RECENT UPDATE ON EARLY DIAGNOSIS AND MANAGEMENT OF ENDOMETRIOSIS

Review of literature

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Obstetrics and Gynecology

By

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جامعه القاهره / تنيه الحب الدراسات العليا

محضر
اجتماع لجنة الحكم على الرسالة المقدمة من
الطبيب / همت الله حرادة عرى العارج
توطنة للحصول على درجة الملجستين / العكتوراه
في المتوليد على درجة الملجستين على المتوراة Recent Update on early : نحت عنوان: باللغة الانجليزية: diagnosis and management of endometrios; s باللغة العربية : الحديد في السَّدَّمَ عِي الْمَالِيلِ : وعلا جي دار المَّلِمَا نِمَّ الرَّحْسَيْنَ : بناء على موافقة الجامعة بتاريخ ١٠٠٦ / ٤ / ٢٠٠٥ تم تشكيل لجلة الفدمس والمناقشة الرسالة المذكورة أعلاه على النحو التالى - عن المشرفين المرفين عن المشرفين ٢. ٢. معمر عمد اعز المحمد عمد العربي معتمن داخلي T. P. E. sile on she Lund and missi stran بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم انعقدت اللجنة بعد فعص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم المقدت اللجاة مجتمعة في يوم الحسيس بتاريخ ١٨/ ٥١/٠٠ بقسمال المراولا مدرج رعاك مما بكلية الطنب حجامعة القاهرة وذلك لمناقشة الطالب في جلسة علنية في موضوع الرسالة والنتاتج الذي توصيل اليها وكذلك الأسس العلمية التي قام عليها البحث • قرار اللجنة : توقيعات أعضاء اللجلة :-المشرف المستحن 1000

بسم الله الرحمن الرحيم

وَمَن يَتَق اللَّهَ يَجْعَل لَّهُ مَخْرَجاً وَيَرْزُقُهُ مِنْ حَيْثُ لاَ يَحْتَسِبُ وَمَن يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ إِنَّ اللَّهَ بَالِغُ يَحْتَسِبُ وَمَن يَتَوَكَّلْ عَلَى اللَّهِ فَهُوَ حَسْبُهُ إِنَّ اللَّهَ بَالِغُ أَمْرِهِ قَدْ جَعَلَ اللَّهُ لِكُلِّ شَيْءٍ قَدْراً أَمْرِهِ قَدْ جَعَلَ اللَّهُ لِكُلِّ شَيْءٍ قَدْراً

صدق الله العظيم [سورة الطلاق آية ٢، ٣] Before all and above all... thanks to

GOD

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My two grandfathers and my two grandmothers, and uncle Ashraf God bless their souls.

Loving tender caring and the closest person to my heart uncle Hani.

Last but not least, I dedicate it to a very unique, special person, whom I wished was beside me now, my grandma Soad ... GOD bless ber soul.

Abstract

Endometriosis is characterized by the presence of functioning

endometrial glands and stroma outside the inner surface of the uterine

cavity.

Laparoscopy is the gold standard for the diagnosis of

endometriosis.

Medical treatment includes symptomatic treatment such as

NSAIDS and hormonal treatment.

Surgical treatment goal is to excise or coagulate all visible endomet

riotic lesions and adhesions and to restore the normal anatomy of the

pelvis.

Key Words: Endometriosis – adhesions – Laparoscopy

LIST OF CONTENTS

		Page
-	List of tables	1
-	List of abbreviations	2-3
-	Introduction	4
-	Definition	5
-	- Epidemiology	
- Aetiology		7-10
-	Genetic basis of endometriosis	11
-	Immunobiology of endometriosis	12-13
-	Pathology	14-16
-	Classification	17-33
-	Diagnosis	34-40
	o Clinical picture34-36	
	o Investigations37-40	
-	Treatment	41-58
	Surgical treatment41-46	
	o Medical treatment47-53	
	Coping with the disease53-54	
	 Endometriosis associated Infertility treatment55-58 	
-	Adenomyosis	59-61
•	Endometriosis in adolescence	62-63
_	Endometriosis and ovarian neoplasms	64

- Recurrence	65
- Conclusion	66-67
- Summary	68-70
- References	71-94
- Arabic summary	1-3

