

Unseen Pain: Understanding Endometriosis & Adenomyosis

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TWO AND THREE-YEAR PROGRAMS AVAILABLE

AGL
FELLOWSHIP

Objectives

RECOGNIZE

- Typical symptoms of endometriosis and adenomyosis
- What endometriosis looks like

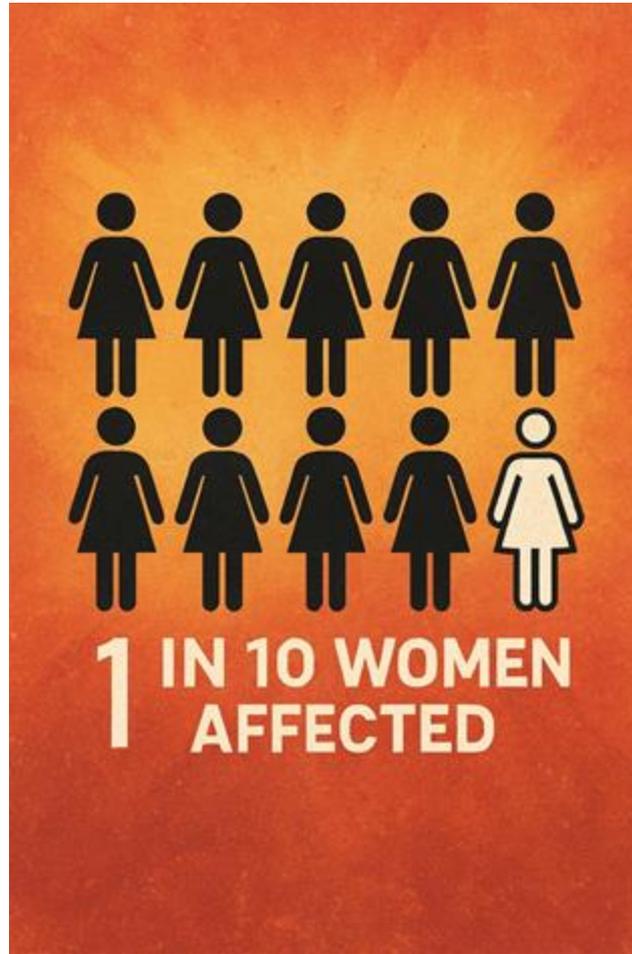
UNDERSTAND

- How to initiate workup for painful periods or pelvic pain
- Basic treatment options for endometriosis

REALIZE

- When referral to a pelvic pain specialist is warranted
- Multidisciplinary care is paramount

By the
numbers:



