WHAT IS ENDOMETRIOSIS?

Endometriosis is a condition where the endometrium (the lining of the uterus) is found in locations outside the uterus. This misplaced tissue may be found on the ovaries, uterus, bowel, bladder, utero-sacral ligaments (ligaments that hold the uterus in place), or peritoneum (lining of the pelvis and abdominal cavity). On rare occasions it can be found in other distant sites.

COMMON QUESTIONS ABOUT ENDOMETRIOSIS

Am I too young to have Endometriosis?

Endometriosis can cause problems any time between the first period in your life and your last period.

What happens if I don’t get it treated?

It is impossible to tell you exactly what will happen. However, in general, if the disease is not treated the problems tend to get worse.

Can Endometriosis be cured?

If diagnosed early it can usually be treated effectively, but it may recur again.

Does this mean I can’t have children?

Some women may have difficulty getting pregnant, but many do. The best thing to have the endometriosis treated as early as possible.

Is having a baby a cure? No.

Is Endometriosis Cancer? No

Is Endometriosis a sexually transmitted disease (STD)? No

What Causes Endometriosis?

No one knows exactly what causes endometriosis, but over the years many theories have been advanced.

The study of endometrial tissue shows to indicate that endometriosis is made worse by excess estrogen. Many of the current treatments for endometriosis attempt to temper estrogen production in a woman’s body.

The Retrograde Menstruation Theory:

This theory suggests that the endometrial cells from the uterus are pushed back through the fallopian tubes and exit into the abdomen where they implant and grow. If this theory were true, it would be easy to understand the chronic and recurring nature of endometriosis, as the endometrial cells are continually sprinkled into the abdomen. However, many doctors are now questioning this once popular theory.

Embryonic Tissue Theory:

This theory asserts that the endometrial tissue was abnormal at the time when the woman was an embryo, but that it does not become active until later in reproductive life. That is, a woman is born with a cellular defect that dictates whether or not she will have endometriosis.

Genetic Theory:

Some studies provide evidence that endometriosis may be hereditary. Some studies report that women with endometriosis frequently come from families with a high incidence of the disease, and are much more likely to have daughters with the disease.

Immune System Dysfunctions

Some studies provide evidence that endometriosis is an immunological disorder. Women with endometriosis seem to suffer disproportionately from a number of immune system disorders such as lupus, thyroid-related problems, and allergies. Women with endometriosis have also been found to carry cells with reduced ability to fight off “bad” cells, and high levels of auto-antibodies that attack their own healthy cells.

Environmental Influences

Recent studies have also pointed to environmental factors as contributors to the development of endometriosis, specifically related to the way toxins in the environment have an effect on the reproductive hormones and immune system response. A groundbreaking study, originally designed to examine the affects of dioxin on reproduction in Rhesus monkeys, found that 79% of the monkeys exposed to dioxin had developed endometriosis. In addition, the more dioxcin each individual monkey was exposed to, the more severe the resulting endometriosis.
HOW IS ENDOMETRIOSIS DIAGNOSED?

A definite diagnosis of endometriosis is only possible by the direct observation of the misplaced endometrium. This requires a laparoscopy, where a fine telescope is inserted into the abdominal cavity through a tiny incision to allow inspection of the pelvic organs.

Sometimes tissue samples are taken to confirm the diagnosis.

WHAT TREATMENT IS AVAILABLE?

Treatments available include: 1. surgical removal of the diseased tissue; 2. hormonal treatments that attempt to mimic the state of pregnancy, that is, postpone ovulation and thereby control the production of estrogen in the body; 3. alternative methods such as dietary changes, vitamins and herbs.

Ask your physician about all the options before making a decision.