ENDOMETRIOSIS DIAGNOSTIC METHOD, TREATMENT,PROPHYLAXIS

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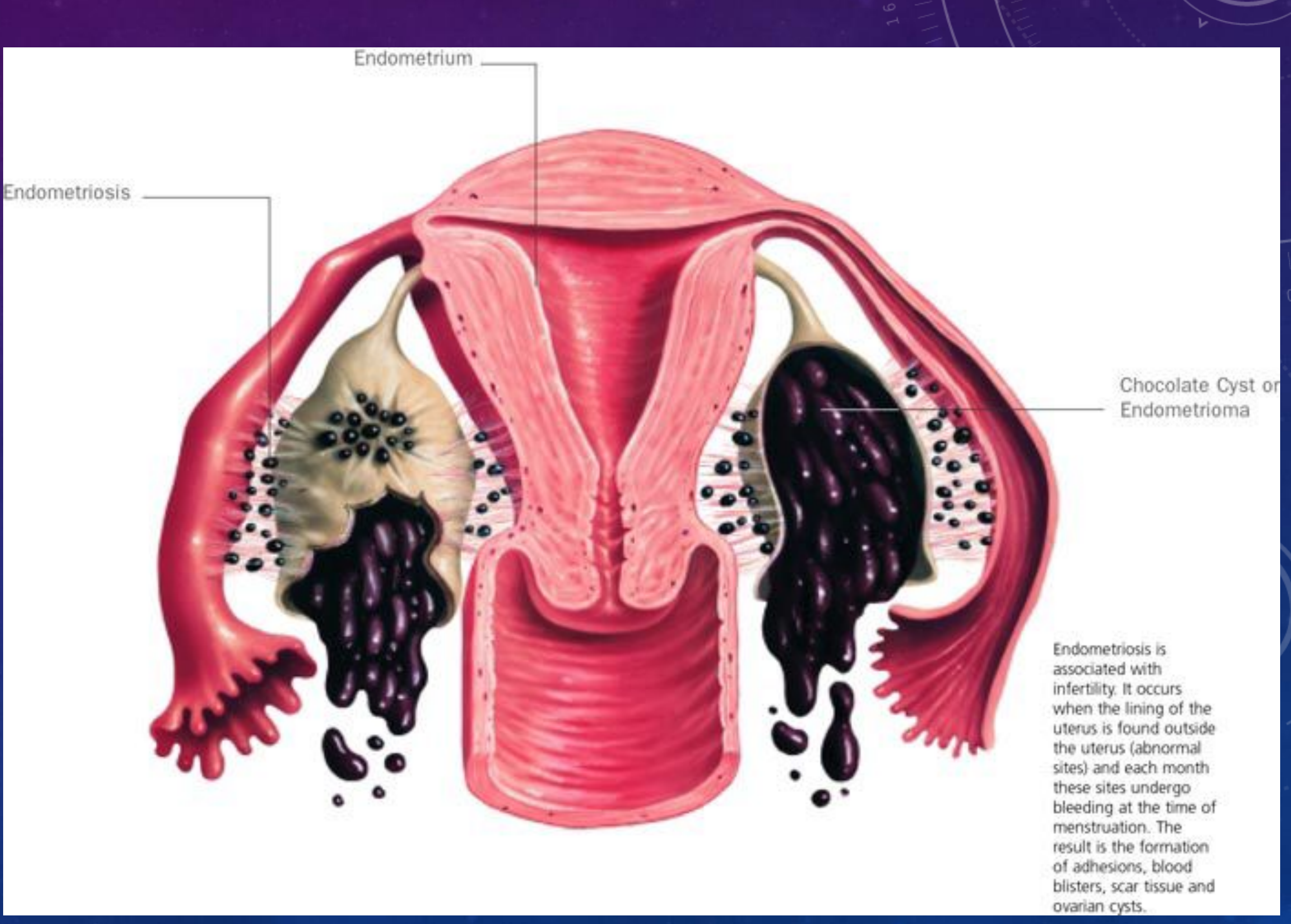
Definition

- Endometriosis is a disease in which endometrial glands and stroma implant and grow in areas outside the uterus
- Most commonly implants are found in the pelvis
- Lesions may occur at distant sites: pleural cavity, liver, kidney, gluteal muscles, bladder, etc

FEATURES OF ENDOMETRIOSIS

- Prevalence 2-50% of women; 21-47% of infertility cases
- Exposure to ovarian hormones appears to be essential
- No known racial or socioeconomic predilection
- Severe disease may occur in families



IS ENDOMETRIOSIS INCREASING?

