

Is Endometriosis a Common Disease ? Simple Words for Understanding it

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What is endometriosis?

Endometriosis is a condition in which tissue similar to that of the uterine lining grows in various locations outside the uterus. The most common sites of occurrence are in the appendages (ovaries, fallopian tubes) and in the uterine ligaments (hyperuterine ligaments). Other locations can be anywhere in the pelvis, and it can even affect the bowel or bladder.

Approximately 1 in 10 women of reproductive age have some degree of endometriosis and symptoms occur mainly between the ages of 25 and 40.

What are the symptoms of endometriosis?

Endometriosis is the leading cause of chronic pelvic pain in women of reproductive age.

It can also cause:

- Pain before the start of menstruation
- Pain during menstruation (dysmenorrhea)
- Pain during sexual intercourse (dyspareunia)
- Lower back pain
- Abdominal bloating
- Chronic fatigue
- Dysuria - Hematuria
- Defecation disorders
- Infertility.

We should also mention that many women with endometriosis do not have any symptoms at all.



Figure 1

How is endometriosis diagnosed?

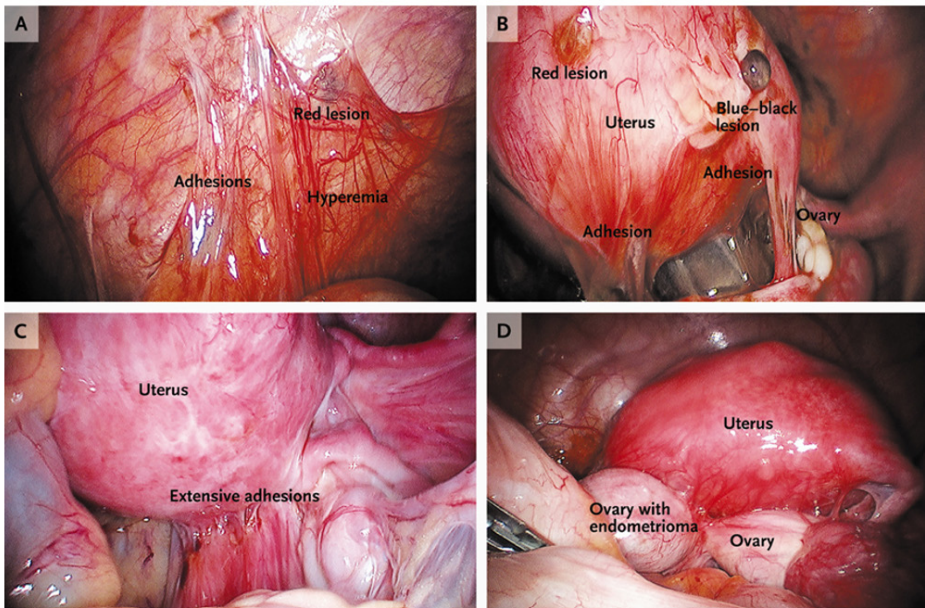


Figure 2

The diagnosis of endometriosis is made only after the identification, removal and histological examination of suspicious areas during surgery (usually laparoscopy). Performing surgery is the only safe way both for the diagnosis and for assessing its exact extent. Endometriosis can appear as red, brown or white lesions in the pelvis, while quite often endometriotic cysts in the ovaries (endometrioma) or extensive adhesions can develop.

Endometriosis treatment

The treatment of endometriosis aims to treat/reduce the symptoms associated with it and can be done pharmacologically and/or surgically.

Pharmaceutical treatment

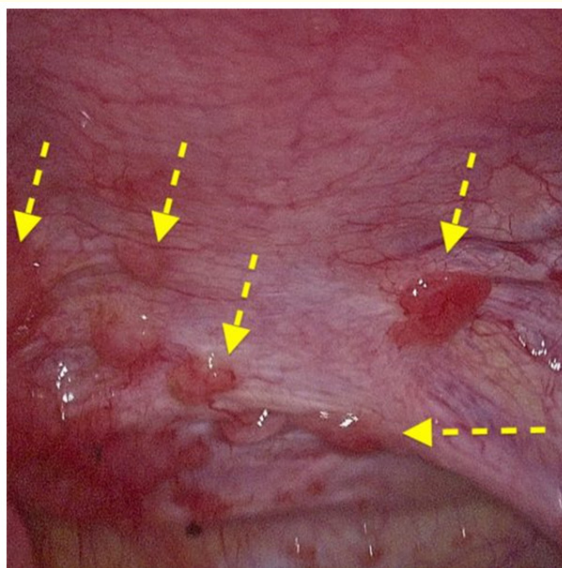


Figure 3

Oral contraceptives: Their use results in reducing pain and blood loss during menstruation. However, complete elimination of symptoms is not achieved and is not a suitable treatment for women who want to get pregnant immediately.

Progestogens: Progesterone suppresses the growth of the endometrium both inside and outside the uterus. In many cases, menstrual pain and blood loss, as well as other symptoms associated with endometriosis, are effectively treated. However, as with contraceptives, progesterone therapy is not recommended for women who want to get pregnant immediately.

Levonorgestrel intrauterine device (Mirena): The intrauterine device releases a constant amount of progesterone (levonorgestrel) into the endometrial cavity every day. It is very easily placed in the uterus and functions as a contraceptive method, suppressing the endometrium and at the same time significantly treating menstrual pain and severe blood loss.

GnRH agonists: This treatment completely suppresses estrogen production, leading to endometrial atrophy. This treatment treats the symptoms of endometriosis, but the side effects (such as bone loss) are particularly significant and make long-term use prohibitive.

Surgical treatment

Endometriosis can be treated surgically by removing the affected areas, most often by laparoscopy. This provides symptom relief and improved fertility by up to 70%. Of course, a more extensive operation may be required to remove endometriomas or adhesions. As a last resort, women who have completed their family planning are offered the option of total Hysterectomy with bilateral adnexectomy (fallopian tubes, ovaries).

Recent studies demonstrate a recurrence rate of up to 35% after surgical treatment and a new operation may be required.

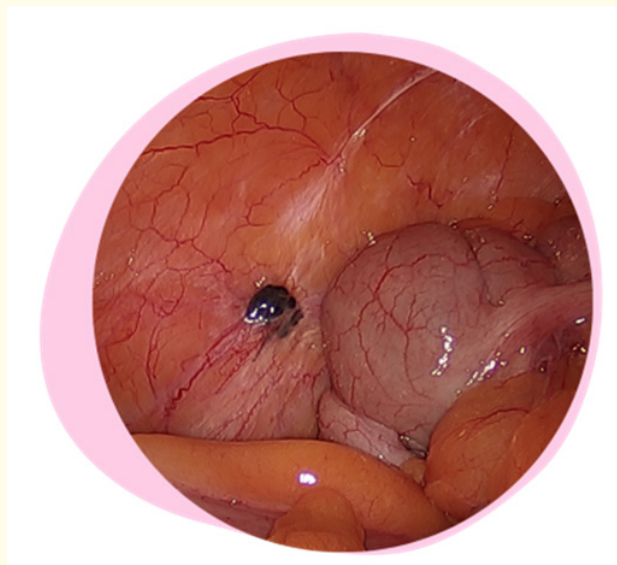


Figure 4

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