

# 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.

<p><b>TEACHING AND LEARNING AREAS</b></p> 	<ul style="list-style-type: none"> <li>• Appropriate history-taking and examination, including red flags</li> <li>• Differential diagnoses of typical symptoms – dysmenorrhoea, pelvic pain</li> <li>• Appropriate investigations</li> <li>• <a href="#">Pharmacological management</a></li> <li>• Indications for referral and local pathways</li> </ul>				
<p><b>PRE-SESSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Read the <a href="#">Jean Hails Endometriosis tool</a></li> </ul>				
<p><b>TEACHING TIPS AND TRAPS</b></p> 	<ul style="list-style-type: none"> <li>• The onset of symptoms related to endometriosis often occurs in adolescence</li> <li>• Always consider and exclude pregnancy</li> <li>• Endometriosis can impact significantly on mental health</li> <li>• Have a high index of suspicion as diagnosis is frequently delayed for many years</li> <li>• Family history of endometriosis is common</li> <li>• False negative transvaginal USS results are not uncommon</li> <li>• Women who fail an initial trial of hormonal treatment should be referred for specialist review</li> </ul>				
<p><b>RESOURCES</b></p> 	<table border="1"> <tbody> <tr> <td data-bbox="335 1617 430 1724"><b>Read</b></td> <td data-bbox="430 1617 1498 1724"> <ul style="list-style-type: none"> <li>• 2012 Australian Prescriber article <a href="#">Medical Management of Endometriosis</a></li> <li>• RANZCOG-linked 2014 <a href="#">ESHRE guideline: management of women with endometriosis</a></li> </ul> </td> </tr> <tr> <td data-bbox="335 1724 430 1809"><b>Watch</b></td> <td data-bbox="430 1724 1498 1809"> <ul style="list-style-type: none"> <li>• Jean Hailes webinar on <a href="#">Endometriosis</a></li> </ul> </td> </tr> </tbody> </table>	<b>Read</b>	<ul style="list-style-type: none"> <li>• 2012 Australian Prescriber article <a href="#">Medical Management of Endometriosis</a></li> <li>• RANZCOG-linked 2014 <a href="#">ESHRE guideline: management of women with endometriosis</a></li> </ul>	<b>Watch</b>	<ul style="list-style-type: none"> <li>• Jean Hailes webinar on <a href="#">Endometriosis</a></li> </ul>
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<p><b>FOLLOW UP &amp; EXTENSION ACTIVITIES</b></p> 	<ul style="list-style-type: none"> <li>• Registrar to undertake clinical reasoning challenge and discuss with supervisor</li> </ul>				

# 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