Endometriosis Symptoms and Treatment

Endometriosis is a disease involving endometrial tissue on other organs. Patients suffer from dysmenorrhea, cyclic pelvic pain, dyschezia, dysuria and dyspareunia. Many patients are also infertile. Treatment involves pharmacologic management through GnRH agonists, progesterone, OCPs and NSAIDs. Surgery can also be done to excise tissue.



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Symptoms

Dysmenorrhea
Disc-man-tampon
Dysmenorrhea is a medical condition of pain during menstruation that interferes with daily activities. Patients may complain of pain, including sharp, throbbing, dull, nauseating, burning, or shooting pain with their periods.

Cyclic Pelvic Pain
Cycle Pelvis with Pain-bolt
Patients often have cyclic pelvic pain with their ovulatory cycles. This chronic pelvic pain is typically accompanied by lower back pain or abdominal pain.

Dyschezia
Disc-squeezing-out Rectum
With ectopic endometrial tissue implantation in the rectum, patients can develop dyschezia, or pain with defecation.

Dysuria
Urine-in-flames
Dysuria may manifest as urinary urgency, frequency, and sometimes painful voiding. This occurs due to endometrial tissue in or on the urinary bladder.

Dyspareunia
Painful Sex with Disc-piranha
Endometriosis-related pain may include dyspareunia, or painful sex, due to ectopic endometrial tissue.

30-40% are Infertile
(30) Dirty and (40) Ouncer at Infertile-female-plant
Though the etiology is not entirely understood, it is believed to be because of endometriosis causing anatomical distortions and adhesions (the fibrous bands that form between tissues and organs following recovery from an injury). Furthermore, endometrial lesions may release factors which are detrimental to gametes or embryos.

Treatment

Surgery
Surgeon
Surgery can be done to excise the endometrium, adhesions, resect endometriomas, and restore normal pelvic anatomy as much as possible. Surgery can be conservative, but can also be completely curative through hysterectomy.

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NSAIDs

N-sad

These are anti-inflammatory medications and are commonly used in conjunction with other therapy. For more severe cases narcotic prescription drugs may be used. NSAID injections can be helpful for severe pain or if stomach pain prevents oral NSAID use.

OCPs

Oral-contraceptive Case

Oral contraceptives reduce the menstrual pain associated with endometriosis. They may function by reducing or eliminating menstrual flow and providing estrogen support. This is given as a long-term approach.

Progesterone (Progestins)

Pregnant-jester

Progesterone counteracts estrogen and inhibits the growth of the endometrium. Thus this therapy can reduce or eliminate menstruation in a controlled and reversible fashion.

GnRH Agonists

Gonad-gopher Dragonist

These medications work by increasing the levels of GnRH. Consistent stimulation of the GnRH receptors results in downregulation, inducing a profound hypoestrogenism by decreasing FSH and LH levels. This, in turn, helps to control symptoms experienced by patients.

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