



## **Endometriosis the missed diagnosis**

**Dr.Joanne Ibrahim    General Practitioner**

### **ABSTRACT**

Endometriosis is one of the most common gynaecological disease .It is defined as the growth of endometrial like tissue outside the uterus .Endometriosis is mainly affecting ladies in their reproductive years. The cause is unknown but it is hormone mediated and associated with menstruation. Endometriosis is poorly understood and extremely debilitating benign gynaecological condition , the psychological impact of the pain is compounded by the adverse effect of the disease on fertility .Delayed diagnosis is a significant problem ,health care professionals do not often recognise the symptoms or consider endometriosis as a possibility , this resulted in between 4 to 11 years gap between the onset of the patient’s symptoms and the diagnosis.(Myers,2020), hence it is labelled as the “missed disease” in United Kingdom.

### **KEY WORDS**

Pelvic pain, retrograde menstruation , dyspareunia , subfertility , laparoscopy.

### **1-Background**

The exact incidence of endometriosis is unknown because the definite diagnosis requires biopsy or visualization of the endometriotic tissue during laparoscopy or laparotomy .It typically occurs in women aged 25-30 years, extrapelvic symptoms of the disease occur in



women aged 35-40 years .10% of women worldwide have endometriosis ,that is 176 million women. 30-50% of women with endometriosis are infertile.(Endometriosis UK)

Recent systematic review and meta-analysis revealed a high prevalence of endometriosis in young females with pelvic pain , of 1011 female adolescents underwent laparoscopic investigations 648(64%) had endometriosis.(UCL,2020)

The exact cause of endometriosis is unclear , several theories exist in an attempt to explain the disease .Leading theories include metaplastic conversion of coelomic epithelium and hematogenous dispersion of endometrial cells, previous theories suggest that retrograde menstruation will lead to transport Of viable endometrial cells , cells flow backward through the fallopian tubes and deposit on the pelvic organs where they seed and grow.

## **2-Research objectives**

The main objectives of this article are:

- 1-when to suspect endometriosis
- 2-work up in primary care setting
- 3-Management options of endometriosis
- 4-when to refer to secondary care
- 5-Prognosis of Endometriosis

## **3-Literature review**

### **3-1 Endometriosis, a diagnosis not to miss**



Endometriosis should be considered in women with pelvic pain who do not respond to standard non-steroidal anti-inflammatory drugs or oral contraceptive drugs, unlike primary dysmenorrhea which is responsive to such therapy. 15% of pelvic pain is due to endometriosis .(Davila and Rivlin,2021), other causes of pelvic pains are Chlamydia, Urinary tract infection, ectopic pregnancy , Ovarian cysts and diverticulitis .

Look out for risk factors like family history of endometriosis ,long menstrual cycles (more than 7 days), heavy periods and delayed child bearing .

Suspect endometriosis in women (including young women aged 17 or under) presenting with one or more of the following :

1. Chronic pelvic pain
2. Severe period pain affecting daily life
3. Dyspareunia
4. Period related gastrointestinal or urinary symptoms ,painful bowel movements.
5. Infertility with one or more above .(NICE,2017)

### **3-2 Investigations**

Consider and explore patients circumstances , symptoms , priorities, desire for fertility , daily living ,work and study ,physical , psychosexual and emotional needs when dealing with a patient with suspected endometriosis.

A complete blood cell count will help to differentiate between endometriosis and pelvic infection ,urinalysis should be considered if urinary tract infection is in the differential diagnosis ,offer pelvic examination to identify abdominal mass and pelvic sign such as reduced organ mobility and enlargement , tender nodularity in posterior vaginal fornix. Consider transvaginal ultrasound , do not exclude the possibility of endometriosis if the pelvic examination and vaginal ultrasound are normal.

Rectovaginal endometriosis can be detected by MRI scan , also it is helpful to detect pelvic masses. However the cost effectiveness of this imaging has yet to be justified for use as a routine tool.



Endometriomas may appear as cystic masses on computed tomography scanning but their appearance is non specific therefore this imaging modality should not be considered for diagnosis.

Laparoscopy is considered the gold standard investigation for diagnosing endometriosis , this is an invasive procedure with an overall sensitivity of 97% and a specificity of 77%.(Davila and Rivlin, 2021)

Ovaries , posterior Cul-de-sac, broad ligament , uterosacral ligament, retrosigmoid colon, bladder and distal ureter are most common sites of involvement found during Laparoscopy.

### **3-3 Management**

Offer initial trial of three months of paracetamol and non-steroidal anti-inflammatory drug(NSAID) alone or in combination , also can consider hormonal treatment( a combined oral contraceptive pill or a progesterone only pill), if no response then consider referral to secondary care , also consider referral if endometriosis is deep and involving the bowel ,bladder or ureter.

Other management options are gonadotropin releasing hormone analogues and surgery , the choice of treatment is dependent on the women's wish to preserve their reproductive potential..

### **3-4 Prognosis**

Endometriosis resolves spontaneously in one third of women with no active treatment, however it is generally a progressive disease with unpredictable progression , most women respond to medical therapy which aims at suppression of ovulation.



The American society for reproductive medicine classification of endometriosis is currently the most widely used staging system , point scores are assigned based on the number of lesions and bilaterality.

Infertility /subfertility , chronic pelvic pain and anatomic disruption of involved organ systems (eg. adhesions , ruptured cysts) are some of possible complications of endometriosis

Endometriosis has been linked to adverse pregnancy outcomes , pregnant women with history of endometriosis were at increased risk of spontaneous miscarriage , ectopic pregnancy , gestational diabetes and hypertensive disorders.

Delayed diagnosis is a significant problem for women with endometriosis , patients emphasise that health care professionals often do not recognise the importance of symptoms neither consider endometriosis as a possibility.

## 4-Conclusion

Endometriosis is the presence of functional endometrial glands at various extrauterine sites in women , it is labelled as the “missed diagnosis” due to the prolonged time between the onset of symptoms and the confirmation of the diagnosis .It affects 10% of women worldwide .(Endometriosis UK)

Pelvic pain , painful periods , dyspareunia and subfertility are symptoms associated with endometriosis ,also it is associated with significant physical , sexual, psychological and social impact.

Diagnosis can only be confirmed by laparoscopic visualisation of the pelvis , management options include pharmacological and surgical treatments.

Endometriosis is chronic disease with unknown cause and there is no cure , the aim of treatment is to control the symptoms to improve the quality of life .



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