MANAGEMENT OF ENDOMETRIOSIS

Essay

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Master Degree in Obstetrics and Gynaecology

By

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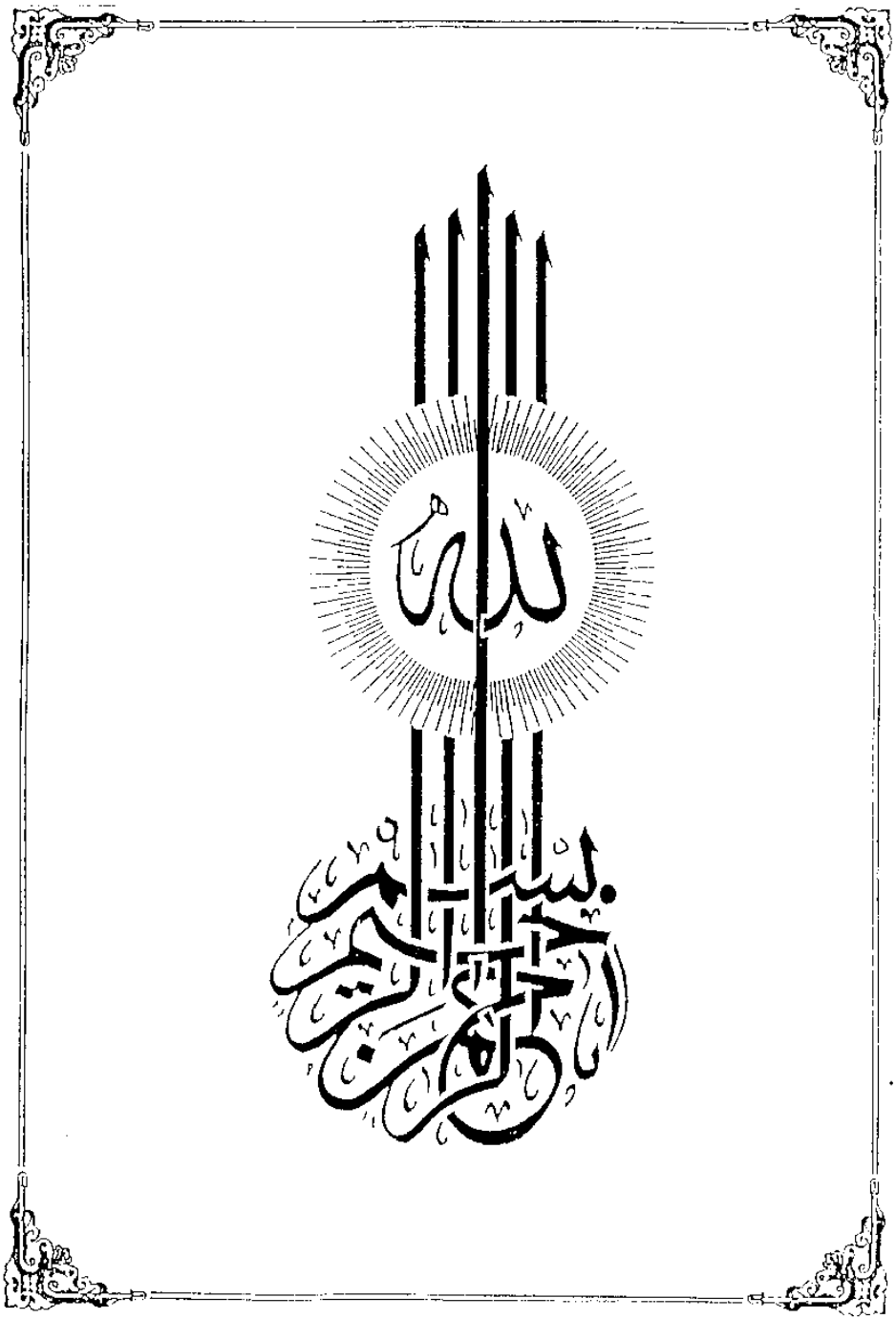

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ARABIC SUMMARY.