\$80-120
billion
annually in
US ¹

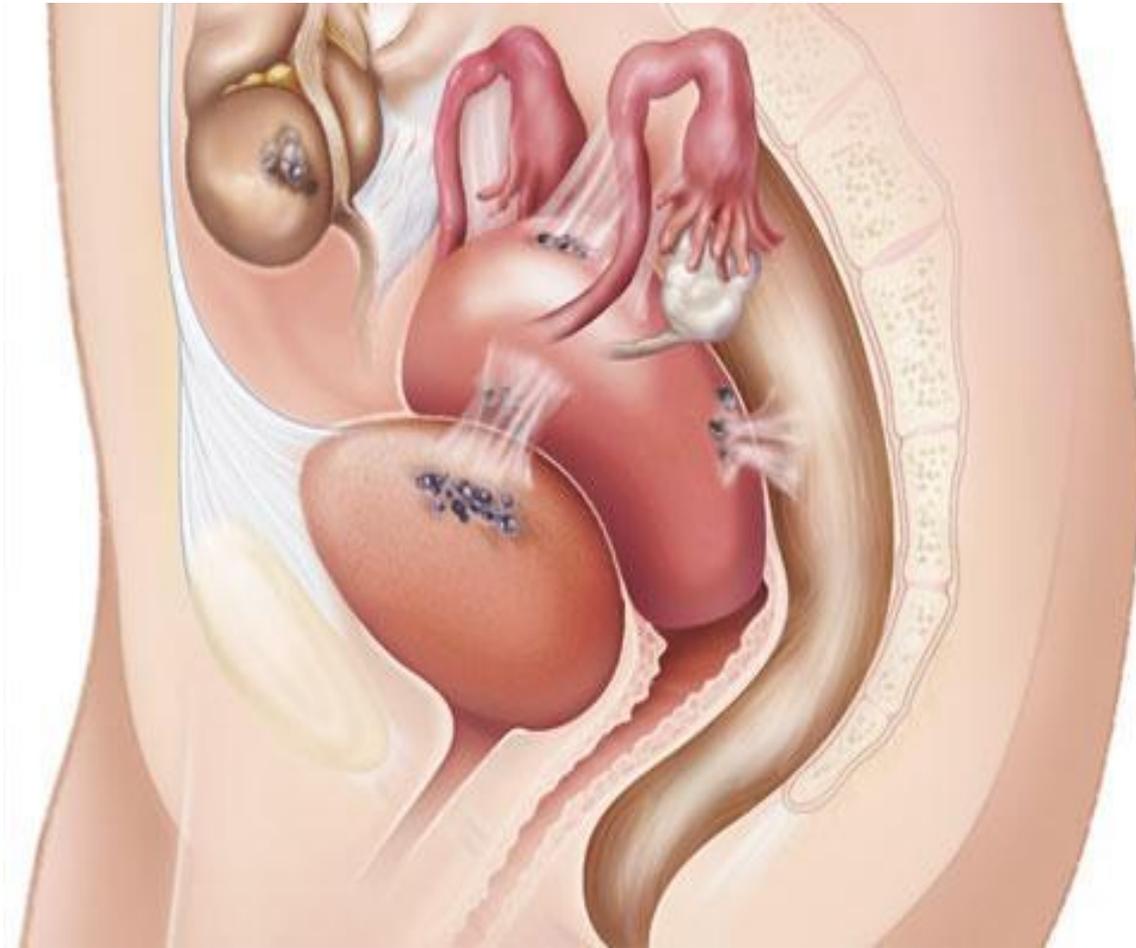
Delay in diagnosis ²



Years until diagnosis: 7

Number of providers seen: 5

Average age of patient: 28



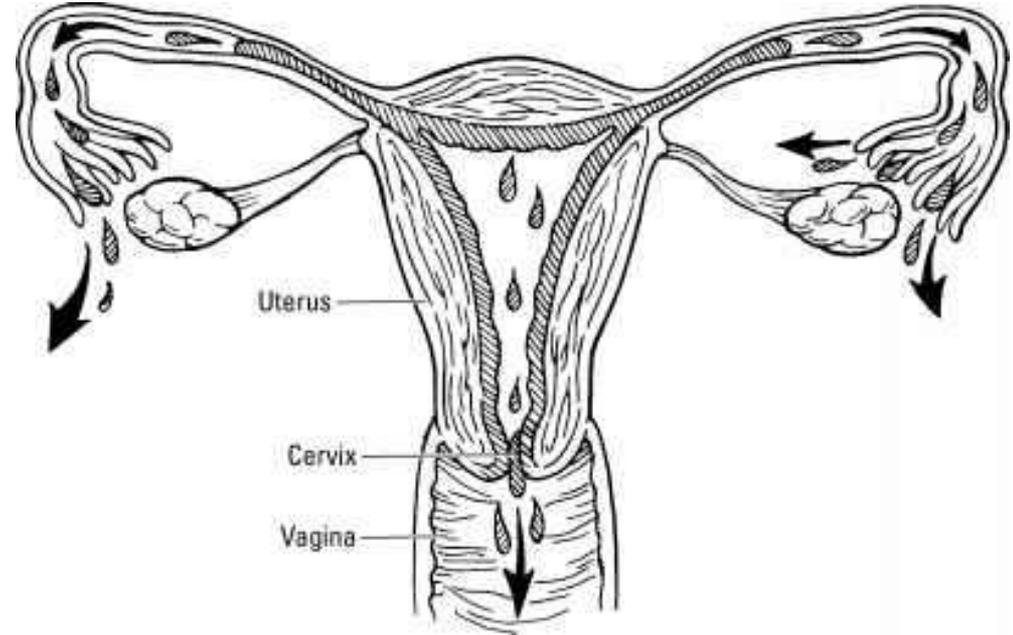
Classic symptoms:

