

All you need to know about Endometriosis

Nordica Fertility Centre, Lagos, Asaba, Abuja

October, 2015

About The Author

Nordica Lagos Fertility Centre is one of Nigeria's leading centres for world class Assisted Reproductive Services, with comfort centres in Lagos, Abuja & Asaba.

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What is Endometriosis?

Endometriosis is a disease that affects women of reproductive age and it has been associated with both pelvic pain and infertility. Endometriosis often leads to pain, irregular bleeding and problems getting pregnant. The cause is generally unknown, but endometriosis is recognized as a benign (non-cancerous) and sometimes debilitating condition commonly found in women with fertility challenges because the *endometrium* (cells that line the inner walls of the uterus) can grow in other locations outside the uterus.

Typical locations for endometriosis may include (Fig1.1):

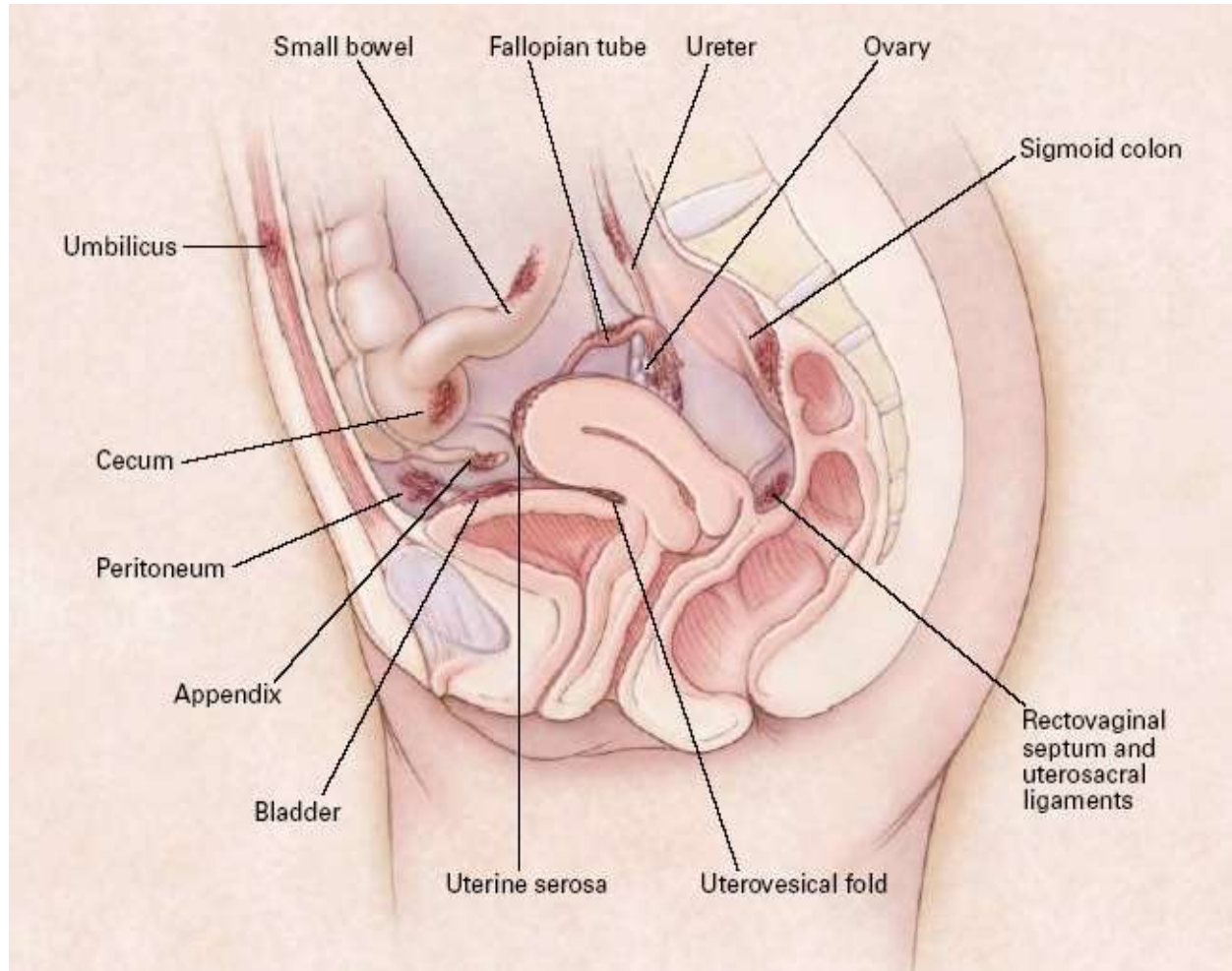
Ovaries, ligaments supporting the uterus, the space between the vagina and the rectum, peritoneum and laparotomy scars.