- •1965-1984, endometriosis rose from 10 to 19% as primary indication for hysterectomy
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- •Simultaneously, a trend of more conservative therapies was occurring, which suggests a true increase in the incidence
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- •Theories include delay of childbearing, less use of OCs, and exposure to environmental toxins such as dioxin

ETIOLOGIES OF ENDOMETRIOSIS

- •Sampson's theory: Retrograde menses and peritoneal implantation
- –Most women retrograde menstruate
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- •Meyer's theory: Coelomic metaplasia
- – Low incidence of pleural disease
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- •Halban's theory: Hematogenous or lymphatic spread to distant tissues
- –Does not explain gravity dependent disease sites
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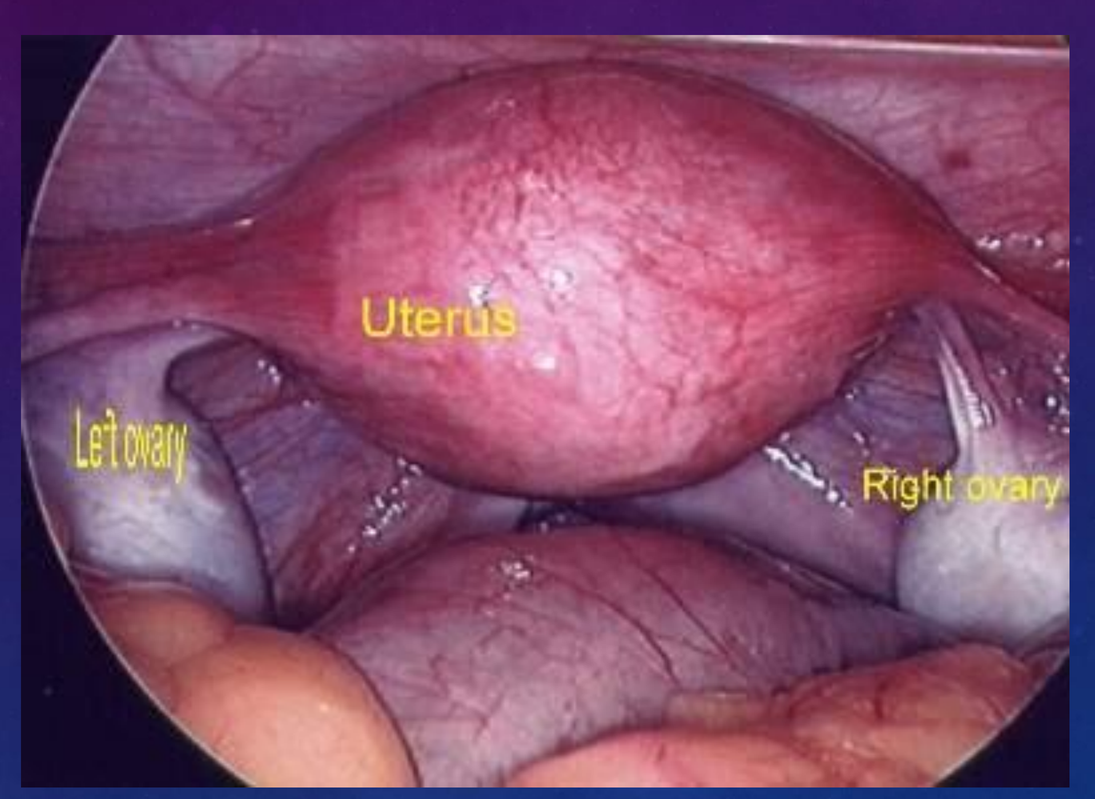
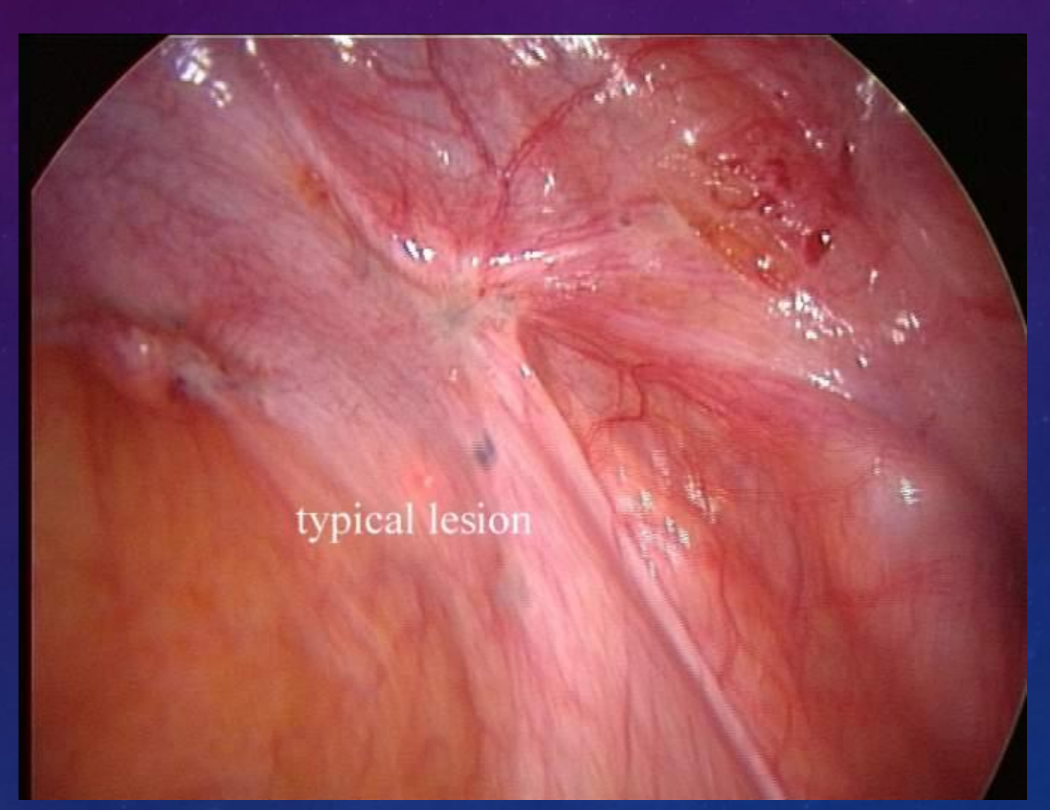
- •Immunogenic defect

