



Endometriosis: A common cause of pelvic pain

Endometriosis, a common cause of pelvic pain, affects over five million women in the US. If you, or someone you know has pelvic pain that starts or gets worse about a week before your periods, and ends or decreases when your periods start or end, you may be suffering from endometriosis.

Endometriosis is a condition in which the tissue that normally lines the uterus (endometrial tissue) grows in other areas of the body, causing pain, irregular bleeding, and possible infertility.

The tissue growth typically occurs in the pelvic area, outside of the uterus, on the ovaries, bowel, rectum, bladder, and the delicate lining of the pelvis, but can occur in other areas of the body, too.

Causes, incidence, and risk factors

The most common theory about the cause of endometriosis is that endometrial cells, shed from the lining of the uterus during menstruation, flow out through the fallopian tubes and into the abdominal cavity. There, they fall to low lying areas within the pelvis, where they 'implant' on surfaces. These living implants of endometriosis then go through the same cycle as the lining of the uterus: growth, inflammation, and bleeding. This recurrent cycle causes cyclic pain that most often begins several days to two weeks before the start of menstruation.

Endometriosis can cause scar formation and adhesions within the pelvis leading to worsening of pain over time. Women with endometriosis usually have very painful periods, and often have back pain or pain with sex. Endometriosis can be a cause of infertility.

Endometriosis is a common problem. It occurs in an estimated 10% of women during their reproductive years. A woman who has a mother or sister with endometriosis has a 6 times greater risk of developing endometriosis than the general population.

Diagnosis and Treatment

Women with endometriosis often have tender areas on pelvic exam. Endometriosis can not be seen on ultrasound, CT scan or x-ray. The only way to positively make the diagnosis is with minimally invasive surgery called laparoscopy. Laparoscopy allows one to see the implants of endometriosis. At that time, the implants can be cauterized or removed, with the goal of eliminating the source of pain.

Additional treatments for endometriosis include analgesics and anti-inflammatories to reduce pain; hormonal therapies such as progesterone or birth control pills to inhibit the growth, inflammatory, and bleeding cycle of endometriosis; and other medications such as Synarel or Lupron which completely shut the cycle off. For some women, hysterectomy and removal of one or both ovaries may be a final resort in eliminating the pain of endometriosis. Many women suffer for years without knowing they have endometriosis. If you suffer from cyclic pelvic pain, see your gynecologist for help.

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