- Painful menses (dysmenorrhea)
- Painful intercourse (dyspareunia)
- Painful bowel movements during menses (dyschezia)

Etiology of endometriosis

Sampson's retrograde menstruation (1920s)

- Endometrial cells travel backward through Fallopian tubes during menstruation into the peritoneal cavity



Other important considerations / possibilities:

- **Genetic predisposition**
- Immune system disorder
- Endometrial cells being transported through the lymphatic system or surgical scars
- Embryonic cell growth

Workup

- History
 - Focus on cyclic symptoms (pain, bowel, bladder)
- Pelvic exam (if able)
- Pelvic ultrasound

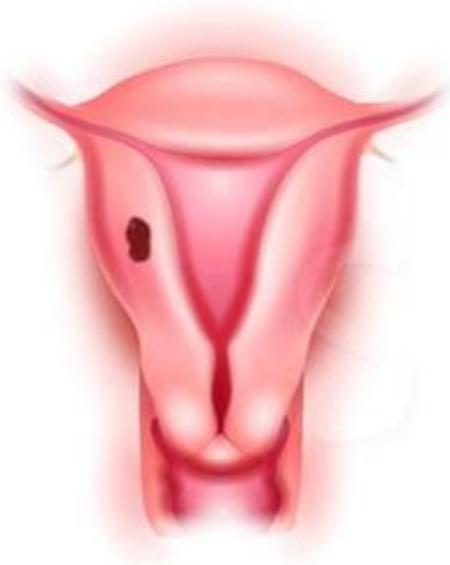
- Rule out other possible etiologies of pain: GI, GU, pelvic floor dysfunction / myofascial pain

Other imaging considerations

Type of endometriosis	Ultrasound (TVUS)	MRI
Ovarian endometriomas	Excellent	Excellent
Deep infiltrating endometriosis (DIE)	Excellent <i>with specialist</i>	Excellent; sometimes better for mapping
Superficial / peritoneal	Poor	Poor (neither sees these well)
Best use case	First-line test; widely available	Detailed mapping before surgery or unclear cases

