

EP 02.08: Challenging prior assumptions: does a correlation between polycystic ovarian morphology and endometriosis exist?



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Introduction

- Endometriosis and PCOM are among the most common gynecological disorders, both significantly affecting quality of life.
- Historically thought to be mutually exclusive, recent observations challenge this assumption.

Objective: Investigate the prevalence of PCOM among patients with endometriosis and explore clinical correlations.

Materials and Methods

Design: Retrospective cohort study.

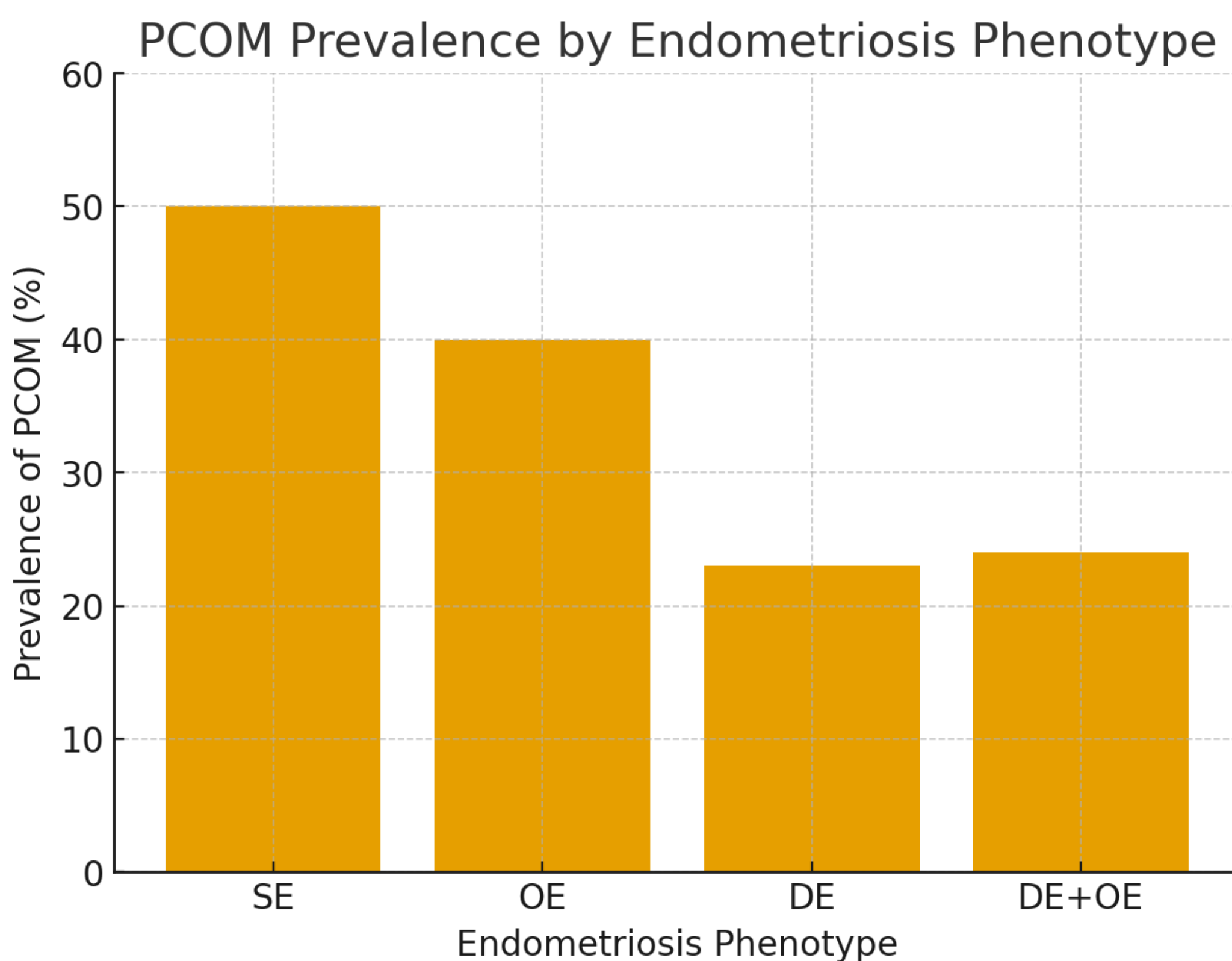
Population: 166 patients undergoing endometriosis-targeted ultrasound at a tertiary gynecological clinic (Canada).

