRESENTATION

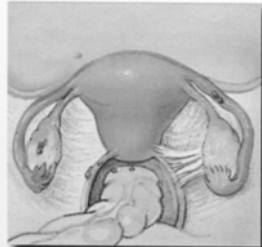
- PERITONEAL ENDOMETRIOSIS
- OVARIAN ENDOMETRIOTIC CYSTS (ENDOMETRIOMA)
- DEEPLY INFILTRATIVE ENDOMETRIOSIS



Lichte endometriose



Licht. Oppervlakkige plekken op het buikvlies en op een eierstok, lichte verklevingen rondom de andere eierstok.



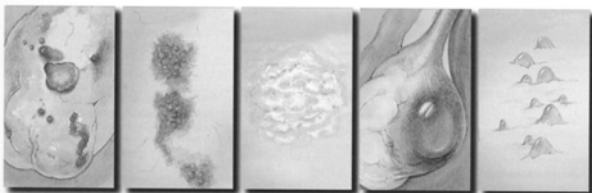
De klassieke vorm: kogelvormig en blauw-grijs van kleur

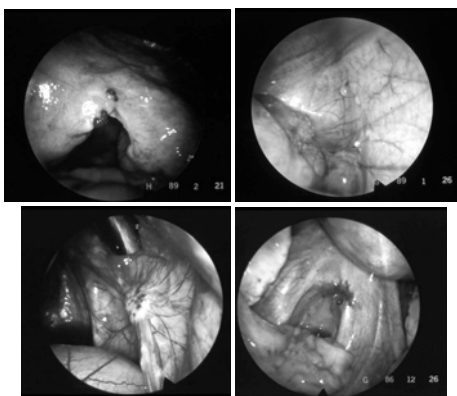
Frambozen-
kleurige plekken met rafelig weefsel

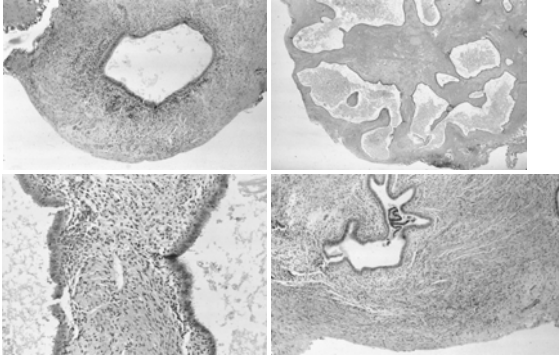
Plat of iets verdikt wit weefsel, net als een litteken

"Chocolade"-
cysten, blaasjes gevuld met oud bloed "Chocolade"-
cysten, blaasjes gevuld met oud bloed

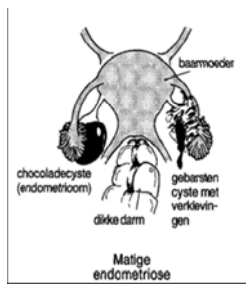
Doorzichtig bes-
vormig weefsel, als kleine bobbeltjes.



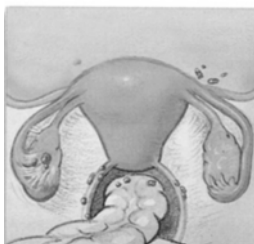


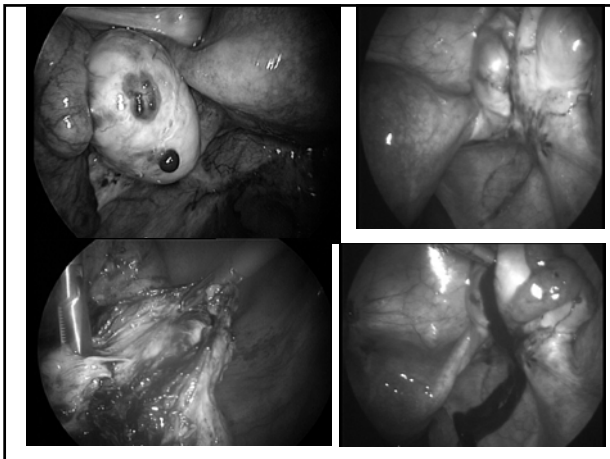


Matige endometriose



Matig ernstig. Dieperliggende plekken op het buikvlies en op een eierstok, flinke verklevingen op de andere eierstok.