ADENOMYOSIS

Adenomyosis



Focal



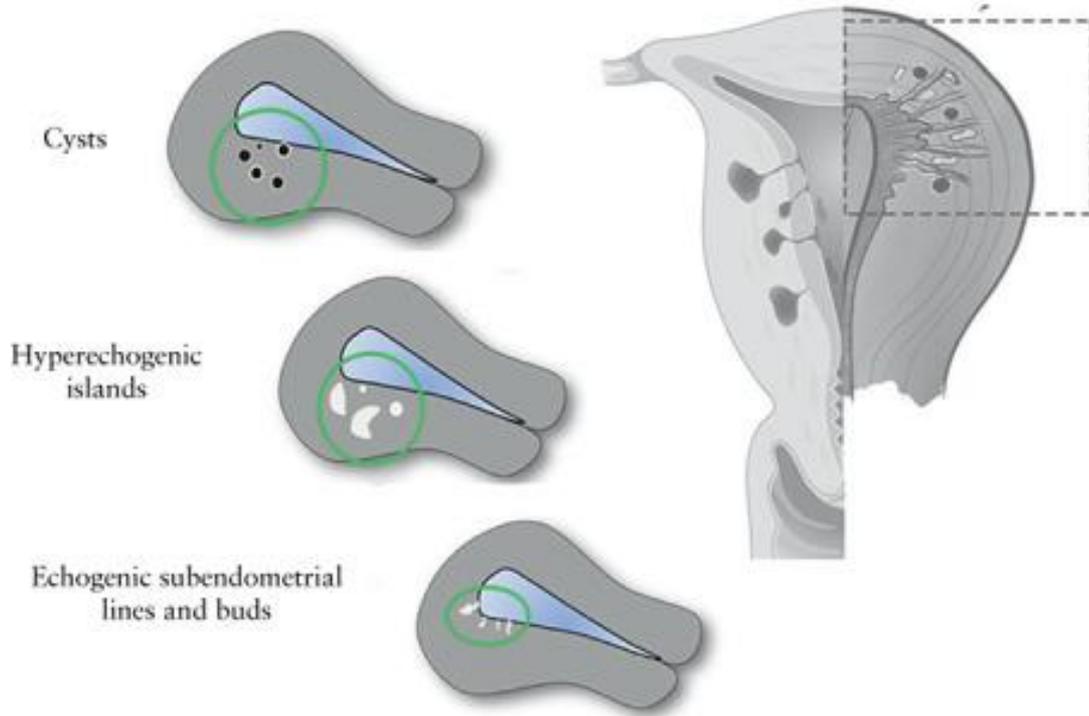
Adenomyoma



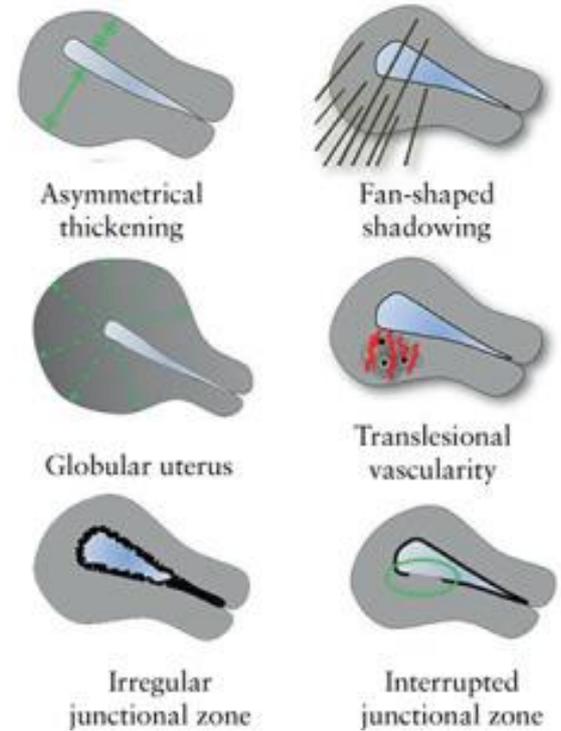
Diffuse

Adenomyosis ultrasound features

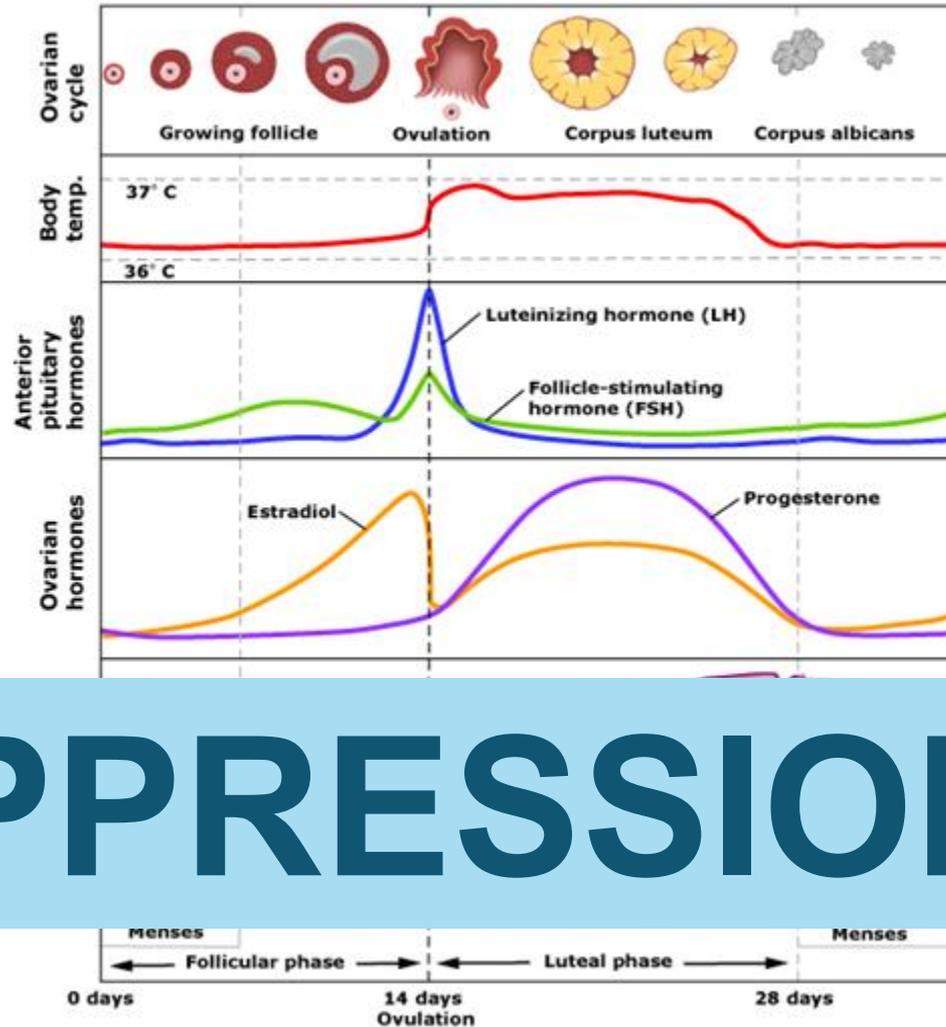