Definitions:

Endometriosis classified as: superficial (SE), ovarian (OE), deep (DE).

PCOM defined as ≥ 20 follicles (2–9 mm) and/or ovarian volume >10 ml (without dominant follicle/cyst).

Analyses: Prevalence calculated; comparisons by t-tests and Chi-square.



Prevalence:

- 66/166 (40%) had PCOM.
- 101/166 (60%) had endometriosis.
- Among endometriosis patients, 37% also had PCOM.

Phenotype distribution:

- SE: 50% had PCOM.
- OE: 40% had PCOM.
- DE: 23% had PCOM.
- DE + OE: 24% had PCOM.

Demographics:

- Endometriosis-alone patients: significantly older, higher weight, higher BMI.
- Endometriosis + PCOM: lower gravida and parity.
- Phenotypic differences statistically significant.

Conclusion

- PCOM is **highly prevalent** in patients with endometriosis symptoms.
- Findings suggest a **possible pathophysiological overlap**, challenging the notion of mutual exclusivity.
- Clinical implications: PCOM may contribute to pelvic pain or act as a **risk factor** for endometriosis.
- **Next Steps:** Prospective studies to clarify causal links and shared mechanisms.

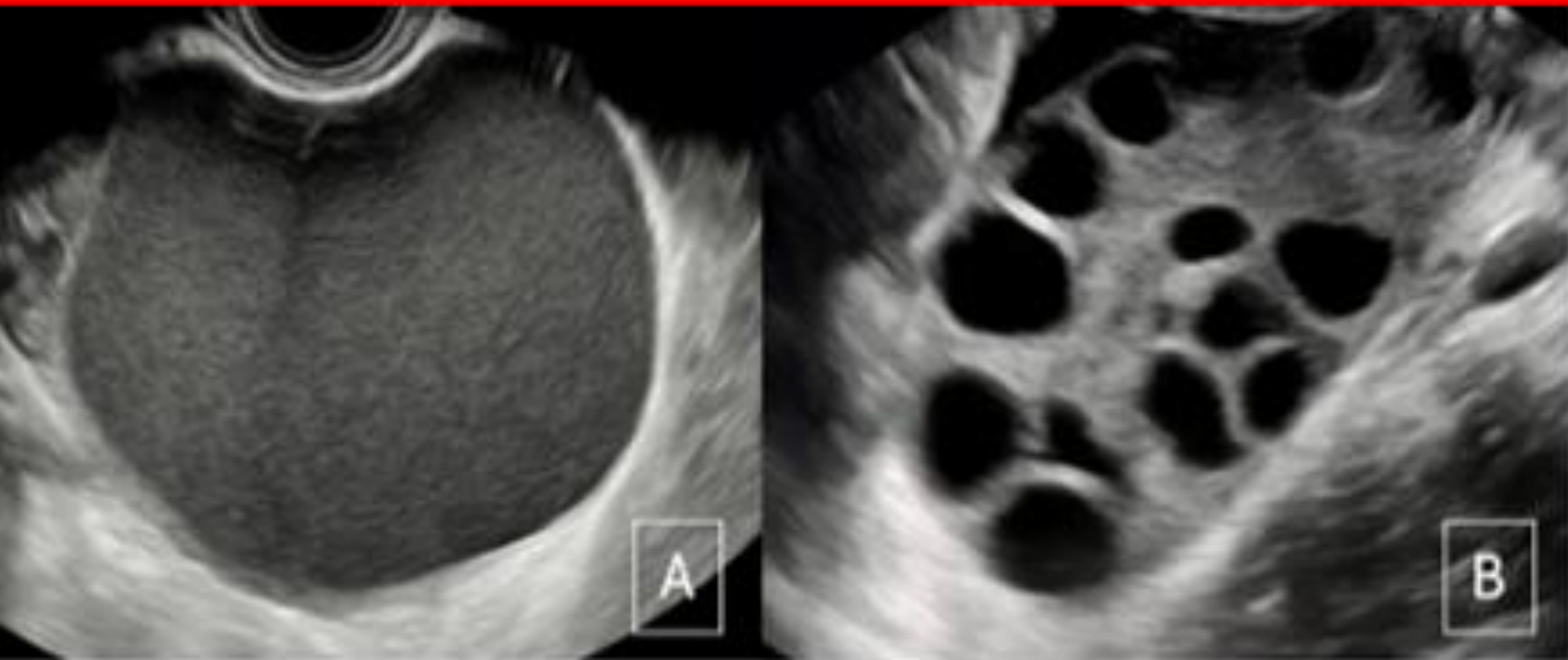


Figure 1. Ultrasound image of an endometrioma (A) and of an ovary with PCOM (B).

