

ENDOMETRIOSIS

Endometrium is the Latin name for the tissue (mucous membrane) that lines the inside of the uterus. Endometriosis is a condition where this tissue starts growing in other places such as the ovaries, fallopian tubes, the bladder, the peritoneum, or the intestines. The disorder can cause infections, bind organs together (adhesion), and scarring. There are varying degrees of severity to the condition.

CAUSES

What exactly causes endometriosis cannot be determined. The most likely theory is retrograde menstruation: rather than being bled out of the body, menstruation blood flows backwards through the fallopian tubes. Therewith flow endometrial cells which attach themselves to the pelvic walls and other organs. The chances of getting endometriosis are about 4 times higher if your mother or sister has had the condition.

SYMPTOMS

- ❖ Sharp menstrual cramps
- ❖ Chronic pains in the lower abdomen
- ❖ Tiredness and lack of sleep due to pains
- ❖ Pains during intercourse (if the endometriosis is in the rectum, vagina, or cervix)
- ❖ Ovarian cysts - also called “chocolate cysts”
- ❖ Pains when urinating/excreting
- ❖ Undesired infertility

It is well acknowledged that endometriosis and severe menstrual pains go hand in hand. However, it is slightly less known that the majority of women with endometriosis do not experience any symptomatic pains whatsoever. These women are generally diagnosed by chance, e.g. during a medical intervention

for another disease or an examination related to undesired infertility.

DIAGNOSIS

The only proper diagnosis for endometriosis is with a laparoscopy: a biopsy requiring a small surgical procedure through your abdominal cavity. However, your doctor might already suspect endometriosis beforehand and can make a diagnosis based only on the details of your symptoms. In some cases, it is possible to feel the endometriosis through a usual gynaecological examination, especially if it's between the vagina and rectum or in the form of ovarian cysts. It is generally possible to see bigger cysts through an ultrasound.

In many cases, women with endometriosis have higher levels of the cancer antigen CA-125 in their blood. Though it can be used as a biomarker for diagnosis it is mostly used to follow the development of a patient's condition post-treatment.



TREATMENT

Endometriosis is generally treated with both medicine and surgery. In Denmark there are regional delegations with teams of experts, so particularly severe cases of endometriosis get treated at Rigshospitalet in Copenhagen or Skejby Hospital in Århus.

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Medical Treatment

The most efficient treatment is the contraceptive pill without any breaks. That means taking the pill non-stop until you start bleeding, then take a 3-day break, and start taking it again on the 4th day. This is very efficient whilst in action, but the condition tends to return if the patient stops taking the pill.

- ❖ Mirena, or the hormonal IUD: it reduces bleedings and pains and is the most efficient among women with painful periods.
- ❖ Painkillers can be necessary: f.ex. a combination of arthritis pills (NSAID) and Panodil (paracetamol). This only removes the pain and has no effect on endometriosis itself.
- ❖ Visanne® (dienogest): progestogen tablets approved as a treatment for endometriosis.
- ❖ GnRH analogue: Zoladex® injection every 3rd month.

READ MORE AT:

The Endometriosis Association: www.endo.dk

The Unified Danish eHealth (in Danish): <https://www.sundhed.dk/borger/patienthaandbogen/kvindesygdomme/sygdomme/oevrige-sygdomme/endometriose/>

WHO CAN I CALL WITH QUESTIONS?

You are welcome to call Kvindeklivnikken every weekday from 8.00 - 15.00 on 36 46 71 40.

Revised April 2020. To be revised on an ongoing basis and certainly no later than 1 April 2022, before in case of any significant changes.

ENDOMETRIOSIS AND PREGNANCY

Endometriosis can reduce fertility, mainly due to adhesion or scarring around the fallopian tubes. In such cases it is often necessary to use the in-vitro (IVF) method for future pregnancies.

Though endometriosis induced pains can thankfully be relieved in most cases, some patients unfortunately suffer of chronic pains. If so, we recommend getting in touch with the Endometriosis Association (Endometriose-foreningen) for support and advice on what you can do.