

Endometriosis: the strategy for a long term management

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Endometriosis is a chronic disease that requires a life-long management plan including surgical, medical and fertility treatment, but also considering pregnancy outcome and long term onset of systemic comorbidities. The clinical symptoms (pain and infertility) and the imaging techniques, as 2D-3D ultrasound and/or MRI, contribute to distinguish between endometrioma (OMA), superficial endometriosis (SUP) or deep infiltrating endometriosis (DIE). According to the most update guidelines, the most appropriate management of endometriosis include a correct diagnosis and a personalized treatment. The three possible therapeutic options are: infertility clinic, surgical removal of the lesion or a medical treatment. Age, clinical symptoms (pain and infertility), desire of pregnancy, previous surgery, and type of endometriosis are the factors, which influence the choice.

Patients with OMA show frequently subfertility, reduced ovary reserve and adhesions that contribute to fixation of the pelvic organs and distortion of the anatomy. Surgical approach or medical treatment before or after fertility treatment should be carefully planned. SUP and DIE are characterized by severe pain and involvement of urinary and gastrointestinal tracts, with multifocal presentation. Patients with SUP and DIE often undergo multiple surgery and suffer the highest level of stress. The co-existence of uterine disorders, such as adenomyosis, worsen the clinical presentation of endometriosis and the consequences on fertility. In addition, a high incidence of systemic comorbidities, including psychiatric disorders, autoimmune and endocrine diseases, was observed in this population. Furthermore, patients with endometriosis, when pregnant, have significantly higher risk than general population to develop obstetric complications, including preterm birth, placenta previa, small for gestational age fetuses and postpartum hemorrhage.

In conclusion, endometriosis is a chronic disease and long-term strategies and an integrated approach is required, including medical treatments with a combined hormonal and non-hormonal drugs for targets multiple site of action. A patient-centered approach and a goal-oriented approach are essential to choose the best management option, however the clinician should also consider the long term consequences in terms of pregnancy outcome and systemic comorbidities.