List of tables

Table No.	Title of the table	
1	Intramural portion of uterine tubes of women with and without endometriosis	
2	Acosta Classification	17-18
3	Kistner classification	19-20
4	American Fertility Society classification 1979	22
5	Revised American Fertility Society classification 1985	25-26
6	Revised American Fertility Society classification 1996	29

List of Abbreviations

- **AFS**: American Fertility Society.
- CA- 125: Ovarian carcinoma antigen
- COC: Combined oral contraceptives
- **COH:** Controlled ovarian hyper stimulation
- **DIUD:** Danazol contained in an intrauterine device.
- **DMPA SC 104**. Depot medroxy progesterone acetate sub cutanous 104
- **ESHRE:** European Society of Human Reproduction and Embryology.
- **FSH:** Follicular stimulating hormone.
- **GALT:** Galactose phosphate uridylytransferase
- **GnRH:** Gonadotrophin releasing hormone.
- **GSTMI:** Glutathione S- transferase pi-1
- HRT: Hormone replacement therapy.
- ICSI: Intra cytoplasmic sperm injection
- **IL-** 1,6,8: interleukin 1, 6, 8,etc
- **IUD:** Intrauterine device
- **IUI:** Intra uterine insemination
- **IVF:** Invitro fertilization
- **LH:** Luteinizing hormone
- **LNIUD:** Levonorgestrel intrauterine device.
- **LUNA:** Laparoscopic uterine nerve ablation.
- MRI: Magnetic resonance imaging.
- **NAT 2:** Arylamine n- acetyl tranferase nat (arylamine acetylase)
- NSAIDS: Non steroidal anti inflammatory drugs
- **PID**: Pelvic inflammatory disease

- **PROGINS:** Gene coding for progesterone receptor.
- **R-AFS:** Revised American Fertility Society.
- **RCTS:** Randomized controlled trial.
- **TNF-** α-: Tumor necrosis factor- α.
- **U/S**: Ultrasonography
- **VEGF**: Vascular endothelial growth factor.

Introduction

INTRODUCTION

Endometriosis is a benign disease defined by the presence of ectopic endometrial glands and stroma and associated with pelvic pain and infertility. (*Leon et al.*, 2005a)

Family studies have suggested a role for genetic factors in the etiology of endometriosis. (*Zondervan*, 2001)

Endometriosis is associated with changes in both cell mediated and humoral immunity. (*Leon et al.*, 2005b)

Establishing the diagnosis of endometriosis on the basis of symptoms only is difficult because the symptoms are variable and overlap with other conditions. (*Husbay et al.*, 2003)

Endometriosis staging has undergone significant changes since 1917, the current classification is revised American Society of Reproductive Medicine (*Thomas et al.*, 2007b)

Endometriosis can have varying ultrasonographic features but typically appears as cystic structures with diffuse low-level internal echoes surrounded by a crisp echogenic capsule (*Patel et al.*, 1999).

In most women with endometriosis, preservation of reproductive function is desirable. The least invasive approach that is effective with the least risk in the long run should be chosen (*Kennedy et al.*, 2005)

Definition

Definition

Endometriosis is a benign disease defined by the presence of ectopic (outside the uterus) endometrial glands and stroma and associated with pelvic pain and infertility (*Leon et al.*, 2005a)

Epidemiology

Advances in understanding the epidemiology of endometriosis have lagged behind other diseases because of methodological problems related to disease definition and control selection. Prevalence estimates of the disease in clinic populations vary from about 4% occurrence of largely asymptomatic endometriosis found in women undergoing tubal ligation to 50% of teenagers with intractable dysmenorrhea. (*Cramer et al.*, 2002)

There is virtually no incidence of endometriosis, although prevalence is often estimated to be 10-15% of women (*Vigano et al.*, 2004)

There is a clinical impression that Blacks have lower rates of endometriosis and Orientals have higher rates than Whites. Women with endometriosis may be taller and thinner. Menstrual factors reported to increase the risk, include: dysmenorrhea, early menarche, and shorter cycle lengths; life style exposures that may increase or decrease estrogen levels, affect the risk, including a decreased risk associated with smoking and exercise, and increased risk associated with caffeine or alcohol use. Nulliparity could be either a consequence of disease or a cause since nulliparous women don't have the benefit of cervical dilatation associated with labor and delivery. (*Cramer et al., 2002*)