Direct features



Indirect features

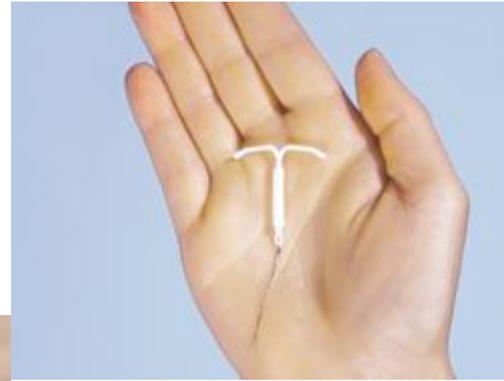


Treatment

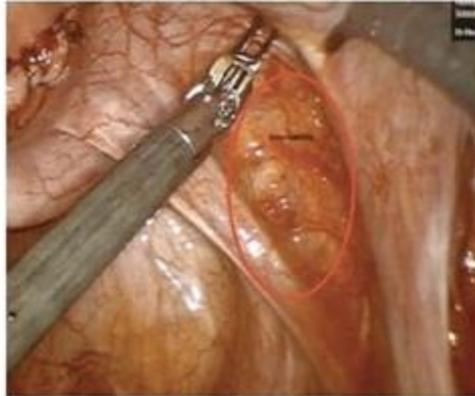
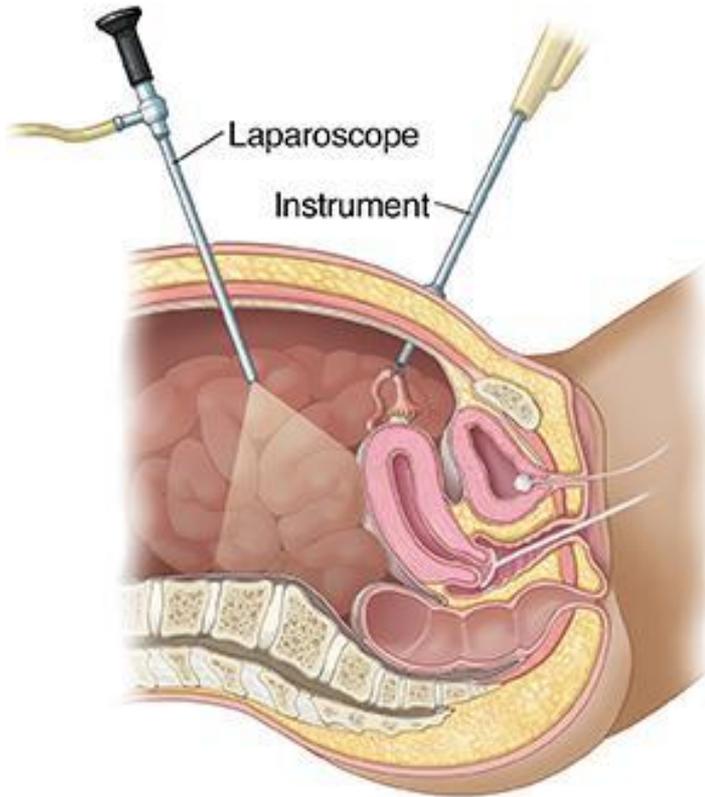