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INTRODUCTION

Endometriosis is the term used to describe the presence of functioning endometrial tissues outside the endometrial cavity, but usually confined to the pelvic organs **(Gardner, 1952).**

Endometriosis is a disease of the reproductive years and may be associated with pelvic pain, dysmenorrhoea, dyspareunia and infertility which consists a common presenting complaint **(Muse, 1988).**

The association of infertility and endometriosis is established, but it is difficult to say which is the cause and which is the effect **(O'Connor, 1987).**

Several attempts have been made to develop classification system to stage endometriosis at the time of diagnosis in order to accurately measure the amount of endometriosis present; although, non of them had become generally adopted **(Muse, 1988).**

The diagnosis of endometriosis may be suggested hy history and careful pelvic examination but confined by laparoscopy, culdoscopy and biopsy including histological

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and ultra-structural examination and every attempt should be made to avoid diagnostic pitfalls **(Dmowski, 1984).**

During the last 2 decades hormonal and surgical management of endometriosis have been changed radically by introduction of many of sophisticated modalities **(Barbieri, 1990).**

The frustrating truism about all available medical treatment programmes developed so far, is that there is no preparation which is totally free from side effects and 100% effective in all patients available to treat endometriosis at present **(O'Connor' 1987).**

Surgical therapy for endometriosis should be individualized. One surgical technique may be preferred over another depending on the amount of endometriosis present and other factors that influence the clinical presentation **(Wilson, 1988).**

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AIM OF THE WORK

The aim of this essay is to throw lights on the recent advances in methods of diagnosis and treatment of endometriosis either by medical therapy to compare the value of different drugs in relation to their side effects or by surgical treatment using the electromicrosurgical techniques and LASER either endoscopic or through open surgery.

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AETIOLOGY OF ENDOMETRIOSIS

The term "endometriosis" was introduced in 1921, by Sampson. However, the condition has been recognized as an unnamed entity for many decades and the possibility of endometriosis has probably been present for as long as women have menstruated (Dmowski and Radwanska, 1984).

The first reference to what could have been the characteristic symptoms of endometriosis was made in the Egyptian Papyrus dating back to the year 1600 BC and describing treatment for the painful disorder of menstruation (Ebers, 1968).

Endometriosis was first described by Rokitansky (1860) in a patient undergoing autopsy and according to Sampson (1940) endometriosis is the presence of functioning endometrial tissues outside the endometrial cavity, but usually confined to the pelvis. These endometrial tissues respond to ovarian hormones in the same manner as they do. So, these heterotropic areas of glands and stroma tend to proliferate when stimulated by cyclic estrogen and subsequent progestrone will stimulate secretory response, where estrogen and progestrone withdrawal causes an endometrioma to menstruate or bleed into any available

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tissue space. The response of subjacent tissues is to resorb serum and blood pigments, producing a surrounding inflammatory reaction (Gardner, 1952).

The mechanism by which endometriosis develops is not known. There are so many theories proposed to explain the aetiology of this disease that obviously no single theory covers all clinical presentations of the disease (O'Conner, 1987).

(1) Celomic Metaplasia theory:-

The first complete theory of histogenesis was advanced by Robert Meyer early in this century. It stated that certain cells, in response to poorly defined stimuli, might change their character and even physiologic function. More specifically, ectopic endometrium may arise from totipotential cells of the peritoneal mesothelium, either as a result of an inflammatory process or by some undefined inductive influence (Deborah et al.,1988).

In 1980, El-Mahgoub and Yassen described a case that they believed proved the celomic metaplasia theory because their patient had primary amenorrhoea and endometriosis.

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(2) Retrograde Menstruation theory:-

This is the most popular theory regarding histogenesis of endometriosis, it was described by Sampson in 1922 who postulated that retrograde menstruation occurs through fallopian tubes with subsequent successful attachment and implantation and continuing biological function, produced endometriosis.

The retrograde transport of the endometrial fragments occurs as a rule in all menstruating women, whether they are affected by endometriosis or not (Dmowski and Radwanska, 1984). Prostaglandin F2 (PGF2) appears to be important in the initiation of menstruation as well as in the production of rythmic uterine contractions, which elevate the pressure within the uterus and aid in the expulsion of menses (Vijayakumar, 1981).

Of the possible routes of regress for the menstrual effluent, the cervical canal normally has the largest caliber and therefore less resistance than the fallopian tubes, affording the greatest volume of menstrual flow in this direction (Deborah, 1988).

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