






Endometriosis

Endometriosis is a common and often debilitating condition defined by the presence of endometrial cells outside the uterus. It is estimated to affect 5-10% of Australian women, including adolescents. Early diagnosis is essential as delayed diagnosis can lead to infertility. Endometriosis commonly presents with dysmenorrhoea and pelvic pain. Supervisors can help their registrars develop an approach to such symptoms and proactively diagnose and manage this condition.

TEACHING AND LEARNING AREAS 	<ul style="list-style-type: none"> • Appropriate history-taking and examination, including red flags • Differential diagnoses of typical symptoms – dysmenorrhoea, pelvic pain • Appropriate investigations • Pharmacological management • Indications for referral and local pathways 				
PRE-SESSION ACTIVITIES 	<ul style="list-style-type: none"> • Read the Jean Hailes Endometriosis tool 				
TEACHING TIPS AND TRAPS 	<ul style="list-style-type: none"> • The onset of symptoms related to endometriosis often occurs in adolescence • Always consider and exclude pregnancy • Endometriosis can impact significantly on mental health • Have a high index of suspicion as diagnosis is frequently delayed for many years • Family history of endometriosis is common • False negative transvaginal USS results are not uncommon • Women who fail an initial trial of hormonal treatment should be referred for specialist review 				
RESOURCES 	<table border="1"> <tbody> <tr> <td data-bbox="335 1601 430 1702">Read</td> <td data-bbox="430 1601 1487 1702"> <ul style="list-style-type: none"> • 2012 Australian Prescriber article Medical Management of Endometriosis • RANZCOG-linked 2014 ESHRE guideline: management of women with endometriosis </td> </tr> <tr> <td data-bbox="335 1702 430 1780">Watch</td> <td data-bbox="430 1702 1487 1780"> <ul style="list-style-type: none"> • Jean Hailes webinar on Endometriosis </td> </tr> </tbody> </table>	Read	<ul style="list-style-type: none"> • 2012 Australian Prescriber article Medical Management of Endometriosis • RANZCOG-linked 2014 ESHRE guideline: management of women with endometriosis 	Watch	<ul style="list-style-type: none"> • Jean Hailes webinar on Endometriosis
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FOLLOW UP & EXTENSION ACTIVITIES 	<ul style="list-style-type: none"> • Registrar to undertake clinical reasoning challenge and discuss with supervisor 				

Endometriosis

Clinical Reasoning Challenge

Taylor Fisher is a 19-year-old student who complains of increasingly painful periods over the past 18 months. She describes a regular, five day long menstrual period, with deep pelvic pain on all days of her period. She has been taking naproxen with minimal benefit. She tells you that her mother had endometriosis.

QUESTION 1. You suspect a diagnosis of endometriosis. What are the MOST IMPORTANT features on history to exclude other causes of her dysmenorrhoea and pelvic pain? List up to SIX.

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____
- 6 _____

QUESTION 2. Further history supports a likely diagnosis of endometriosis. What investigations are MOST IMPORTANT in establishing the diagnosis and excluding other causes? List up to THREE.

- 1 _____
- 2 _____
- 3 _____

QUESTION 3. Investigations further support a diagnosis of endometriosis. What is the MOST IMPORTANT next step in management? List ONE.

- 1 _____

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ANSWERS

Taylor Fisher is a 19-year-old student who complains of increasingly painful periods over the past 18 months. She describes a regular, five day long menstrual period, with deep pelvic pain on all days of her period. She has been taking naproxen with minimal benefit. She tells you that her mother had endometriosis.

QUESTION 1

You suspect endometriosis. What are the MOST IMPORTANT features on history to exclude other causes of her dysmenorrhoea and pelvic pain? List up to SIX.

- Sexual history – risk of STI/PID
- Contraceptive history – risk of pregnancy
- Abnormal uterine bleeding e.g. IMB/PCB – risk of STI/PID
- Constitutional symptoms e.g. weight loss, fevers
- Urinary symptoms
- GI symptoms

QUESTION 2

Further history supports a likely diagnosis of endometriosis. What investigations are MOST IMPORTANT in establishing the diagnosis and excluding other causes? List up to THREE.

- Pregnancy test
- PCR chlamydia
- Transvaginal (or pelvic) USS

QUESTION 3

Investigations further support a diagnosis of endometriosis. What is the MOST IMPORTANT next step in management? List ONE.

- Trial hormonal therapy – OCP or Mirena IUD