

ENDOMETRIOSIS

Dear ladies, each of us has probably already heard about a condition called endometriosis. What is it and how to prevent it? Unfortunately, there is no prevention available, but this is not a reason to despair. Very important are regular check-ups by our gynaecologist - at least annually, proper diet and early diagnostics. This diagnosis is usually for women aged 20 to 40. Let's look more closely at this "beast".

Definition

Endometriosis is defined as the occurrence of uterine mucosa (= endometrium) in tissues, such as muscles of the uterus or outside the uterine cavity in various body organs. Dislocated tissue is fully functional and involved in the menstrual cycle - just like normal mucosa of the uterus.

Occurrence

Endometriosis of the peritoneum is the most easily recognizable - the lesions grow up to several millimetres in size. The appearance of lesions ranges from microscopic - invisible to the naked eye, up to red lesions undergoing the same hormonal cycle as mucosa of the uterus. The lesions usually persist and bleed into the peritoneal cavity in synchrony with the menstrual cycle. On ovaries they may appear as cysts up to several centimetres in size, with brownish content - hence the term "chocolate cysts". In the area between the vagina and rectum, they appear as fibrous nodules causing continual pain.

Symptoms

In the muscle of the uterus lesions often appear together with uterine myomas, causing painful enlargement of the uterus, pelvic pain, pain during

intercourse, and painful periods.

This pain results in adhesions and irritation of nerve endings due to the substances released by endometrial lesions. Endometriosis plays an important role in the diagnosis of infertility. Infertility is caused by extensive adhesions that prevent the release of eggs, prevent the movement of fallopian tubes, or even occlude it. Endometriosis may also result in extrauterine pregnancy when the egg implants in the endometrium of the fallopian tube or on the ovary.

Treatment

Surgery is required to confirm this condition - generally laparoscopy, enabling a specialist to see all organs of the pelvis and abdomen, inserting the laparoscope - an optic instrument - through a small incision in the umbilicus. The scar is very small and a patient can return to work sooner than after standard surgery, as the hospitalization period is minimal.

The first endometriosis is usually removed during surgery, and hormonal therapy is initiated afterwards. As endometriosis is a condition linked to the female hormonal cycle and depends on high levels of oestrogen, hormonal therapy aims to temporarily suspend the production of sex hormones or at least prevent the recurrence of menstruation. Hormonal treatment of endometriosis takes 3 to 6 months. However, no therapy is currently available that would result in permanent recovery.

For women who plan to become pregnant, a conservative approach is taken during laparoscopy - removing the lesions of endometriosis, adhesions or ovarian cysts, and normal anatomy is restored.

A radical procedure involves the removal of the uterus, Fallopian tubes and ovaries, and all visible endometriosis lesions. This is performed in the case of severe forms of endometriosis in women not planning pregnancy.

