

Superior Hypogastric Block - Possible effective treatment for Refractory Endometriosis Pain

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OBJECTIVE

Chronic pelvic pain (CPP) is persistent lower abdominal pain that persists for longer than 6 months. It severely affects patients’ quality of life as well as their mental health. It also carries a significant economic and social burden, making effective management crucial. Superior hypogastric block (SHB) is considered a safe, minimally invasive procedure that has proven to be effective in treating CPP, with a success rate of 70 - 80%. Endometriosis, a leading cause of CPP, affects 6-10% of women of reproductive age, 35 - 50% of those suffer with pain or infertility. In the UK 1.5 million women suffer from endometriosis, costing the UK economy £8.2 billion annually. This study underscores the critical need for greater awareness, timely diagnosis, and accessible treatments.

DESIGN

A prospective observational clinical study aims to evaluate a novel treatment for endometriosis by blocking nerve pathways associated with pelvic pain at King’s College Hospital NHS Foundation Trust. To assess the effectiveness of SHB in alleviating symptoms and improving the quality of life for those suffering from endometriosis-related chronic pelvic pain, providing valuable insights into this promising treatment approach.

METHODS

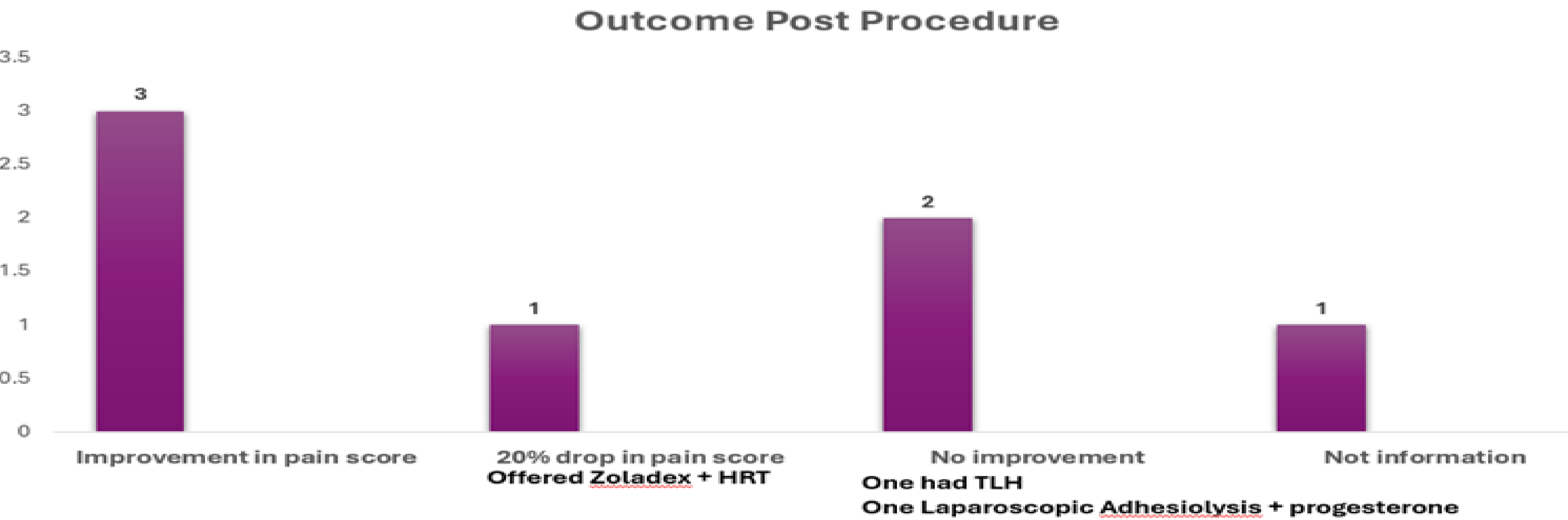
Prospective recruitment of women with CPP caused by severe endometriosis was conducted to assess the effect of SHB. Seven women chose to undergo the procedure, following the introduction of the SHB service at the trust.

