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Short Communication

Endometriosis Effects on Women's Fertility

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INTRODUCTION

The existence of endometrial-like tissue (glands and stroma) outside the uterus is known as endometriosis, which induces a chronic inflammatory reaction, scar tissue, and adhesions that may distort the pelvic anatomy of a woman. Endometriosis is found predominantly in young people, but its prevalence is not linked to differences between racial or social groups. Endometriosis patients primarily complain of pelvic pain, dysmenorrhea, and dyspareunia. The related symptoms can affect the general physical, emotional, and social well-being of the patient [1].

Endometriosis, which affects 5-15% of women of reproductive age, is a common gynaecological condition. Depending on the population in question and the presence of infertility, the prevalence of endometriosis differs. It has an unpredictable progression pace. The recurrent existence and seriousness of endometriosis also contributes to quality-of-life decline and elevated psychological morbidity. In health care settings, epidemiological studies indicate a high prevalence of chronic pelvic pain, with almost half of these women diagnosed as having endometriosis [2]. With many patients left undiagnosed for many years, diagnosing endometriosis remains a clinical problem.

Common symptoms of endometriosis include discomfort before and after menstrual periods, painful intercourse, miscarriage, pain or other abnormalities with urination or bowel movements during menstrual periods, bleeding during menstrual periods, and exhaustion, with no symptoms occurring in as many as 15 to 20 percent of women with endometriosis. Other immune conditions can also occur in some women with endometriosis, such as asthma, eczema, and fibromyalgia. For endometriosis, there is no connection between the amount of pain or the number of symptoms and the severity of endometriosis. Some women have moderate endometriosis and severe symptoms, while others have severe endometriosis and no symptoms.

Surgery, which is advocated as a second-line investigation in the event of failed surgical intervention for the treatment of chronic pelvic pain, is the gold standard for the diagnosis of endometriosis. With an approximate average delay of 7 years in the USA, 8 years in the UK, 10.4 years in Austria and Germany and 6.7 years in Norway, a substantial diagnostic delay is sometimes recorded. Two thirds of women with endometriosis are initially misdiagnosed and almost half are treated before a proper diagnosis is made by five or more doctors. In women who have pelvic pain, the delay is substantially longer compared to those who have infertility.

In addition, for patients with advanced stage IV disease, the delay before surgical diagnosis of deep infiltrating endometriosis is considerably longer than for those with stage I, II or III disease. Delayed diagnosis and 'hit-and-miss' therapies worsen the endometriosis-related costs to society, as are the costs to the person when disease symptoms interfere with everyday functioning [3]. The age of the female, period of infertility, male factor, and duration of medical treatment, pelvic pain, endometriosis stage, and family history should be taken into account in the clinical management of the infertile couple.

Clinical decisions are challenging in the management of endometriosis-related infertility since few randomized controlled studies have been performed to assess and compare the efficacy of the different types of treatment [4]. Conservative surgical therapy and assisted reproductive technologies provide successful, evidence-based therapies for endometriosis-associated infertility. There is no consensus on the treatment of mild-stage endometriosis and radical surgery in cases involving recto-vaginal disease is recommended. However, a multidisciplinary approach is required to treat endometriosis, especially the more severe/advanced types.

In combination with multidisciplinary methods, high success rates in pain relief, quality of life, sexual activity and cumulative fertility rates were recorded when surgery was performed [5]. Endometriosis has a profound effect on the quality of life, and physicians and basic scientists also face a challenge in finding a treatment that also enhances fertility. In relation to endometriosis severity, future studies should aim to explain pain pathways.

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