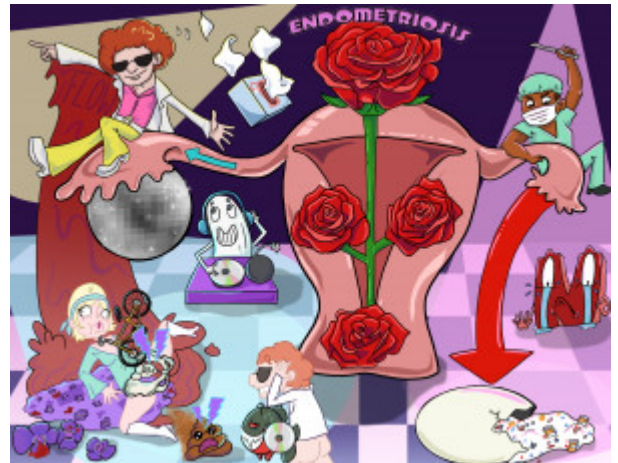


## Endometriosis

Endometriosis is a condition in which endometrial tissue exists outside of the uterus. Ectopic endometrial tissue is commonly found near the ovaries; however, it may also be present in more distant sites such as the stomach or lungs. Although it is unclear how endometrial tissue becomes attached to sites outside the uterus, the most common belief is that retrograde menstrual flow travels backward through fallopian tubes carrying endometrial tissue into other areas of the pelvic where it implants. Women with endometriosis may experience painful menses, cyclic pelvic pain, irregular vaginal bleeding, pain with defecation, and pain during intercourse. NSAIDs can be used to decrease the pain associated with endometriosis, and other medications may be used to suppress ovulation; however, the only definitive cure for endometriosis is surgical intervention. A conservative approach involves a laparotomy to removal ectopic endometrial tissue, while a more extensive option is to undergo a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO).



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### Cause

#### Endometrial Tissue Outside Uterus

##### [Endometrial Tissue-box Outside Uterus](#)

Endometriosis is a condition in which endometrial tissue exists outside of the uterus. Ectopic endometrial tissue is commonly found near the ovaries; however, it may also be present in more distant sites such as the stomach or lungs. Though no longer in the uterus, this tissue still responds to ovarian hormones.

#### Retrograde Menstrual Flow

##### [Retro-guy Flow](#)

Although it is unclear how endometrial tissue becomes attached to sites outside the uterus, there are several theories. The most common belief is that retrograde menstrual flow travels backward through fallopian tubes, carrying endometrial tissue into other areas of the pelvis where it implants.

### Assessment

#### Dysmenorrhea

##### [Disc-man-tampon](#)

After years of painless menstrual cycles, women with endometriosis may report painful menses. This is called dysmenorrhea.

#### Cyclic Pelvic Pain

##### [Cycle Pelvis with Pain-bolt](#)

Women with endometriosis may experience cyclic pelvic pain that corresponds with the rupturing of cysts. Because ectopic endometrial tissue continues to 'menstruate,' blood collects in cysts. Acute pain will occur after a cyst ruptures, followed by a period of painlessness.

#### Irregular Vaginal Bleeding

##### [Irregular Vagina-violet Bleeding](#)

Irregular vaginal bleeding may also be a sign of endometriosis. Women who experience frequent, irregular bleeding should seek medical attention.

#### Pain with Defecation

##### [Pain-bolt while Pooping](#)

The formation of adhesions and strictures within the pelvic cavity may cause constipation and pain with defecation, depending on the severity.

## Dyspareunia

### [Painful Sex with Disc-piranha](#)

Dyspareunia, or painful intercourse, may be a sign of endometriosis.

## Interventions

### Medications to Decrease Ovulation

#### [Medications and Down-arrow Oval-egg](#)

Medications that can be used to suppress ovulation include progestin agents, such as medroxyprogesterone, synthetic androgens such as danazol (Danocrine), or GnRH agonists such as leuprolide (Lupron) and nafarelin (Synarel).

### NSAIDs

#### [N-sad](#)

Non-steroidal anti-inflammatory drugs, such as ibuprofen and diclofenac (Voltaren) can be used to decrease the pain associated with endometriosis.

### Surgery

#### [Surgeon](#)

Surgical interventions to treat endometriosis vary according to the severity of the condition, and the patient's desire to become pregnant. A conservative approach involves a laparotomy to remove ectopic endometrial tissue. This option may be used for women who wish to get pregnant. A more extensive option is to undergo a total abdominal hysterectomy and bilateral salpingo-oophorectomy (TAH-BSO). This procedure involves removing the uterus, cervix, fallopian tubes, and ovaries.