SUPPRESSION

Medication options:



"excision surgery"

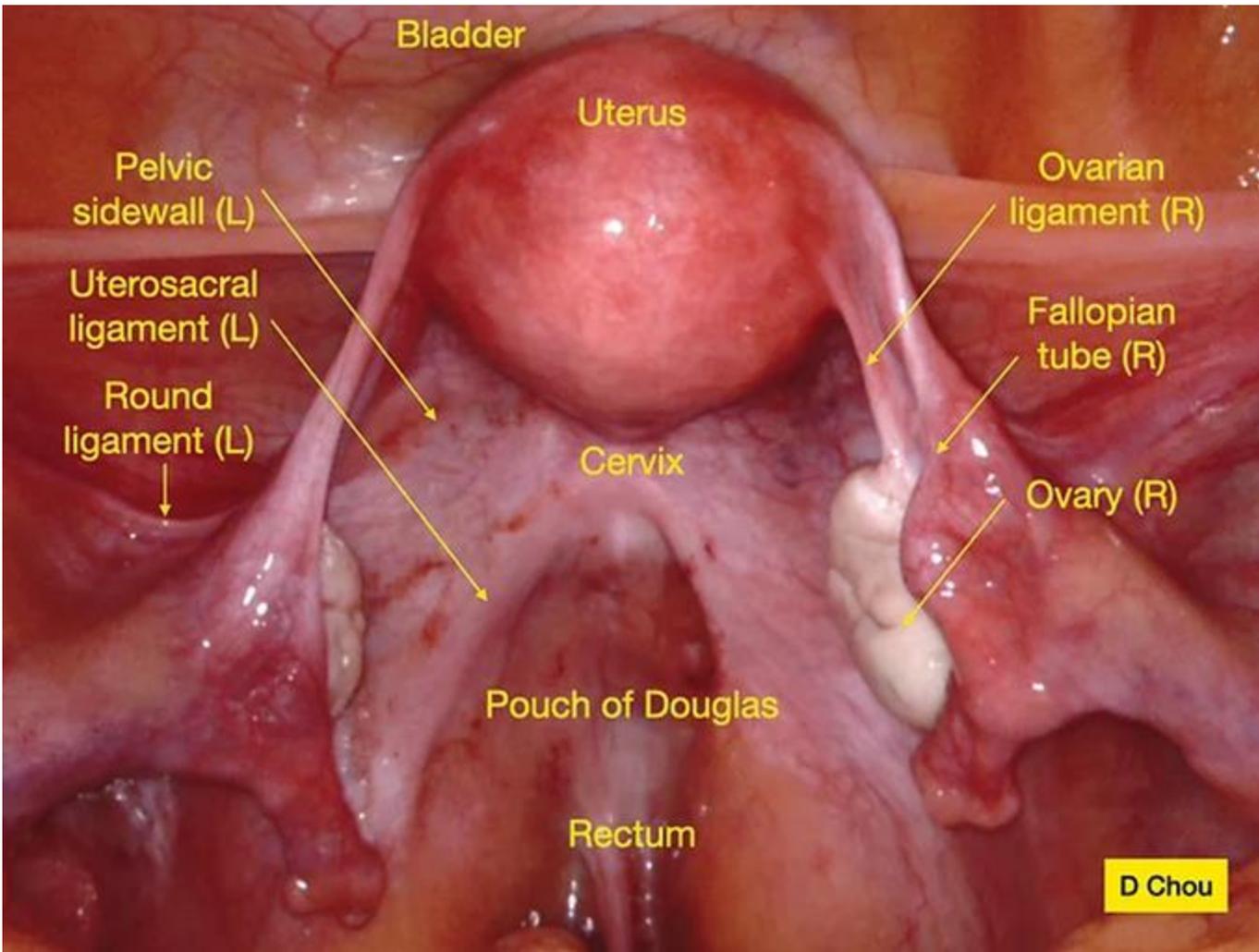


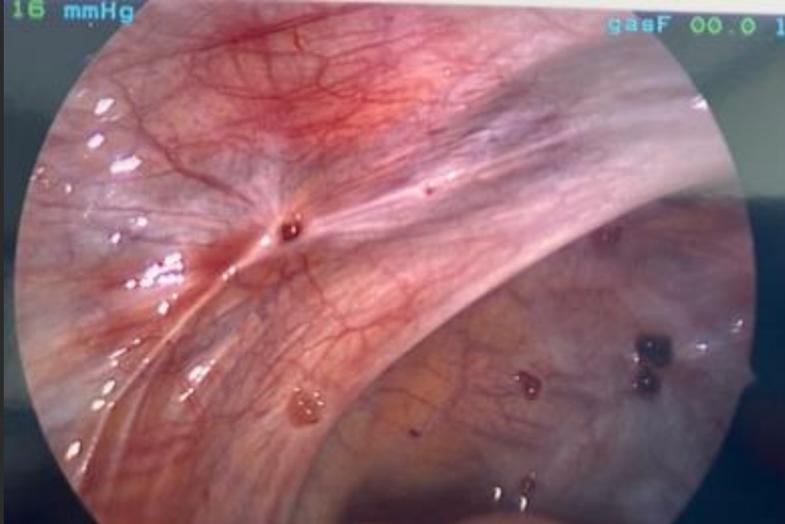
BEFORE



AFTER

** Gaby Moawad, MD (online)





Surgery - types of endometriosis

(1) Superficial endometriotic implants



Surgery - types of endometriosis

(2) Ovarian (endometrioma)



IAP 15 mmHg

OVARY

OVARY

(3) Deeply infiltrating endometriosis

ENDOMETRIOTIC CYST INVOLVING RECTAL WALL

LEFT HEMATOSALPINX

OVARY

Surgical outcomes

- Most patients get good pain relief from surgery
- Interestingly, there seems to be a placebo effect, nearly everyone's pain improves for 6 months (even if no lesions were identified)
- Endometriosis is a chronic condition: 50% recurrence at 5 years
- **Hysterectomy** is not a cure
 - Endometriosis is fueled by estrogen
- Although rare, endometriosis can be a source of pain after menopause

Chronic pelvic pain pearls for primary care

- ★ Heat pack
- ★ Around-the-clock NSAIDs
- ★ TENS unit
- ★ Lidocaine patch
- ★ Exercise / stretching
- ★ Muscle relaxant
 - Methocarbamol 750mg
 - Baclofen 10mg
- ★ *Diet*



20-40% persistent or
worsening pain after surgery

Multidisciplinary Care

50% + require
repeat surgery

Multidisciplinary team

- Pelvic floor physical therapy
- Interventional pain specialists
- Pain psychology
- Other specialists who focus on chronic pelvic pain conditions
 - Urology / Urogynecology
 - Colorectal Surgery
 - GI



Conclusions



Endometriosis/ adenomyosis are challenging to diagnose and treat

Referral to specialists can be advantageous, especially in patients with chronic pelvic pain

Listen to your patients!

Thanks!



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Minimally-Invasive Gynecologic Surgery (*Complex Benign Gynecology*)

Virginia Mason Medical Center - Seattle & Bellevue Campuses



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