



Association between location of endometriosis lesions and adenomyosis with patient symptoms

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Conclusions

Chronic pelvic pain and dyschezia were less common in women with isolated endometriomas but more common in women with isolated adenomyosis than in women with isolated endometriosis lesions in other locations.

No association observed between other symptoms and isolated endometriosis lesions in different locations.

Aim

to investigate possible association between isolated endometriosis lesions in the pelvis and presence of patient symptoms

Methods

- Women with symptoms suggestive of endometriosis and adenomyosis
- Transvaginal ultrasound examination
- IDEA consensus to describe lesions
- Presence and severity of symptoms assessed
- Visual analogue scale used for symptom intensity
- Dysmenorrhea, dyspareunia, chronic pelvic pain, dysuria, dyschezia

Results

n=228 women with isolated endometriosis lesions or adenomyosis

CPP and dyschezia less common in women with endometriomas compared to DE in any location
96(75%) vs 86 (89%), $p=0.010$ and (80(62) vs 72(74%), $p=0.053$

CPP and dyschezia more common in women with adenomyosis compared to endometriosis in any location
52 (88%) vs (130 (78%) and 45(76%) vs 107(64%), $p=0.099$ and $p=0.086$

No association between presence of dysmenorrhea, dyspareunia and dysuria and isolated endometriosis lesions in different locations .