

Endometriosis: All You Need To Know

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OVERVIEW

Endometriosis (en-doe-me-tree-O-sis) is a painful condition in which tissue that looks like the endometrium that normally lines the inside of your uterus grows outside of it. Endometriosis affects your ovaries, fallopian tubes, and the tissue lining your pelvic most commonly. Endometrial-like tissue can occasionally be detected outside of the pelvic organs' region.

With endometriosis, the endometrial-like tissue swells break down, and bleeds with each menstrual cycle, much like endometrial tissue would. However, because this tissue can't leave your body, it becomes imprisoned. Endometriomas are cysts that occur when endometriosis affects the ovaries. Surrounding tissue can become inflamed, leading to scar tissue and adhesions – fibrous bands that can cause pelvic tissues and organs to cling together.

Endometriosis can cause considerable pain, particularly during menstrual periods. Fertility issues may also arise. Effective treatments are, fortunately, available.

SYMPTOMS

Pelvic discomfort is the most common symptom of endometriosis, which is commonly coupled with menstrual cycles. Although many women feel cramps during their periods, individuals who have endometriosis report discomfort that is significantly more severe than usual. Pain may also worsen over time.

Endometriosis is characterized by the following signs and symptoms:

- Periods of suffering (dysmenorrhea). Pelvic pain and cramps can start before a menstrual cycle and last for several days. You may also experience pain in your lower back and abdomen.
- Intercourse causes pain. Endometriosis can cause pain during or after sex.
- Pain when urinating or bowel movements. These symptoms are most likely to occur during a menstrual period.
- Bleeding is excessive. You may have heavy menstrual cycles or bleeding between periods on occasion (intermenstrual bleeding).
- Infertility. Endometriosis is sometimes discovered when seeking therapy for infertility.

Other indications and symptoms may be present. During menstrual

periods, you may have fatigue, diarrhoea, constipation, bloating, or nausea.

Your pain level may not be an accurate predictor of the severity of your ailment. You could have moderate endometriosis with a lot of pain or advanced endometriosis with very little pain.

Endometriosis is sometimes confused with other illnesses that cause pelvic pain, such as Pelvic Inflammatory Disease (PID) and ovarian cysts. It's easy to mix it up with Irritable Bowel Syndrome (IBS), which includes diarrhoea, constipation, and abdominal discomfort. Endometriosis might be accompanied by IBS, which can make diagnosis more difficult.

WHEN TO SEE A DOCTOR

If you have signs and symptoms that could indicate endometriosis, see your doctor.

Endometriosis is a difficult ailment to manage. Early diagnosis, a multidisciplinary medical team, and a clear knowledge of your diagnosis may help you manage your symptoms more effectively.

Causes

Although the specific cause of endometriosis is unknown, the following are some plausible explanations:

- Menstruation in reverse. Menstrual blood including endometrial cells flows back through the fallopian tubes and into the pelvic cavity instead of out of the body during retrograde menstruation. These endometrial cells adhere to the pelvic walls and the surfaces of pelvic organs, where they proliferate, thicken and bleed during each menstrual cycle.
- Peritoneal cells undergo transformation. Experts argue that hormones or immunological factors stimulate the transition of peritoneal cells-cells that line the inner side of your belly-into endometrial-like cells, which is known as the "induction theory."
- Transformation of embryonic cells. During puberty, hormones like estrogen can change embryonic cells (cells in the early stages of development) into endometrial-like cell implants.
- Scar implantation via surgery. Endometrial cells may cling to a surgical incision after a procedure such as a hysterectomy or C-section.

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- Transport of endometrial cells. Endometrial cells may be transported to different areas of the body *via* blood vessels or the tissue fluid (lymphatic) system.
- Disorder of the immune system. The body may be unable to recognize and kill endometrial-like tissue growing outside the uterus due to an immune system dysfunction.

RISK FACTORS

Endometriosis is more likely to occur if you have one or more of the following factors:

- Never having a child.
- Starting your menstruation at a young age is a good idea.
- Experiencing menopause at a later age.
- Menstrual cycles that are fewer than 27 days long, for example.
- Menstrual cycles that last longer than seven days are considered heavy.
- Having higher estrogen levels in your body or longer lifetime exposure to estrogen produced by your body.
- BMI (Body Mass Index) low.
- Endometriosis is one or more relatives (mother, aunt, or sister).
- Any medical disease that stops blood from leaving the body during menstruation.

Endometriosis normally appears several years after menstruation begins (menarche). Unless you're using estrogen, the signs and

symptoms of endometriosis may improve momentarily during pregnancy and disappear completely after menopause.

COMPLICATIONS

Infertility

The most common side effect of endometriosis is infertility. Endometriosis affects approximately one-third to one-half of women who try to conceive.

An egg must be released from an ovary, travel through the nearby fallopian tube, be fertilized by a sperm cell, and attach itself to the uterine wall to begin development to become pregnant. Endometriosis can block the tube, preventing the egg and sperm from combining. However, the illness appears to have indirect effects on fertility, such as causing sperm or egg damage.

Despite this, many women with mild to moderate endometriosis can conceive and bring their pregnancy to term. Endometriosis sufferers are sometimes advised not to put off having children because the condition can worsen over time.

Cancer

Endometriosis patients have a higher risk of ovarian cancer than the general population. However, the total lifetime risk of ovarian cancer is already low. Endometriosis may enhance that risk, according to some research, but the risk is still minimal. Endometriosis-associated adenocarcinoma is an uncommon type of cancer that can occur later in life in people who have had endometriosis.