Sometimes it is even found at more distant locations such as appendix, vagina, lungs, brain and umbilicus (Fig 1.2)

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Fig1.1: Pelvic locations of endometriosis



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Fig 1.2: umbilical endometriosis



In the ovaries, cysts known as *endometriomas* or “chocolate cysts” may form which may impair the quality and quantity of egg being released (Fig1.3).



Fig 1.3: Endometrioma(Chocolate cyst)

Implants of endometriosis may grow on the peritoneum (the lining of the abdomen and pelvis); sometimes causing scars which may result in tubal blockage and ovulation problem. This damage obstructs the journey of the eggs down the fallopian tube to the uterus, hence leading to infertility. Also, in some women, endometriosis grows deep beneath the *peritoneal lining* in areas such as between the vagina and the rectum. These cases are often associated with more severe pain, but not necessarily more severe infertility. When a woman with endometriosis has her monthly period, the blood and tissue shed from the endometrial

growth has no way of leaving the body, hence resulting in internal bleeding, inflammation that may result in pain, adhesions and bowel problems.

The exact prevalence of endometriosis in Nigeria is not known, since many women may have the condition and may have no symptoms, but most are diagnosed around the age of 25-35 years, and it has been reported in girls as young as 11 years of age. Endometriosis is rare in postmenopausal women, runs in families and those delaying pregnancy until an older age.

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Scientific advances have improved our understanding of this condition yet endometriosis deserves a lot more attention within medical circles. Modern medicine now offers women with endometriosis many treatment options for relief and treatment of both pain and infertility. Women who suffer from this incurable disease could still experience the joy that comes from birthing a child through Assisted Conception Methods such as In-Vitro Fertilization (IVF).

But much remains unknown. Women who have been diagnosed with endometriosis may wonder what this means for their future fertility and women experiencing infertility may wonder whether they have endometriosis and how it may affect their fertility prospects.

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Diagnosis of Endometriosis

The cause of endometriosis is unknown, although it often runs in families. Numerous biochemical and immunological changes have been identified in association with it, but it is unclear which may contribute to endometriosis and which simply result from it.

Endometriosis is often misunderstood and misdiagnosed, yet it is treatable but not curable and the pain it causes is worse than a painful toothache. Endometriosis can affect any woman of reproductive age group, from her first period to menopause, regardless of race, ethnicity or socio-economic status. In developed countries, a woman may have suffered from the condition for up to eight years before proper diagnosis is done. In Africa, the situation is worse because very little is known about the disease. Therefore, many women live with it without ever being diagnosed as the condition was believed not to be common among blacks before now. Over the years, it has been discovered that no race is left out of this excruciating ordeal.

An estimated 30- 40 per cent of couples with problem of infertility have endometriosis, and as a result of its genetic nature, it is common amongst sisters and even cousins.