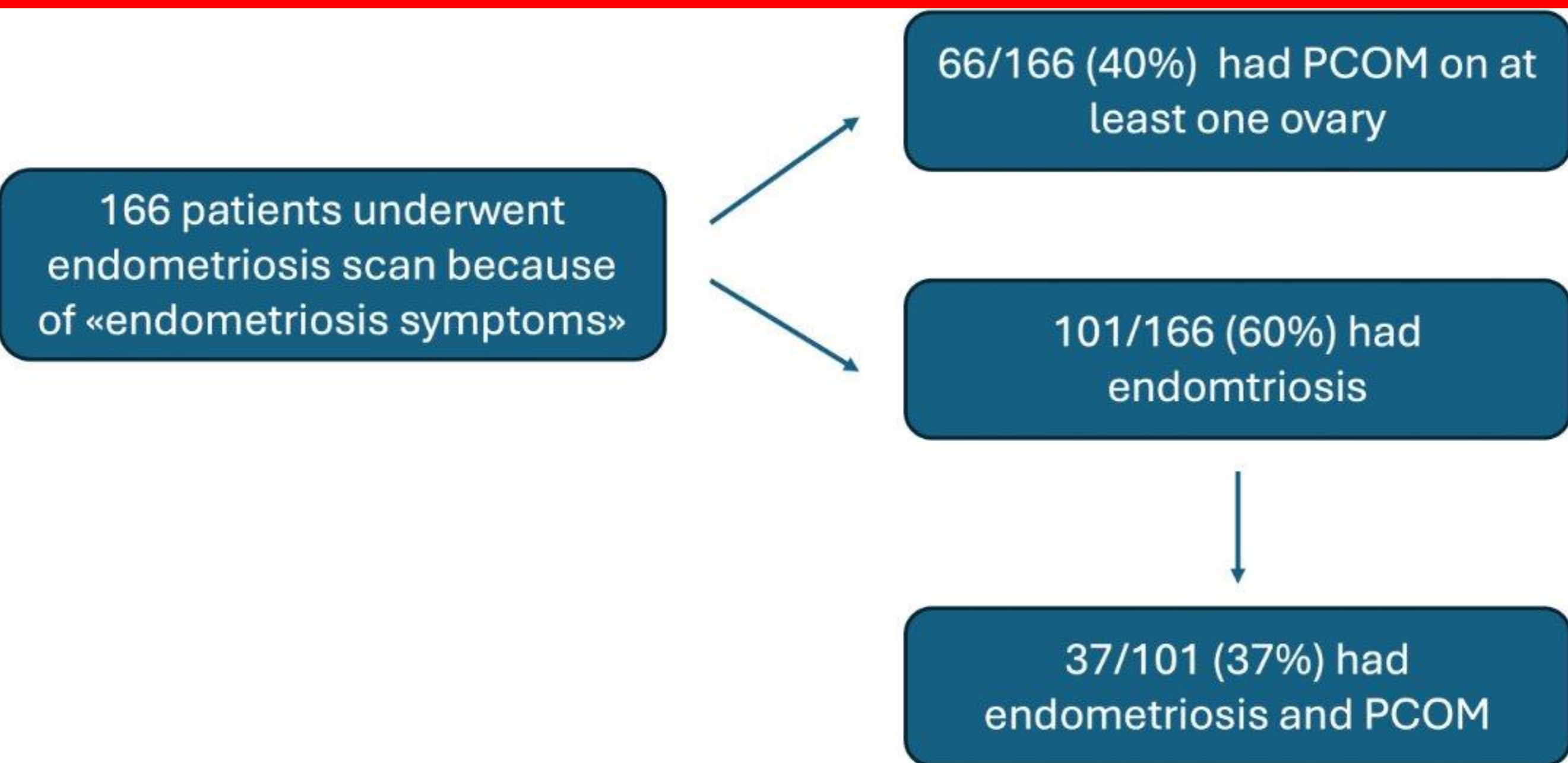


Figure 2. Participant flow throughout the study, including those with Endometriosis and PCOM

