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Editorial

It is well known that endometriosis is a chronic inflammatory disease characterized by the presence of endometrial-like tissue outside the uterine cavity; the disease may be asymptomatic or it may cause pelvic pain and/or infertility. Endometriosis has been the objective of extensive research in the last 40 years; although several characteristics of this disease remain unclear, its diagnosis and management have significantly changed in the last 10 years. If fact, the attention of the physicians has progressively moved from the disease to the symptoms, the desires and the expectations of the patients. Based on this background, this Special Issue of the EJOGRB aimed to provide an updated overview of the current management of endometriosis.

The main limit to the successful treatment of endometriosis is the diagnosis of the disease. Although only laparoscopy provides a confirmed diagnosis of endometriosis [1], nowadays, one of the key topics in endometriosis management is the non-invasive diagnosis of deep infiltrating endometriosis (DIE) (lesions penetrating more than 5 mm under the peritoneal surface) which is the most severe form of the disease. A study included in the Special Issue presents a model predicting the presence of DIE in patients with ovarian endometriomas. Over the last few years, one of the major advances in endometriosis research has been the validation of transvaginal ultrasonography as the first-line investigation to diagnose DIE [2] and this Special Issue will include an update on the role of ultrasound in the diagnosis of DIE.

Pain is the most debilitating complain of patients with endometriosis. Two reviews included in the Special issue describe the mechanisms underlying endometriosis-associated pain including the alterations in the peripheral and central nervous system of women with endometriosis-associated pain and the direct innervation of endometriotic lesions. Hormonal therapy is the first-line treatment of endometriosis associated pain [3]. It primary aims to suppress ovarian function thus decreasing the effects of estrogen on ectopic endometrial implants. The studies included in this Special Issue demonstrate that a better understanding of the molecular pathways involved in the pathogenesis of endometriosis allows to prescribe drugs which are not only
efficacious in improving pain by decreasing estrogen levels but also by affecting cell proliferation, apoptosis, cell adhesion, inflammation and neuroangiogenesis. These drugs also have a role in improving symptoms and preventing disease recurrences after surgery. Since patients with endometriosis require a multidisciplinary long-term treatment, a deep knowledge of their symptoms and comorbidities allows to improve their quality of life. An original study included in this review showed that DIE is associated with impaired sleep quality while a review described the comorbidities of women with endometriosis, that may affect not only the quality of life but also the adherence of the patients to long-term hormonal therapies. Despite the efficacy of hormonal therapies for the treatment of endometriosis-associated pain, a review included in the Special Issue highlights the role of surgery in patients with symptomatic bowel stenosis, ureteral stenosis with secondary hydronephrosis, and when hormonal treatments fail.

Ovarian endometriomas affect a large portion of women with endometriosis and they can be reliably diagnosed by transvaginal ultrasonography [4]. Endometriomas may have a detrimental impact on the intrafollicular environment; however, they do not affect spontaneous ovulation and patients with endometriomas have good spontaneous pregnancy rates [5]. While it is accepted that the laparoscopic excision of endometriomas improves pain; the role of surgery in infertile patients is more debatable. A review included in this Special Issue addresses the treatment of endometrioma for improving fertility. When patients with endometriomas conceive, the endometriomas may undergo doubtful ultrasonographic changes that are described in a case series included in this Special Issue.

Symptoms caused by rectosigmoid endometriosis may be improved both by hormonal and surgical treatment [6]. A review and a prospective longitudinal cohort study included in this Special issue describe the fertility outcomes of patients surgically treated for colorectal endometriosis. Obviously, surgery is required when a bowel stenosis is present and/or the patients suffer severe pain not responsive to hormonal treatment. Unfortunately, up to now no
study investigated the rate of spontaneous conception in patients with colorectal endometriotic nodule that do not cause a clinically relevant bowel stenosis.

This issue of the EJOGRB aims to provide an overview of the modern management of endometriosis. Because of the complexity of this disease, it is almost impossible to cover all the aspects of the ongoing research on endometriosis in one special issue. However, the reviews and the original studies included in this issue propose a modern approach to the diagnosis and treatment of endometriosis which may be valuable for clinicians.

I want to express my profound gratitude to Prof. Janesh Gupta for giving me the opportunity to be the Guest Editor of this Special Issue. Also I thank all the authors who contributed to this Special Issue by publishing their best work.

References


