

UNIT 3: GYNECOLOGY

SECTION A: GENERAL GYNECOLOGY

Educational Topic 38: Endometriosis

Rationale: Endometriosis may result in pelvic pain, infertility and menstrual dysfunction.

Intended Learning Outcomes:

A student should be able to:

- Describe theories of the pathogenesis of endometriosis.
- List the most common sites of endometriosis
- Describe the symptoms and physical examination findings in a patient with endometriosis.
- Describe the diagnosis and management options of endometriosis.

TEACHING CASE

CASE: A 28-year-old woman G0P0 woman is seen because of the inability to conceive for the past two years. She has never used oral contraceptives and she and her husband have not used any form of birth control for over two years. Her menarche occurred at the age of 12 and her menses became very painful in her late teens. She has had chronic cyclical pelvic pain, which has progressively worsened over the years. This pain is incapacitating at times. She describes the location of the pain to be in the lower abdomen and pelvis that radiates into the lower back. In addition to the pain, her menstrual periods have become increasingly frequent and heavy. She experiences deep dyspareunia that began with her first sexual partner and has continued with her husband. She denies any non-cyclical vaginal bleeding, discharge and weight loss. She states that her 22-year-old younger sister has always had very painful menses.

On physical examination the patient looks her age. She is 138 lbs and is 5'6". Her BP is 110/76 mm Hg with a heart rate of 85 bpm. Her head and neck examination is negative. Cardiac and respiratory systems are also normal. Examination of the abdomen reveals that it is flat with no scars. On palpation she has generalized tenderness of the lower abdomen. There are no signs suggesting evidence of a surgical abdomen and she has no costo-vertebral angle tenderness. The pelvic exam showed a fixed, retroverted uterus. The uterosacral ligaments on both sides are nodular. A 5 cm right adnexal mass is palpated and tender.

Transvaginal ultrasound of the pelvis showed a 5.5 cm cystic mass with low-level echoes in the right ovary. The left ovary was reported as normal. The uterus is retroverted and is of normal size and contour. There is no evidence of fibroids and the endometrial lining is normal.

6. What protocols are used to stage endometriosis?

7. What are the treatment options for a patient with a diagnosis of endometriosis?

REFERENCES

Beckman CRB, et al. Obstetrics and Gynecology. 7th ed. Philadelphia: Lippincott, Williams & Wilkins, 2013.

Hacker NF, Moore JG, et al. Essentials of Obstetrics and Gynecology. 5th ed. Philadelphia: Saunders, 2010.

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