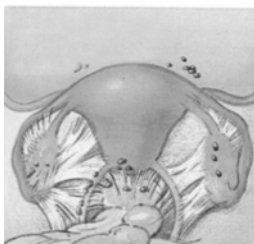


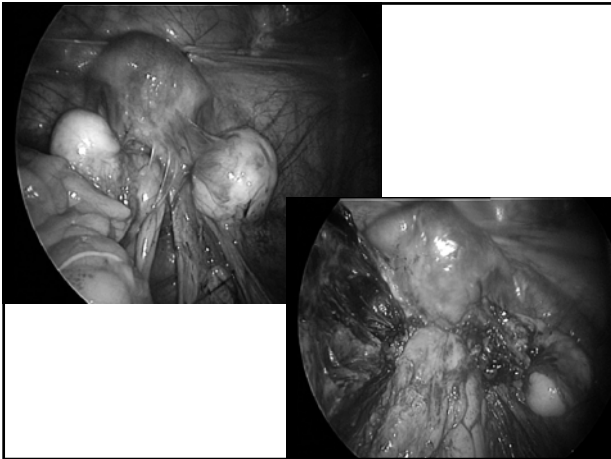


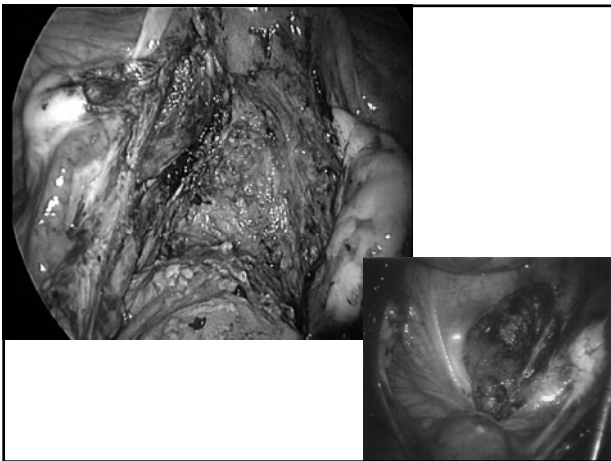
Ernstige endometriose

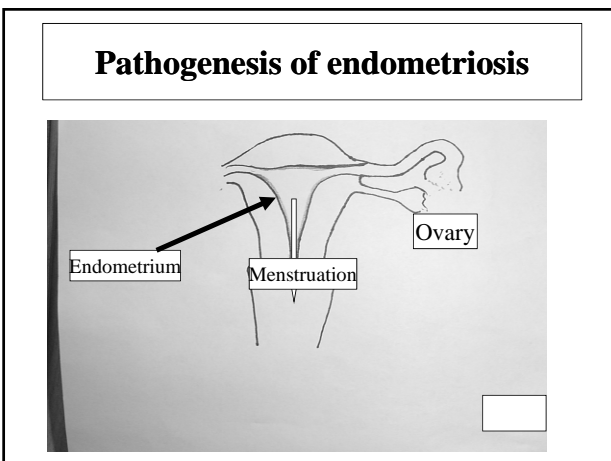


Ernstig. Diepliggende plekken
op de eileiders, flinke
verklevingen rondom eileider,
eierstok en buikvlies.









Pathogenese

- Endometrial-peritoneal adhesion
- Peritoneal inflammation
- Relevant tissues: Endometrium (Myometrium); Peritoneal Fluid, Peritoneum
- Genetics

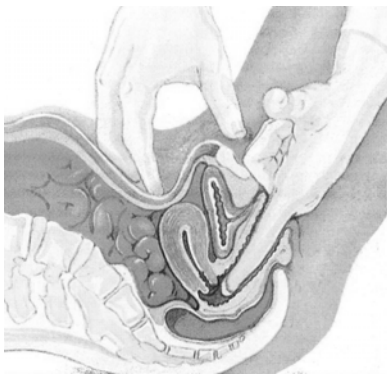


ENDOMETRIOSIS SYMPTOMS

- NO SYMPTOMS
- PAIN AND/OR SUBFERTILITY
- PAIN: DYSMENORRHEA, DYSPAREUNIA (DEEP), CHRONIC PELVIC PAIN, CYCLIC BOWEL/BLADDER SYMPTOMS
- CHRONIC DISEASE; QOL AFFECTED

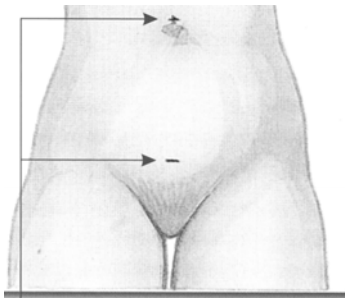
ENDOMETRIOSIS SIGNS

- No signs
- S: Vaginal endo (rare)
- PPV: tenderness SUB, pelvic tenderness, adnexal mass
- Deeply infiltrating nodules are most reliably detected when clinical examination is performed during menstruation.
- Definitive diagnosis: laparoscopy + biopsy

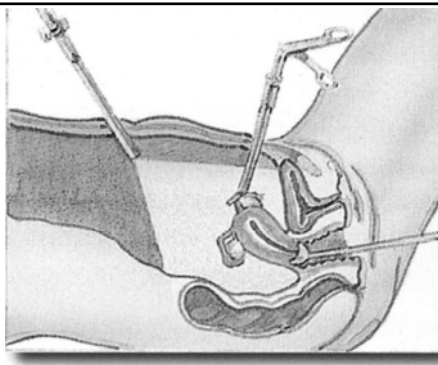


Endometriosis diagnosis

- Anamnesis and Clinical Examination
- Gynecological ultrasound (cysts, deep)
- If deep/extensive endometriosis is suspected also IVP, Colon contrast lavement, (MRI)
- Definitive diagnosis: laparoscopy and histology



Plaats van het
operatielitteken



Zo worden de
instrumenten geplaatst

Endometriosis management

RATIONALE:

- Pain
- Infertility
- ? Spontaneous progression

Endometriosis management

- **Pain:**

- NSAIDs

Surgical approach

Medical approach

- Contraceptive pill, continuous progestagens
- LHRH agonists with add-back estrogens
- Danazol, Gestrinon

Prevention of recurrence: amenorrhea (? Levonorgestrel IUD, contd Progestagens)

Endometriosis management

- **INFERTILITY**

- Reconstructive surgery: peritoneal, cysts, deep
- Depending on degree of endo: after surgery: expt management, COH + IUI, IVF
- Medical treatment contra-indicated