RESULTS

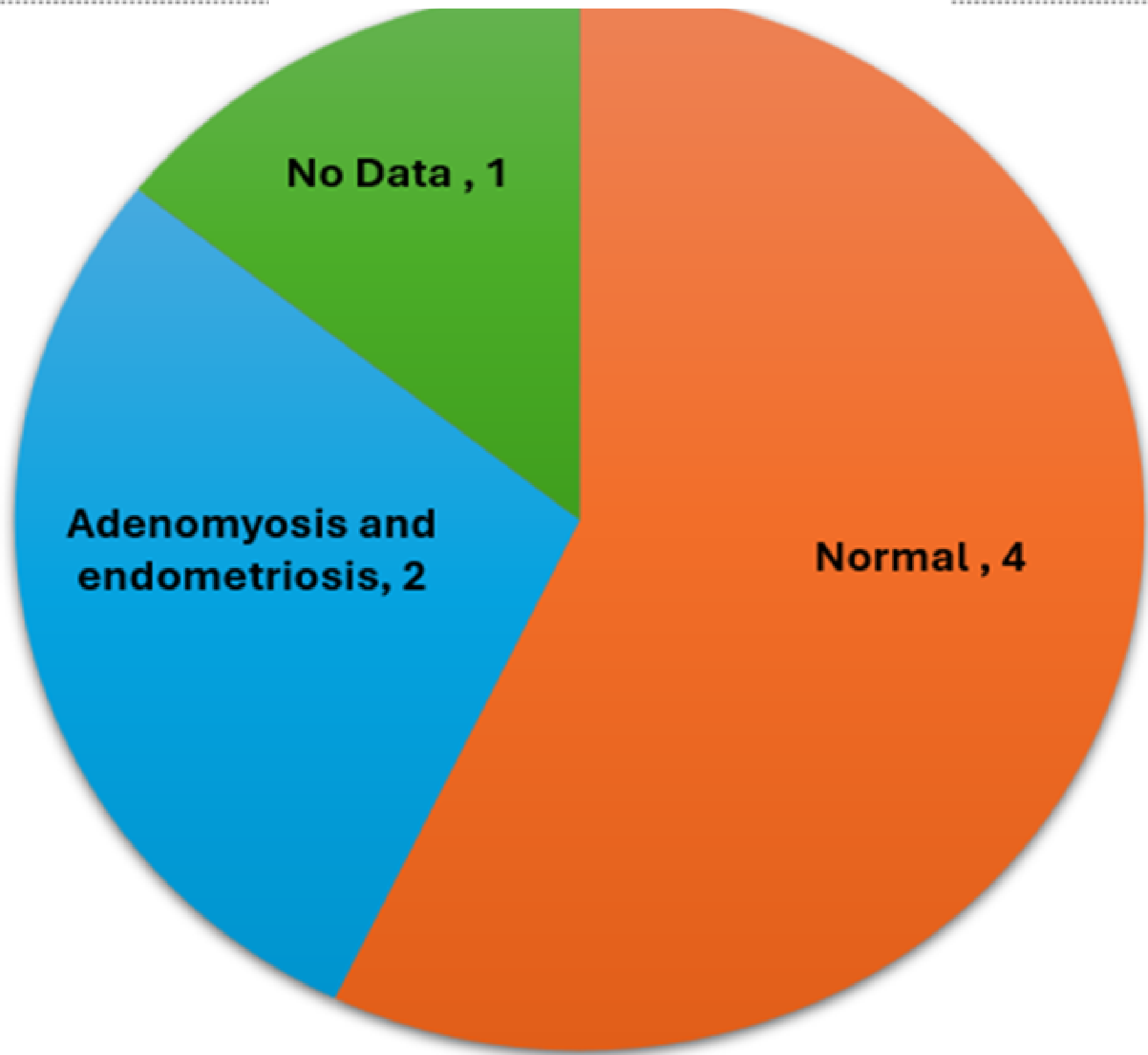
All patients were of White British ethnicity, aged between 24 and 41 years, with a BMI of less than 32. Recorded pre-procedure pain scores were above 5 out of 10. Primary indication for SHB was CPP secondary to endometriosis. Of the seven women, five had undergone prior surgical interventions, and three of five had received additional hormonal treatments. Ultrasound reports were available for three women: two had normal findings, while one showed evidence of adenomyosis and endometriosis. MRI results were normal in four women, whereas two showed adenomyosis and endometriosis. No intra- or post-procedure complications were reported. Post-procedure outcomes indicated that three women experienced symptom improvement, two showed no improvement (one subsequently underwent hysterectomy, and the other had laparoscopy followed by hormonal treatment), and no outcome data were recorded for the remaining two women.

CONCLUSION

SHB offers a potential option for managing refractory CPP, but our small sample size limits definitive conclusions. In our cohort, 42.8% of women showed improvement, highlighting the need for larger number to validate these findings. Future studies with a larger sample size would be beneficial in assessing SHB and its effect on refractory endometriosis pain.



MRI RESULTS



ULTRASOUNDS FINDINGS

