

Endometriosis



It is a chronic inflammatory disease, usually characterized by pain. Endometriosis causes the tissue that normally lines the inside of the uterus (the endometrium) to grow outside the uterus, commonly affecting the ovaries, fallopian tubes, and pelvic cavity. In the most acute cases, endometriosis can also spread to the bladder, appendix, intestines and even the lungs. It affects approximately 1 in 10 menstruating people.

Symptoms



Painful menstrual periods



Pain when having sex



Pain when urinating or having a bowel movement



Excessive menstrual bleeding



Pelvic or lower back pain



Infertility

- Short menstrual cycles (less than 27 days between cycles).
- Long menstrual periods (lasting more than 7 days).
- Having higher estrogen levels.
- Not having given birth

Complications

Because endometrial tissue may spread to different parts of the body, its complications can involve various organs and affect both physical and emotional health. One of the major complications may occur when attempting pregnancy. Endometriosis tissue, adhesions and implants may block the passage of the egg or even penetrate the Fallopian tubes, leading to fertility problems. Even so, a person with endometriosis can conceive and carry a pregnancy to term. On the other hand, problems such as nausea, constipation, and blood in the urine and stool, among others, may occur because endometriosis may extend to the bowel, appendix, bladder, kidneys, and ureters. In rare and more extreme cases, endometriosis has reached the lungs and diaphragm, causing shortness of breath, chest pain and lung collapse. This series of complications may require scheduled or emergency surgery to avoid further risk.

The complications described above, in addition to the pain that the person experiences, can cause effects on mental health and quality of life. A person with endometriosis is more prone to suffer from anxiety, depression, mood swings, work problems, among others.

Causes

The exact cause of endometriosis is still unknown. There are several theories that attempt to explain the disease, among them: retrograde menstrual flow, genetics, and failures in the endocrine or immune systems.

Risk factors

There are certain risk factors that could increase the development of endometriosis, among which we can mention:

- One or more family members (mother, aunt, or sister) with endometriosis.
- Having had the first menstrual period before the age of 11.

Diagnosis

It usually occurs between the ages of 25 and 34, after the person has been experiencing pain for a long time. A laparoscopy is necessary to reach an accurate and definitive diagnosis. However, a series of previous tests can be used to indicate the possibility of suffering from the disease.



- **Pelvic exam:** the doctor feels the pelvic areas for abnormalities, such as cysts in the reproductive organs or scars behind the uterus.
- **Ultrasound:** transvaginal ultrasounds use a small wand inserted into the vagina to view the uterus, pelvic area, and reproductive organs.
- **Magnetic resonance imaging (MRI):** this test provides detailed information about the organs in the pelvic cavity and surrounding areas and, in some cases, helps determine if surgery is necessary.
- **Pelvic laparoscopy:** in this procedure, the doctor makes small incisions in the abdomen, inserting a thin tube with a light, camera, and other instruments. This allows the tissues in and around the uterus to be observed. In addition to checking for signs of endometrial tissue growth, the doctor can remove tissue, adhesions, cysts, and, if necessary, any organs that are compromised.

Treatment

The appropriate treatment for endometriosis will depend on your age, the severity of symptoms and disease, and whether you want to have children. Although there is no cure for this disease, the following treatments are used to prevent symptoms from worsening:

- **Analgesics:** these include anti-inflammatory medications such as ibuprofen.

- **Hormonal therapy:** contraceptives such as pills, patches, or the intrauterine device (IUD), progestin therapy, and gonadotropin-releasing hormone (GnRH) agonists that cause a temporary menopause. These medications are used to reduce or stop ovulation, with the intention of reducing pain and controlling the growth of endometriosis.
- **Surgery:** is a procedure that consists of removing the endometriosis patches or cutting some nerves located in the pelvis.

Social and Emotional Aspect

For recommendations, tools, and resources on how you and your family can deal with the emotional and physical concerns that arise during and after your treatment, please visit your primary doctor or contact the following telephone lines:

Medical Advice Line

1-844-347-7801

TTY/TDD 1-844-347-7804

APS Health

787-641-9133

References:

<https://medlineplus.gov/spanish/ency/article/000915.htm> ²⁰²³
<https://www.hopkinsmedicine.org/health/conditions-and-diseases/endometriosis> ²⁰²⁴
<https://my.clevelandclinic.org/health/diseases/10857-endometriosis>

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