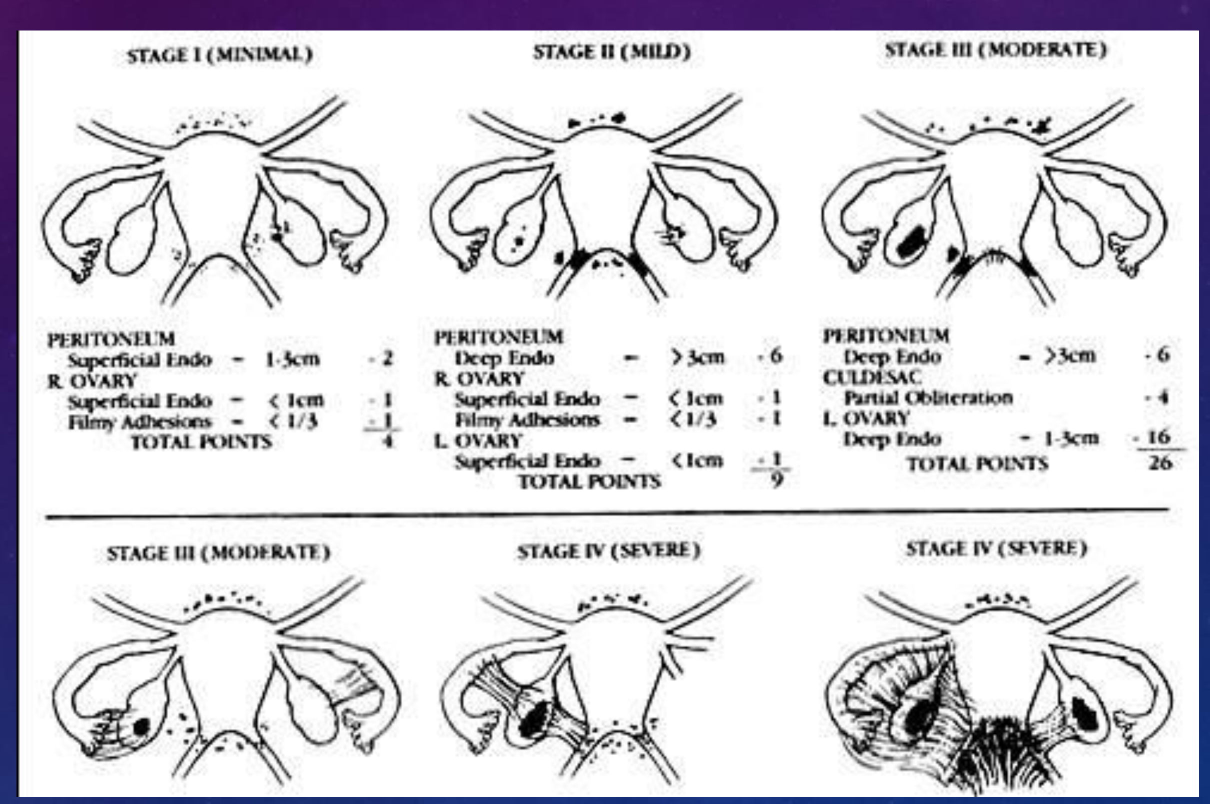
NORMAL PELVIC STRUCTURES



ENDOMETRIOSIS



CLASSIFICATION OF ENDOMETRIOSIS



CLINICAL PRESENTATION

- *Pelvic pain*
- *•Infertility*
- *•Pelvic mass*

PHYSICAL FINDINGS

- Tender nodules along the uterosacral ligaments or in the cul-de-sac, especially just before menses
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- •Pain or induration without nodules commonly in the cul-de-sac or rectovaginal septum
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- •Uterine or adnexal fixation, or an adnexal mass

