شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

بعض الوثائق الأصلية تالفة

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

بالرسالة صفحات

لم ترد بالأصل

HOSSAM MAGHRABY

PREVALENCE OF ENDOMETRIOSIS AMONG INFERTILE WOMEN IN TANTA

BY

Randa Salah Eldin Seyam
(M.B.B.Ch., Tanta University)
Resident of Obstetrics & Gynecology
Tanta University Hospital

Thesis

Submitted for partial fulfillment of
M. Sc. Degree in Obstetrics & Gynecology

Supervisors

Prof. Dr.
Mohamed Nabih El-Gharib
Professor and Head of
Obstetrics & Gynecology Department
Faculty of Medicine
Tanta University

Prof. Dr.
Mohsein Mohamed El-Namory
Professor of Obstetrics & Gynecology
Faculty of Medicine
Tanta University

Dr.
Lamiaa Mohamed El-Ahwal
Lecturer. Of Obstetrics & Gnecology
Faculty of Medicine
Tanta University

2003

PREVALENCE OF ENDOMETRIOSIS AMONG INFERTILE WOMEN IN TANTA

BY

Randa Salah Eldin Seyam

(M.B.B.Ch., Tanta University)

Resident of Obstetrics & Gynecology

Tanta University Hospital

Thesis

Submitted for partial fulfillment of

M. Sc. Degree in Obstetrics & Gynecology

Supervisors

Prof. Dr.

Mohamed Nabih El-Gharib

Professor and Head of

Obstetrics & Gynecology Department

Faculty of Medicine

Tanta University

Prof. Dr.

Mohsein Mohamed El-Namory

Professor of Obstetrics & Gynecology

Faculty of Medicine

Tanta University

Dr.

Lamiaa Mohamed El-Ahwal

Lecturer. Of Obstetrics & Gnecology

Faculty of Medicine

Tanta University

2003

Contents

LIST OF TABLES

INTRODUCTION AND AIM OF THE WORK

INTRDUCTION

Endometriosis is defined as the presence of endometrial epithelium, glands, and stroma at ectopic, extrauterine locations. It affects about 10% to 15% of reproductive-age women but can be found in up to 50% of women with infertility. The typical presentation is cyclic pelvic pain that occurs around the time of menstruation. Other than dysmenorrhea, menorrhagia, dyspareunia, chronic pelvic pain, and infertility are associated with endometriosis. Endometriosis most often affects the dependent portions of the pelvis. It is visually identified by clear, red, or black vesicles or by the presence of adhesions. "Chocolate" cysts are typical with ovarian endometriosis. Diagnosis can be surmised on the basis of typical symptoms, but the gold standard of diagnosis is analysis of biopsy specimens [(1)].

Endometriosis is a leading cause of disability in reproductive age woman resulting in infertility and pelvic pain. It is the third leading cause of gynecologic hospitalization in the United States and remains one of the most enigmatic diseases in gynecology. Much has been accomplished over the last two decades in the understanding and treatment of endometriosis, but even more remains to be done [(2)].

Although endometriosis has been described since the 1800s, the mechanisms responsible for its pathogenesis and progression remain poorly understood. Retrograde menstruation has been demonstrated in up to 90% of menstruating women with patent fallopian tubes [(3)].

The association of infertility and endometriosis is established but the exact mechanism by which endometriosis interferes with fertility is not known [(4)].

Many studies and theories also exist about the aetiopathogenesis and diagnosis of the disease. Laparoscopy still represents the most accurate investigative method [5] .Considerable efforts are currently being devoted to the identification of possible markers of the disease to make its diagnosis less invasive and more accessible. [6]

During the last two decades, the hormonal (medical) and surgical management of endometriosis has been transformed radically by the introduction of a host of sophisticated treatment modalities. Both medical treatment and surgery relieve endometriosis-associated pain and decrease endometriotic implants. However all approaches have side effects which must be balanced against the benefits when defining suitable treatment for a particular patient. [7]

Endometriosis is predominantly found in women of reproductive age but has been reported in adolescents and in postmenopausal women receiving hormonal replacement [8].It is found in women from all ethnic and social groups [9] a familial tendency has been identified [10]. Endometriosis has been found in 4.1 percent of asymptomatic women undergoing laparoscopy for sterilization; however, evidence of the disease is present in 20 percent (range: 2 to 78 percent) of women undergoing laparoscopic investigation for infertility. Approximately 24 percent (range: 4 to 82 percent) of women who complain of pelvic pain are subsequently found to have endometriosis [11]. The overall prevalence, including symptomatic and asymptomatic women, is estimated to be 5 to 10 percent [12]. Because surgical confirmation is necessary for the diagnosis, the true prevalence of the disease is unknown.

AIM OF THE WORK

The aim of this work is to detect the prevalence of endometriosis among infertile women who admitted in our department.

REVIEW

INCIDENCE

Endometriosis is a puzzling disease with little known about its true prevalence, its distribution in the population, or its risk factors. It is thought to be a relatively common disease, however, with an estimated prevalence among women of reproductive age as high as 10 % and can be definitively diagnosed only during the course of pelvic surgery, usually laparoscopy or laparotomy. Therefore, most prevalence estimates have been made on the basis of such surgical populations and are therefore highly selective [13]

The incidence of endometriosis is, therefore, unknown but prevalence data in specific groups are quoted frequently. These are shown in table (1) [14]

Table (1) Prevalence of endometriosis in specific gynecological patient groups

Women undergoing tubal sterilization	2%
Women with affected first-degree relatives	7%
Infertile women	15-25%
Women with surgically removed ovaries	17%
At diagnostic laparoscopy	0-53%
At gynecological laparotomy	0.150%
In unexplained infertility	70-80%

Endometriosis is diagnosed in about 30%-40% of infertile women [15] in whom no other significant abnormalities are found. Infertility could be associated with any stage of endometriosis [16]. Infertility can be a sequel to endometriosis, but still it can be a cause