It has been stated in the last chapter that most women who have endometriosis do not have symptoms. Of those who do experience symptoms, the common symptoms are:

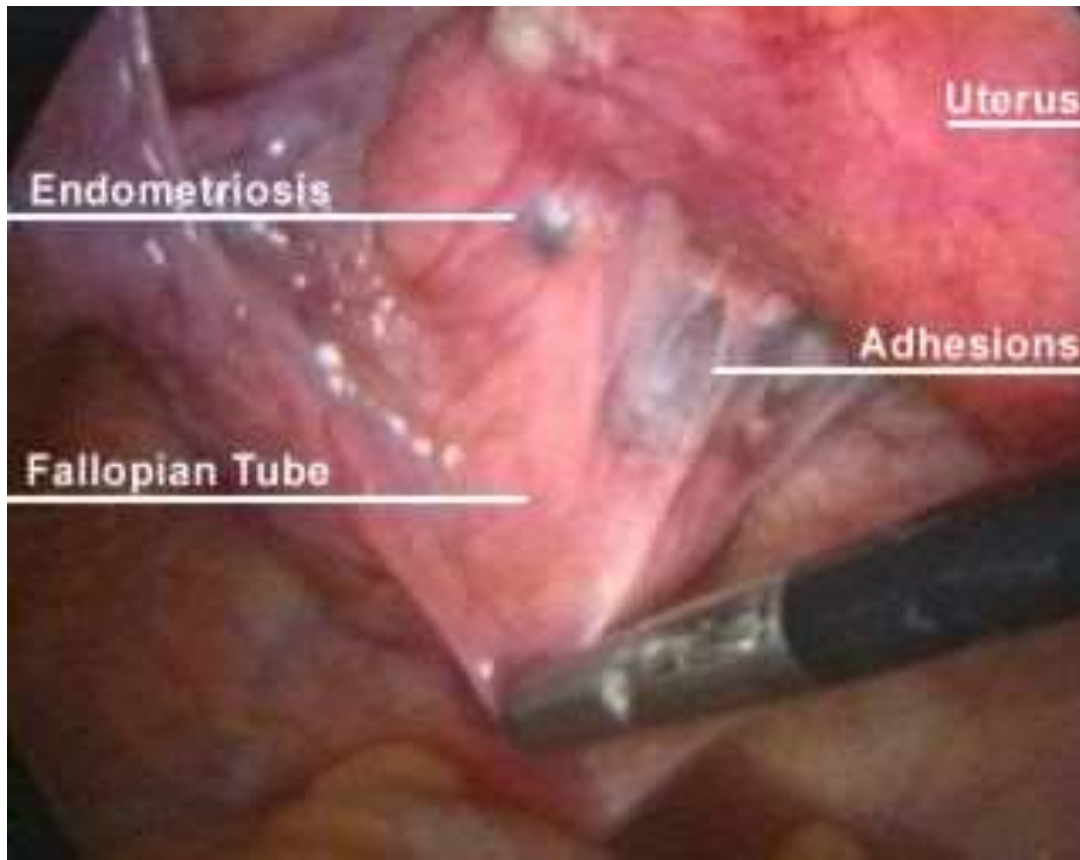
- Painful menstrual periods
- Pain in the lower abdomen (tummy), pelvis or lower back
- Pain during or after sex
- Painful bowel movements or painful urination during menstrual periods
- Bleeding between periods or heavy menstrual flow
- Difficulty getting pregnant (infertility)

The amount of pain a woman experiences is sometimes not linked to the degree of endometriosis.

You or your physician may suspect endometriosis based on signs, symptoms and findings on physical examination, the only way to definitively diagnose endometriosis is with a surgical procedure called a laparoscopy (Fig3) and confirm histologically by taking a biopsy of suspicious lesion.

Laparoscopy is an operation performed under general anaesthesia, where a small instrument called a laparoscope (a tube-like telescope with light in it), is inserted into the abdomen through a cut in the belly button.

Fig2.1: Identification of endometriosis at laparoscopy.



Endometriosis is often misdiagnosed leading to delays in treatment, sometimes for several years. Over 300 cases of Endometriosis have been diagnosed and treated at Nordica Lagos and Asaba over the years. Its diagnosis still poses a challenge, especially in terms of the availability of equipment and training of doctors to recognize the various modes of presentation of endometriosis. The goals of endometriosis treatment may include pain relief and/or enhancement of fertility

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How Endometriosis is treated?