DIAGNOSIS OF ENDOMETRIOSIS

- Diagnosis of Endometriosis

•Direct visualization of implants

– Laparoscopically

– Conscious pain mapping

•Imaging of endometriomas

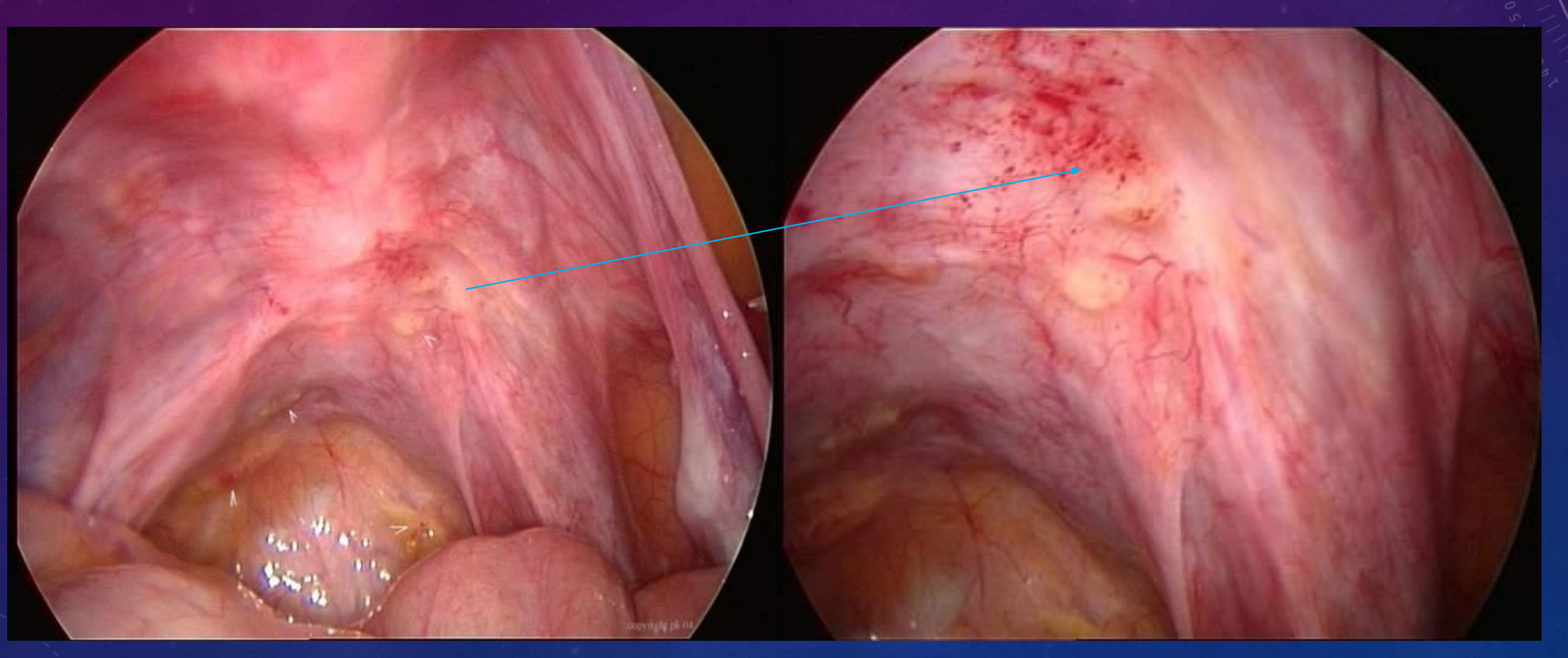
– MR appears to be best (3 mm implants)

– Ultrasound helpful in office setting

•Biochemical markers

– Lack specificity

ENDOMETRIOSIS



TREATMENT OF ENDOMETRIOSIS

- Management of pain
- – Surgery
- – Medical therapy
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- •Treatment of infertility
- – Surgery
- – Ovulation induction
- – Assisted reproductive technology

MANAGEMENT OF PAIN

- Surgical treatment
- – Ablation of endometrial implants
- – Lysis of adhesions
- – Ablation of uterosacral nerves
- – Resection of endometriomas
- •Combined surgical and medical treatment

