

Endometriosis In African Women: Findings From A Cohort Of Reproductive Age Women Attending An Endometriosis Ultrasound Training Program

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INTRODUCTION

A hands-on capacity-building program in endometriosis ultrasound was conducted in Nairobi, Kenya, aimed at equipping reproductive healthcare (RHC) practitioners with the skills to competently perform specialised ultrasound for endometriosis.

Patient recruitment for the live scanning session was undertaken via social media using a 47-item screening questionnaire assessing symptoms, medical history, and quality-of-life impact.

Within 48 hours, 127 responses were received. Based on predefined inclusion and exclusion criteria, 35 reproductive-age women were invited to a pre-workshop information session and consented for participation. Ethics approval was granted by Mount Kenya University

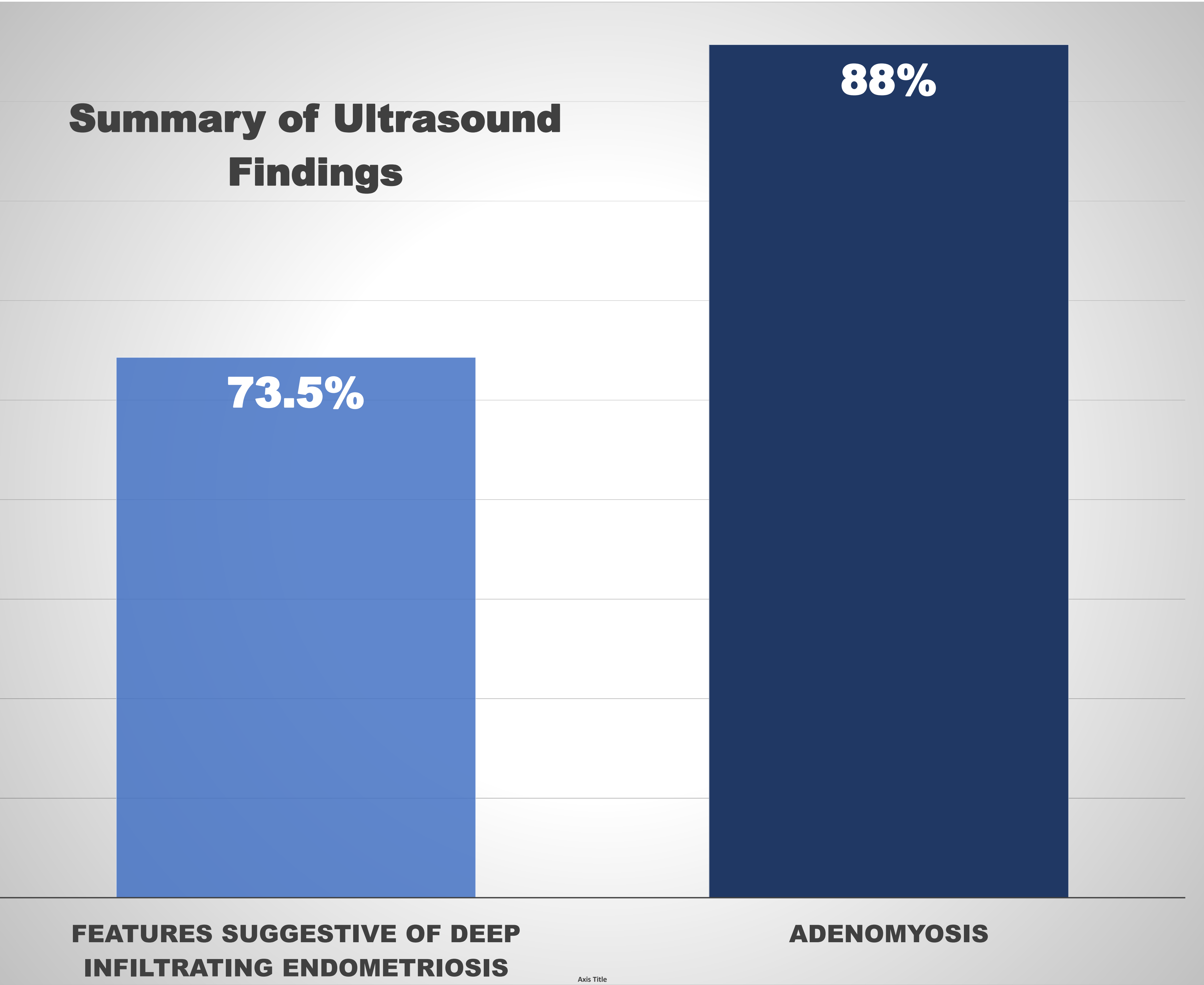
Scans were performed by six experienced gynaecology sonologists including UM, co author of IDEA consensus and 5 Domain approach to endometriosis ultrasound.

All evaluations adhered to the revised MUSA consensus for adenomyosis, the IDEA consensus for deep endometriosis, and standardized assessment of the pouch of Douglas (POD) using the sliding sign.

RESULTS

Specialized ultrasound evaluations were completed for 34 participants; one case was excluded due to intolerance of posterior compartment assessment.

14 (41.2%) had surgery prior to the workshop, 9 (29%) had hx of infertility and 8 (23.5%) had bowel DE.



With multivariate regression analysis, bowel DE, particularly when accompanied by bowel symptoms, emerged as the strongest independent predictor of surgery, with women nearly four times more likely to undergo surgical intervention (aRR 3.73, 95% CI 1.53–9.10, p=0.004).

In contrast, infertility lost significance after adjustment (aRR 1.76, 95% CI 0.80 – 3.88, p=0.164), suggesting its association with surgery was largely explained by the higher prevalence of bowel DE among infertile women

CONCLUSION

Failure to recognize bowel DE preoperatively may leave symptoms unresolved and fertility aspirations unmet.

These findings highlight the need to expand capacity-building initiatives in endometriosis ultrasound to enhance preoperative detection and better align local practice with global standards for early diagnosis and management