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# Endometriosis Part I: Identifying Symptoms and Assessing the Impact on Fertility

By Dr. Minoos Hosseinzadeh



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Endometriosis is a condition where the lining of the uterus or endometrium, which is only supposed to be found in the uterus, is found outside of the uterine cavity. When found outside the uterus, this tissue behaves in much the same way as the lining of the uterus in that it responds to hormones such as estrogen and progesterone by growing and then breaking down and bleeding. Over time, this repetitive monthly bleeding can generate excessive scar tissue formation, which can subsequently produce pain and lead to infertility. Rarely, endometriosis can be found in the lungs, scars and the belly button, but more commonly, endometriosis establishes itself at the following locations within the pelvic cavity:

- Ovaries
- Fallopian tubes
- Posterior cul-de-sac, also known as the space directly behind the uterus
- Bowel and rectum
- Bladder

*The clumps of tissue that grow outside the uterus are called implants. With endometriosis, the implants often get irritated and painful, and can sometimes form scar tissue or fluid-filled sacs known as cysts. Scar tissue may make it hard to get pregnant.*

### Candidates Most at Risk for Developing Endometriosis: Incidence Rates

Endometriosis is a common disease among reproductive-aged women. The exact incidence of this disorder is unknown, but it is found in roughly 7-10% of women of childbearing age. Patients identified as having infertility also present with endometriosis 30-45% of the time. Similarly, 40-50% of women who experience pelvic pain also have endometriosis. Although the exact etiology for endometriosis is unknown, it is more common if a first degree relative, such as a mother or sister, has the disease.

### Recognizing Common Symptoms of Endometriosis: When to See a Doctor

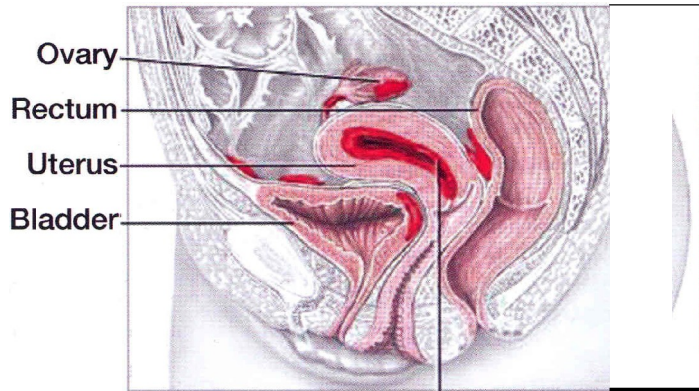
Although patients with endometriosis can present with a number of symptoms, the most common is pelvic pain. Typically, the pain initiates around the time of the menses and is cyclical. Patients may also complain of pain with intercourse, pain with bowel movements or during urination. For some, abnormal uterine bleeding in the form of menstrual spotting before or after the period may occur. It is important for women to understand the following key points:

- **The amount of pain does not correlate with the severity of the disease** - Patients can experience severe pain yet present with minimal endometriosis or vice versa.
- **Patients may have endometriosis but remain asymptomatic** - Not all cases of endometriosis produce pain or bleeding.
- **Endometriosis can present with infertility** - It's important to consult a reproductive endocrinologist who can identify any link between the two.
- **Early diagnosis makes a difference** - It's imperative to make a diagnosis as early as possible, especially in adolescents whose reproductive future is at stake.
- **The symptoms of endometriosis could also be signs of other problems** - To be sure, consult a physician for a complete evaluation.

In the next issue, the diagnosis of endometriosis will be explored. To protect fertility, early diagnosis is especially important and there are several telltale signs that enable a reproductive endocrinologist to make an educated decision about the presence of endometriosis and bring patients one step closer to finding treatment.

**OC Life Readers : E-mail questions to Women's Health with Dr. Minoos Hosseinzadeh at [DrMinoos@OCLIFEmagazine.com](mailto:DrMinoos@OCLIFEmagazine.com)**

Common sites for endometrial growths in red



Normal endometrial lining