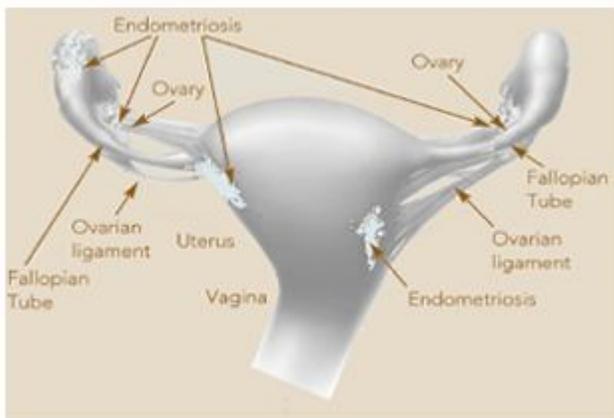


Endometriosis

The term “endometriosis” comes from the name of the tissue that lines the uterus, the endometrium. This is a benign (non-cancerous) disorder that affects at least 5.5 million women in North America and is most common in women ages 30-40, can be connected with any female that menstruates, have a long cycle period (lasting more than eight days), and have a short span between cycles (less than 27 days). In addition, about 30 percent to 40 percent of women with endometriosis are infertile, making it one of the top three causes for female infertility.

The condition occurs when the endometrium grows outside the uterus on other



organs and/or structures in the body: ovaries, fallopian tubes, bowels, bladder and ureters, and in rare cases, endometriosis has been found in the lungs, brain, and skin. Endometriosis is a painful, chronic condition where tissue similar to the lining of the uterus is found elsewhere in the body, primarily in the abdominal cavity,

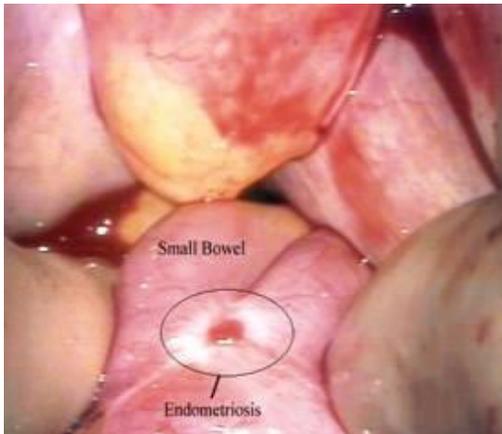
resulting in lesions, cysts, and adhesions, which lead to inflammation, pain, infertility and other medical problems. The exact cause for endometriosis is unknown, but there have been a few ‘theories’ put forward that tries to explain the emergence of the wayward tissue:

- “Retrograde menstrual flow” – some of the tissue that is shed during the menstrual cycle flows back into the abdomen via the fallopian tubes.

- Genetically linked – disease could be inherited, or it could result from genetic errors, making some women more likely than others to develop the condition.
- Endometrial cells may be carried by the bloodstream or lymph system - these cells attach themselves to tissue outside the uterus and are called ‘endometriosis implants’. These areas growing outside the uterus also go through a similar cycle; they grow, break down into blood and tissue, and are shed once a month during menstruation. But, because this tissue isn’t where it’s supposed to be, it can’t leave the body the way a woman’s period normally does. As part of this process, endometriosis areas make chemicals that may irritate the nearby tissue.
- Faulty immune system – body unable to detect and destroy tissue growing outside the uterus.
- Exposure to dioxin – a toxic chemical from the manufacture of pesticides and waste burning.
- Estrogen, a hormone involved in the female reproductive cycle, appears to promote the growth of endometriosis. Therefore, some research is looking into endometriosis as a disease of the endocrine system, the body’s system of glands, hormones, and other secretions.

The most common symptom is pain in the lower abdomen or the lower back during a menstrual period. Symptoms of endometriosis may include menstrual bleeding more than once a month, pain during bowel movements or painful urination during menstrual periods, pang during or after sexual relations, and infertility. Pains may be a result of the endometriosis areas expanding in response to hormones produced during the

menstrual cycle. Additional layers of tissue and blood increase and cause inflammation,



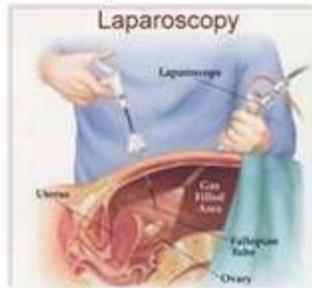
cysts, and cause the formation of scar tissue.

