

# EVALUATION AND TREATMENT OF 36 CASES OF ENDOMETRIOSIS

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## SUMMARY

A high incidence of endometriosis (18%) was noted as a result of cases being subjected to diagnostic laparoscopy even with minor symptoms. Age range was 18-49 years showing that disease occurs even at an early age.

Parity did not exceed 2 and more than 4 years had elapsed since last child birth in most cases. Frequent M.T.P., long standing intentional infertility and prolonged duration of infertility of more than 5 years were significant susceptible factors.

### Introduction

The prevalence of endometriosis in our country is still undetermined. Apart from sporadic reports of a few cases of scar endometriosis, very few elaborated study of appreciable number of cases have been reported in India. Its incidence is not rare in this part of globe. With the liberal use of diagnostic aids like laparoscopy more cases are diagnosed than before.

symptoms and associated pathology. The cases were classified according to Acosta *et al's* classification. A detailed approach to both medical treatment and conservative surgery attempted is presented. The pregnancy rate following the treatment was recorded and analyzed during this short period of study.

### Observations

Out of 200 diagnostic laparoscopies carried out for various indications during the year 83-84; 36 cases of endometriosis were diagnosed (incidence of 18%).

The various preoperative indications are shown in Table No. I.

There were 10 cases (27.8%) of mild, 16 (44.4%) cases of moderate and 10 (27.8%) cases of severe endometriosis. Bilateral involvement was often seen in advanced disease.

### Material and Method

The present study reports on 36 cases of endometriosis from Jan '83 — Aug '84 at M.C.K.R. Hospital. The diagnosis was confirmed by laparoscopy/or laparotomy in all cases. Various susceptibility factors like age, parity, socio-economic status, duration of infertility, physique and personality traits were noted with different presenting

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TABLE I  
Sign and Symptoms according to severity of Endometriosis

Sign & Symptoms	No. of cases	Endometriosis		
		Mild	Mod	Severe
Menstr. Irreg.	21	3	3	9
Dysmenorrhoea	20	3	9	8
Dyspareunia	13	3	6	4
Infertility	16	6	6	4
Bowel symptoms	4	-	2	2
Bladder symptoms	1	-	-	1
Tumour	3	-	1	2
Chr. pain in abdomen	10	1	7	2
RV/RF uterus	13	4	3	6
Nodularity in Cul-De-Sac	13	2	8	3
Free fluid	14	8	5	1

The youngest patient was 18 years old and the oldest 49. In the fertile age group of 20-40 years there were 31 cases (86%). Nulliparity was present in 12 cases (33.3%) and parity did not exceed 2 in most cases. There were only 3 cases of para 3.

The period of last delivery ranged from 1½ to 19 years and more than 4 years had elapsed since the last child birth in 75% cases.

There were only 2 and 5 cases of poor and middle socio-economic status respectively. Rest belonged to higher class and rich family. 99% were literate and about 70% of them were tense and working women. The long standing intentional infertility was present in 16 cases (44.4%) in the form of sheath contraception and L.U.C.D. There was H/O sterilization done in three cases.

H/O M.T.P. done once or twice was present in 8 cases and most of them had it done after their last delivery.

There was H/O curettage in 16 cases out of which 7 were cases of unexplained pelvic pain, 2 of D. U.B. and 7 of primary

infertility. These had also been treated with either hormones, anti-inflammatory drugs or antibiotics. The point to be stressed is that correct diagnosis was possible in these cases through laparoscopy. Nine out of 16 infertile women had the duration of infertility more than 5 years.

Various reported symptoms are depicted in Table I the prime one being menstrual irregularities followed by infertility and chronic pelvic pain. Various symptoms had co-existed. Dysmenorrhoea, dyspareunia, menstrual irregularities and finding of retroverted or retroflexed uterus was more commonly seen in advanced stage; but the absence of these signs and symptoms also revealed endometriosis on laparoscopy. There was endometriotic nodule present at the posterior vaginal wall in one case of primary infertility and over the cervix in another case. Free blood stained fluid in P.O.D. was commonly observed in early endometriosis.