Since the cure to endometriosis is yet to be discovered, the treatment option is usually tailored to the woman's needs, depending on the extent and type of symptoms, age and reproductive desires. In women whose primary concern is pain and not infertility, drugs ranging from Analgesics to the various hormonal preparations are useful. On the other hand, whatever pain relief that is achieved tends to be only temporal for the patients. This debilitating condition leads to emotional strains and adjustment disorders for which the role of a counselor cannot be ignored.

However, in women whose primary concern is infertility the hormonal drugs are not useful as most of them prevent conception. Surgery especially laparoscopy is useful in restoration of fertility in early stage of the disease (Stage 1 & 2) but not shown to be effective in advanced diseases (Stage 3& 4) except for diagnosis and debulking (reducing the extent of the adhesions in the abdomen/pelvis). There is a need to warn against repeated surgical interventions as this has been shown to contribute to decreased ovarian reserve and poor egg quality.

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Meanwhile, in patients with advanced diseases (including presences of endometriomas), Assisted Conception Techniques are probably the best option. Decisions to be taken during this process include; the type of drug regimen for ovarian stimulation and sometimes the source of eggs for treatment.

It is important to also mention that some patients who have been diagnosed with “Unexplained Infertility”, which means no abnormality in the basic tests results conducted for fertility evaluation may have endometriosis, if only a laparoscopy is done by a trained medical personnel.

In conclusion, many women with endometriosis still go about undiagnosed and they are mislabeled as having chronic pelvic inflammatory disease. Awareness of endometriosis is still inadequate in Africa together with poor access to state-of-the-art diagnostic and therapeutic facilities which contributes immensely to under reported data on endometriosis in our society.

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ALL YOU NEED TO KNOW ABOUT ENDOMETRIOSIS

MEANING

It is a condition in which tissue which normally grows inside the uterus grows outside the womb.

Endometriosis affects approximately **176 million women worldwide**

-Endometriosis Foundation of America

THOSE AFFECTED



Endometriosis is a common health problem affecting women **irrespective of class or race** who menstruate.

Endometriotic growths are benign and non-cancerous



ENDOMETRIOSIS WARNING SIGNS



Severe menstrual cramps or chronic abdominal pain



Difficulty in becoming pregnant



Bleeding



Digestive problems

CAUSES

- Unknown
- Problems with menstrual period flow.
- Genetic factors
- Hormones
- Surgery: During a surgery that involves opening into the cavity of the uterus e.g. C-Section

EFFECTS OF ENDOMETRIOSIS



It can block the fallopian tubes when growths cover the ovaries or directly affects the tubes



Inflammation

It forms scar tissue and adhesions



Problems in your intestines and bladder

IDENTIFYING ENDOMETRIOSIS

It can be diagnosed through:

Ultrasonography • Laparoscopy • MRI

THE WAY OUT

There is currently no cure for endometriosis, but there are treatments that can help manage it.

NORDICA FERTILITY CENTER PROVIDES:

- Treatment for pain from endometriosis such as pain medications, Hormone Therapy or surgery.
 - In vitro fertilization (IVF) for patients trying to get pregnant.
 - Hysterectomy in severe cases of endometriosis. This is typically considered a last resort.
- For more information visit www.nordicalagos.org or call 234(0)807 434 3437, 234(0)0807 434 3437

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Summary

We shall end this e-book with a strong concluding paragraph or a Call-To-Action.

In other words, we want the reader to do the following after reading this e-book

- Be informed about endometriosis
- Get their fertility issues resolved, visit any of the Nordica Fertility Centers in Lagos, Abuja or Asaba
- [Share this e-book/Tell a friend.](#)

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Resources

- **Helpful websites:**– www.nordicalagos.org;
www.endometriosis-sgn.org
- **E-mail address:** – info@nordicalagos.com
- **Social media profiles:** –
www.facebook.com/nordicalagos;
www.facebook.com/endometriosis.sgn;
Twitter: [@nordicalagos](https://twitter.com/nordicalagos)
- **Nordica Lagos Centre:** 106/108 Norman Williams street, Ikoyi, Lagos.

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