



## GYNEC CARE

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### Endometriosis:

Importance of early detection &  
timely intervention

A case study by

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# Introduction

Endometriosis is a prevalent condition & affects women during their prime years. 1 in 10 women have Endometriosis during their reproductive years.

According to World Endometriosis Research Foundation's prospective Global Study of Women's Health , 64% of the women when diagnosed, are less than 30 years of age.

Younger the age at onset, more severe is the disease.

It affects the quality of life of a woman by causing chronic pelvic pain, severe Dysmenorrhea, Dyspareunia & Infertility.

## Case Study

This case report describes a 36 year old nulliparous woman married for 4 years. She gave history of severe Dysmenorrhea since menarche. The Dysmenorrhea used to be so severe that she often skipped school during periods & took analgesics prescribed by her family doctor. She & her family never felt this to be a reason to visit a Gynecologist.

After she got married, she experienced severe Dyspareunia which almost continued as chronic pelvic pain. Her Dysmenorrhea also worsened & gradually she was never pain free.

She then visited a Gynecologist & was diagnosed on ultrasound to be having Endometriosis with Adenomyosis with chocolate cysts. She was advised to undergo Laparoscopy but she refused surgery.

She kept on changing doctors. She was put on GnRH agonist depot & Dienogest one after another for 1 year, but she never got relieved from pelvic pain despite medication. She took analgesics almost daily. At times she had to be rushed to hospital in emergency with severe pain & had to be given Voveran injection.

She then underwent Laparoscopy with clearance of Endometriosis in some other hospital followed by Lupride depot & Dienogest again for almost 18 months. She had partial relief for few months, but gradually she was back to her previous condition. Pain became so incapacitating that she had to leave her job. She took Inj. Voveran for pain relief every other day.

She & her family were so disturbed by her poor quality of life that they came to our hospital for a permanent solution of pain relief. They were counseled for conservative surgery followed by IVF in view of infertility. The risk of recurrence was also explained. The family opted for Hysterectomy.

They were counseled for bowel/bladder injury, subtotal Hysterectomy and Laparotomy. Her pelvis was almost frozen with severe Endometriosis. Total Laparoscopic Hysterectomy along with Adhesiolysis was done. Ovaries were conserved in view of her young age. Post-operatively, she was completely relieved of her pain & we gave her Dienogest 2mg for 3 months.

She is leading a completely pain-free life today. She has adopted a baby & has started working as well.

## Conclusion

The aim of this study was to focus upon the importance of early detection of Endometriosis

- A clinician should always think of Endometriosis as a differential diagnosis, if a woman presents with chronic pelvic pain, Dysmenorrhea, Dyspareunia or unexplained infertility. A timely advised pelvic ultrasound may aid in early diagnosis.
- An early detection & timely intervention helps to prevent progression of the disease & preserves fertility.
- Endometriosis should be considered as a chronic disease which requires a long term management plan. This includes Laparoscopic surgery, medical therapy or a combination of both.
- The plan needs to be individualised according to the symptoms, stage & age at presentation of the disease.







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