Laparotomy was done in 12 cases out of which 9 underwent conservative surgery for fertility enhancement, pain control or removal of ovarian masses as shown in Table II.

TABLE II  
Different Surgical Procedure

	No. of cases
Unilat SO with lysis of adhesion with or without Myomectomy	4
Unilat/Bilat OV. cystectomy	3
Bilant partial oophorectomy	1
T.A.H. with B.S.O.	1
Subtotal abd. hysterectomy with B.S.O.	3

Various operative procedures done at the time of diagnostic laparoscopy are shown in Table III.

TABLE III  
Various Operative Laparoscopic Procedures

	No. of cases
Puncture of OV. Cyst.	
Cauterization of end.	5
Fimbriolysis	3
Adhesionolysis	6
Removal of seedling myoma	4
Fulguration of Endo. nodule over (OV. lig Uterosacral lig and surface of uterus) Biopsy Ovary	6

Danazol was given as the first line of treatment in 11 cases in the dose of 200-400 mg/day for atleast 3 months and Farlutal-2 BD x 3-6 month was given in 16 cases. In 2 cases Danazol was given after 3 month course of Farlutal because of persistence of

symptoms. Side effects in the form of weight gain in 2 and hoarseness of voice in 1 case was noticed with Danazol.

Table IV shows the pregnancy rate. Four patients conceived within 6 m—1 year during therapy, No. co-relation with the type of therapy, course of therapy and severity of disease was noticed.

Six cases were lost to follow up immediately after the diagnosis was made. At the end of 1½ year 9 patients out of 13 are completely symptom free and not on any drug.

#### Discussion

The value of laparoscopy in making diagnosis of endometriosis has been confirmed by Cohen (1975, 1977) and Chalmer (1979), and the apparent rise in the incidence of endometriosis in our cases proves the same. Henrikson (1955) had suggested that the disease is diagnosed on a careful history and a thorough examination. In our series, 22.2% cases of chronic pain in abdomen and 44.4% of infertility had revealed endometriosis on diagnostic laparoscopy. It still remains a disease of high socioeconomic class and the psychic demeanor noticed in our cases were almost the same as mentioned by Kistner (1979). Sadiq *et al* (1977) and Rock (1982) had found the duration of infertility above 10 years. In our cases, 56.5% had infertility of more than 5 years but the duration of infertility

TABLE V  
Pregnancy Rate Conception—4 (25%)

	No. of Cases	Endometriosis			Infertility		Drug	
		Mild	Mod.	Severe	Pm	Sec	Danazol	Farlutal
Full term Preg.	2	1	2	-	1	1	1	1
Ectopic Preg.	1	-	1	-	-	1	1	1
1st Tri. abortion	1	-	-	1	1	-	-	1

was not related to the severity of endometriosis. Cohen (1977) had found that patient with unexplained infertility exhibits higher incidence of endometriosis and in our cases in 6 no other cause of infertility except the presence of mild endometriosis was revealed only on laparoscopy.

According to Chatman (1976) this disease takes a decade or so after the last child birth to manifest itself and more than 4 years had elapsed since the last child birth in 75% cases. Peterson (1970) had suggested that endometriosis is associated not only with failure to conceive but also a great probability to abort. In Rock's (1982) series 54% conceived following conservative surgery; 51% had live birth and spontaneous abortion rate was reduced to 20% after surgery. Also of the 62% who conceived 50% did in 1 year and 31% during 2-3 years. Garcia (1977) reported that patients with minimal disease conceive without medical or surgical therapy.

The validity of results in term of pregnancy rate in our study is difficult to evaluate because of short follow up of cases at this stage. Further follow up of cases is still continued.

#### Conclusion

The liberal use of laparoscopy has made the diagnosis of endometriosis possible in more cases. It is recommended that laparoscopy should be done on all patients with

chronic pelvic pain. It should be an integral part of the investigation of long standing infertility. Both conservative surgery and medical treatment with newer drug Danazol are complementary in most cases and to see the effect of treatment a second look laparoscopy should always be done.

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