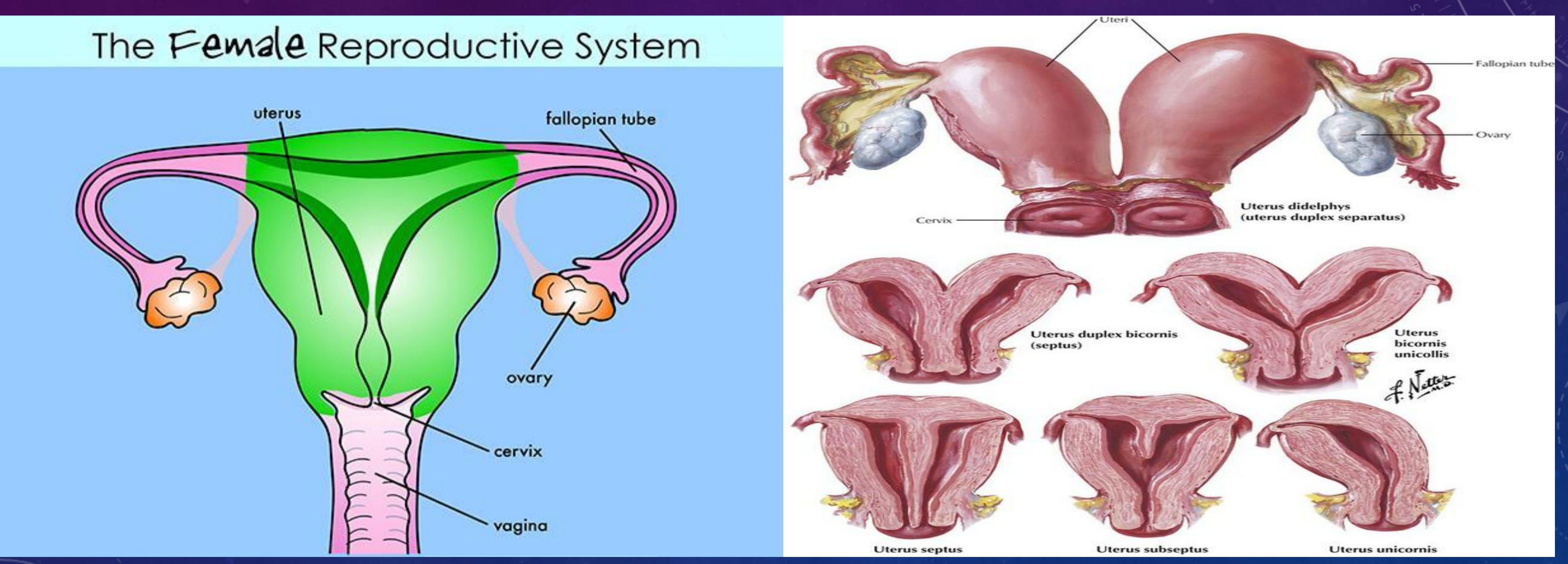
LOCALIZATION

- on or under the ovaries
- behind the uterus
- on the tissues that hold the uterus in place
- on the bowels or bladder

PROPHYLAXIS

- Research suggests that frequent and early pregnancy, use of oral contraceptives, and daily exercise may all help decrease the overall incidence and severity of endometriosis.

TRAUMATIC AND ABNORMALITIES OF FEMALE GENITAL ORGAN



UTERINE ABNORMALITIES

- double vagina, double cervix and double uterus
- single vagina, single cervix and double single-horned uteruses which are partially fused.
- uterus with midline septum
- arcuate uterus (uterus slightly indented in the middle)
- unicornuate uterus (second blind-ending rudimentary horn).

INVESTIGATIONS

- Ultrasound
- Hysterosalpingography, which allows evaluation of the uterine cavity and tubal patency.
- MRI scan, which is considered the best imaging technique for uterine abnormalities.

