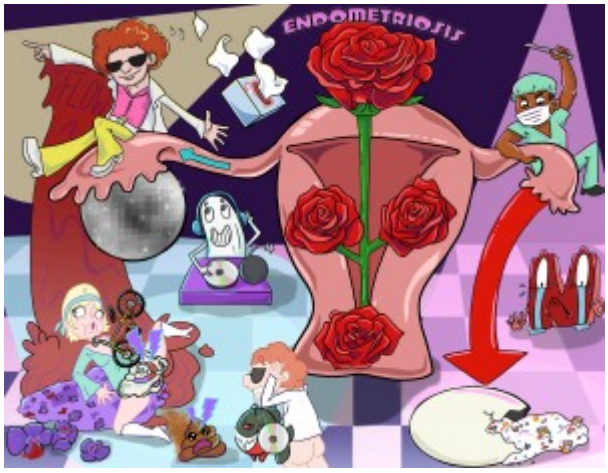
Endometriosis

Endometriosis is a condition in which endometrial tissue exists outside of the uterus. Ectopic endometrial tissue is commonly found near the ovaries; however, it may also be present in more distant sites such as the stomach or lungs. Although it is unclear how endometrial tissue becomes attached to sites outside the uterus, the most common belief is that retrograde menstrual flow travels backward through fallopian tubes carrying endometrial tissue into other areas of the pelvis where it implants. Women with endometriosis may experience painful menses, cyclic pelvic pain, irregular vaginal bleeding, pain with defecation, and pain during intercourse. NSAIDs can be used to decrease the pain associated with endometriosis, and other medications may be used to suppress ovulation; however, the only definitive cure for endometriosis is surgical intervention. A conservative approach involves a laparotomy to removal ectopic endometrial tissue, while a more extensive option is to undergo a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO).



PLAY PICMONIC

Cause

Endometrial Tissue Outside Uterus
Endometrial Tissue-box Outside Uterus
Endometriosis is a condition in which endometrial tissue exists outside of the uterus. Ectopic endometrial tissue is commonly found near the ovaries; however, it may also be present in more distant sites such as the stomach or lungs. Though no longer in the uterus, this tissue still responds to systemic hormonal influences. Unfortunately for some patients, endometriosis can result in infertility if intraperitoneal adhesions of endometrial tissue affect uterine position, fallopian tube patency, movement or other complications.

Retrograde Menstrual Flow
Retro-guy Flow
Although it is unclear how endometrial tissue becomes attached to sites outside the uterus, there are several theories. The most common belief is that retrograde menstrual flow travels backward through fallopian tubes, carrying endometrial tissue into other areas of the pelvis where it implants.

Assessment

Dysmenorrhea
Disc-man-tampon
After years of painless menstrual cycles, women with endometriosis may report painful menses. This is called dysmenorrhea.

Cyclic Pelvic Pain
Cycle Pelvis with Pain-bolt
Women with endometriosis may experience cyclic pelvic pain that corresponds with the rupturing of cysts. Because ectopic endometrial tissue continues to ‘menstruate,’ blood collects in cysts. Acute pain may occur after a cyst ruptures, and this pain may lessen in passing time.

Irregular Vaginal Bleeding
Irregular Vagina-violet Bleeding
Irregular vaginal bleeding may also be a sign of endometriosis. Women who experience frequent, irregular bleeding with or without other signs and symptoms should seek primary or well woman level care.

Pain with Defecation
Pain-bolt while Pooping
The formation of adhesions and strictures within the pelvic cavity may cause constipation and pain with defecation, depending on the severity. A complication of endometriosis is constriction of the bowel, leading to an obstruction and potential medical emergency.

Dyspareunia
Painful Sex with Disc-piranha
Dyspareunia, or painful intercourse, may be a sign of endometriosis.

Sign up for FREE at picmonic.com

Interventions

Medications to Decrease Ovulation

Medications and Down-arrow Oval-egg

Medications that can be used to suppress ovulation include progestin agents, such as medroxyprogesterone, synthetic androgens such as danazol (Danocrine), or GnRH agonists such as leuprolide (Lupron) and nafarelin (Synarel).

NSAIDs

N-sad

Non-steroidal anti-inflammatory drugs, such as ibuprofen and diclofenac (Voltaren) can be used to decrease the pain associated with endometriosis.

Surgery

Surgeon

Surgical interventions to treat endometriosis vary according to the severity of the condition, and the patient’s desire to become pregnant. A conservative approach involves a laparotomy to remove ectopic endometrial tissue. This option may be used for women who wish to get pregnant. A more extensive option is to undergo a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO). This procedure involves removing the uterus, cervix, fallopian tubes, and ovaries.

Sign up for FREE at picmonic.com