If endometriosis is suspected as the root of the problem, the doctor may conduct tests to verify or disprove opinion. Several options are available for screening endometriosis:

- Pelvic exam – doctor will try to feel for

scars or large cysts.

- Ultrasound – imaging test to see if there are any ovarian cysts.
- Laparoscopy – a tiny camera is inserted into the abdomen through a small incision



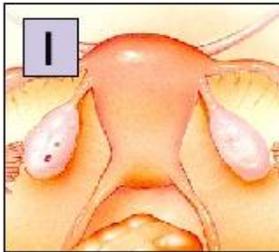
and then passing a viewing instrument with a light (called a laparoscope) into the abdomen to allow visual inspection of possible affected areas. If tissue is removed during the

procedure, it is called a biopsy.

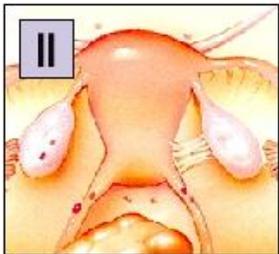
There are four stages of 'endo':

<u>Stage</u>	<u>Disease</u>	<u>Description</u>
I	Minimal	A few superficial implants
II	Mild	More and slightly deeper implants
III	Moderate	Many deep implants, small endometriomas on one or both ovaries, and some filmy adhesions
IV	Severe	Many deep implants, large endometriomas on one or both ovaries, and many dense adhesions,

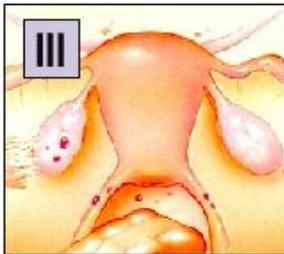
sometimes with the rectum adhering to the back
of the uterus



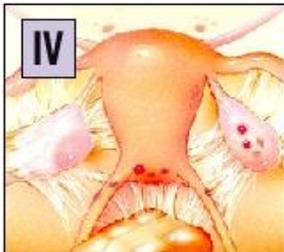
Minimal: Shallow implants on ovary



Mild: Shallow implants on pelvic lining and ovary. Light adhesions



Moderate: Deep implants on pelvic lining and ovary. Dense adhesions.



Severe: Deep implants on ovaries and pelvic lining. Dense adhesions on ovaries, tubes, and bowel.

Treatments depends on how extensive the disease has spread, the pain factor, and

whether pregnancy was a consideration. Medications or hormones may be prescribed: oral contraceptives – birth control pills help lighten the cycle and more regular, progestin – it works against the effects of estrogen, and Gonadotropin-releasing hormone which helps control the cycle. The severe cases may require **Major abdominal surgery**, or laparotomy, surgery to remove the many lesions and scar tissue. This is a more involved surgical procedure, which requires longer recovery time (often one-to-two months). During laparotomy, doctors either remove the endometriosis and/or remove the uterus (a process called hysterectomy). Despite surgery, it is possible for the condition to return at a later date.

Endometriosis may not have a known cause or cure, but scientists are working at solving this problem that affects millions of women, young and older. It is truly a widespread common occurrence with little common ground among researchers when it comes to finding the answers to all of the questions raised on the topic of endometriosis.

Reference:

The American College of Obstetricians and Gynecologists (ACOG) is the nation's leading group of professionals providing health care for women. For more information, contact:

409 12th Street, SW
Washington, DC 20024-2188
(202) 863-2518
Fax: (202)-484-1595
E-mail: resources@acog.org
Internet: www.acog.org

The American Society of Reproductive Medicine (ASRM) is an organization devoted to advancing knowledge and expertise in reproductive medicine and biology. For more information, contact:

1209 Montgomery Highway
Birmingham, AB 35216-2809
(205) 978-5000
Fax: (205) 978-5005
E-mail: asrm@asrm.org
Internet: www.asrm.org

The Endometriosis Association (EA) is a non-profit, self-help organization dedicated to offering support and help to those affected by endometriosis, educating the public and medical community about the disease, and funding and promoting research related to the condition. The EA maintains the world's largest research registry on endometriosis and sponsors research worldwide, including a multidisciplinary program at Vanderbilt University School of Medicine in Nashville, Tennessee. For more information, contact:

International Headquarters
8585 North 76th Place
Milwaukee, WI 53223
(414) 355-2200 or 1-800-992-3636
E-mail: endo@endometriosisassn.org
Internet: www.endometriosisassn.org or
www.KillerCramps.org

National Institute of Child Health and Human Development
<http://www.nichd.nih.gov>

Endometriosis
http://hidshealth.org/teen/sexual_health/girls/endometriosis/html