Complications

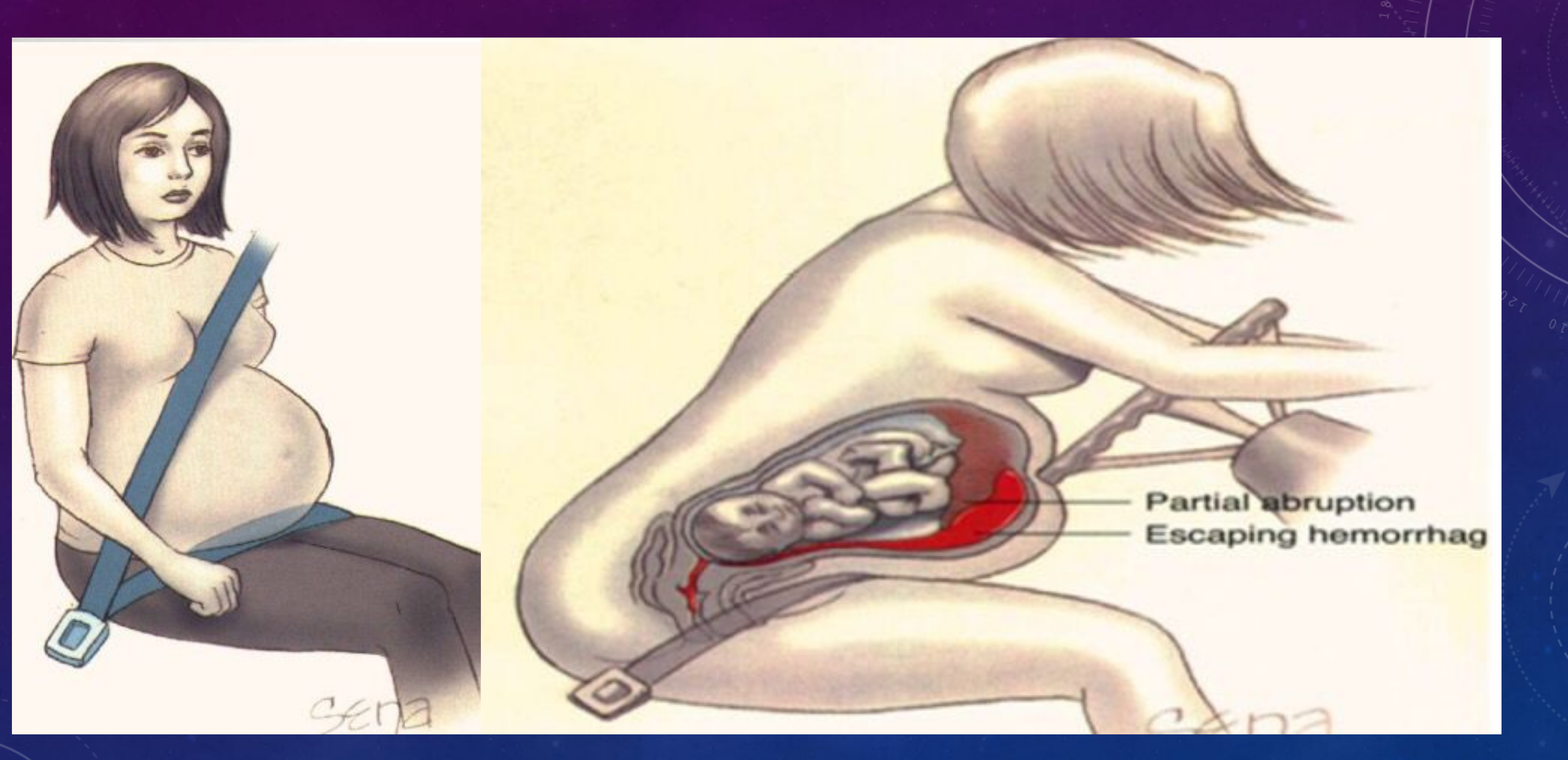
Dysmenorrhoea.
Haematometra.
Complications during pregnancy and labour: late miscarriage, uterine rupture, premature labour, malpresentation, obstructed labour, retained placenta, postpartum haemorrhage.
Fertility is usually unaffected.

MANAGEMENT

- Decision for surgical intervention will depend on the effect of the abnormality on enabling a viable pregnancy.
- A septate vagina and the rudimentary horn of a bicornuate uterus are usually removed.
- Uterine reconstruction is recommended for a bicornuate or septate uterus which is considered to be the cause of recurrent miscarriages.

GENITAL TRAUMATIC

- A _ Obstetric Trauma
- Uterus (Blunt & Penetration)
- Genital Tract (delivery trauma)
- B _ Gynecologic Trauma
- Blunt
- Penetration


Partial abruption
Escaping hemorrhag

DELIVERY TRAUMA

- Lacerations of the birth canal
- Raptures
- Hematomas
- Injuries to the cervix
- Vaginal laceration

GENITAL TRACT TRAUMA

THANK YOU
AHMED DHEYAB KHALAF
Group 605