



# Endometriose

Dr Brecht Geysenbergh

## Parijs pakt endometriose aan: 'Nee, extreme pijn bij je regels is niet normaal'

15/02/2022 om 12:32 door Laura Massa

**“De dokter zei dat zijn vrouw ‘ook weleens klaagt’ over menstruatie”:  
patiënten wijzen op gebrekkige zorg bij  
endometriose in open brief**



**DeMorgen.**



IN HET NIEUWS

MENINGEN

POLITIEK

BETER LEVEN



Achtergrond Gezondheid

**Vrouwenziekte endometriose wordt vaak pas na jaren ontdekt: 'Ik moest op de vloer liggen om de pijn te verbijten'**



**Vrouwen met endometriose krijgen gemiddeld na 8 (!) jaar hun diagnose. “Ze krijgen nog vaak te horen dat ‘ze zich niet moeten aanstellen”**

**Knack**

Rubrieken ▾

Het magazine

Abonneren



## **⊕ 'Ach kind, het hoort er nu eenmaal bij': getuigenissen over gebrekkige endometriosezorg**

02/03/22 om 11:44 Bijgewerkt op 03/03/22 om 09:51



**Trui Engels**

Redactrice Knack.be

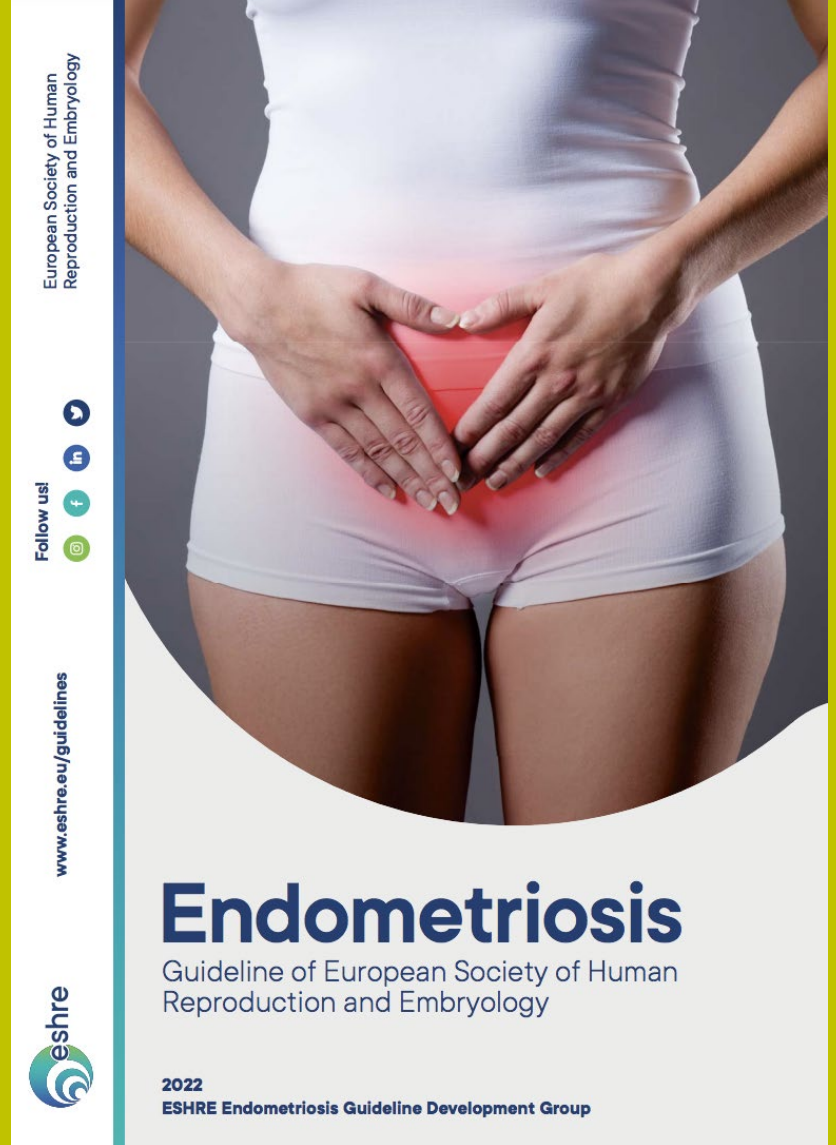
In een open brief klagen endometriosepatiënten de schrijnende tekortkomingen in de Belgische en Nederlandse endometriosezorg aan. 'Ik werd niet serieus genomen, ook al werd ik in een rolstoel binnen gebracht'.



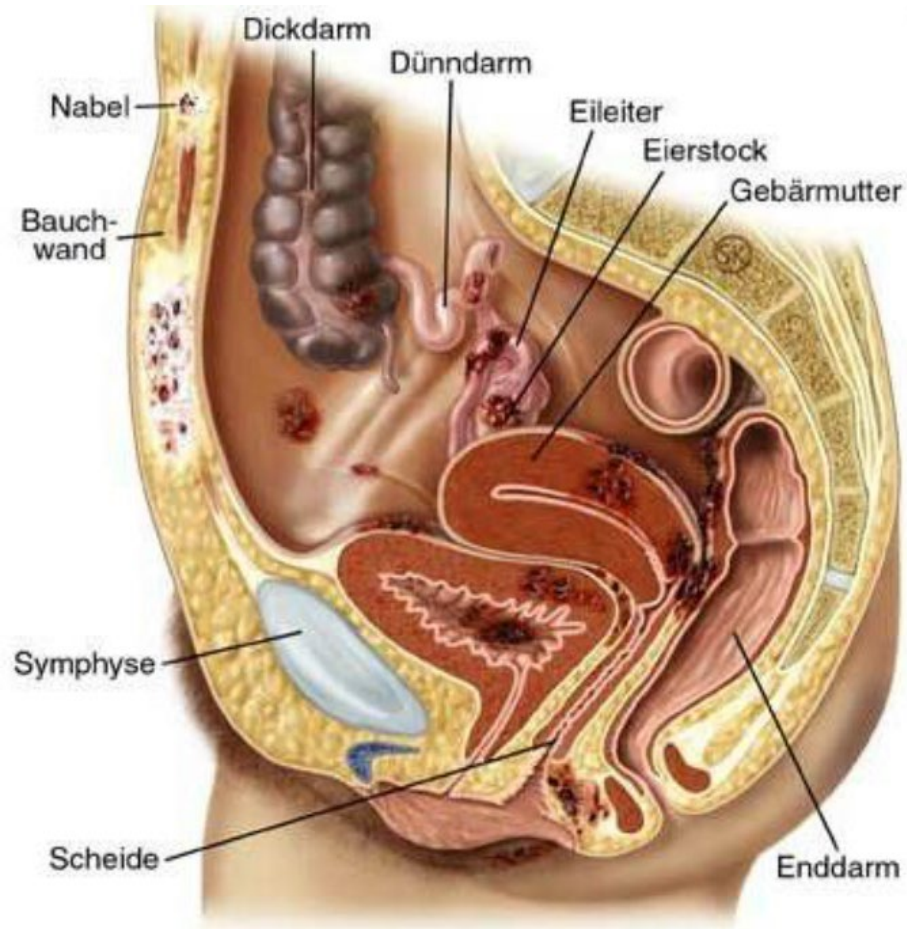
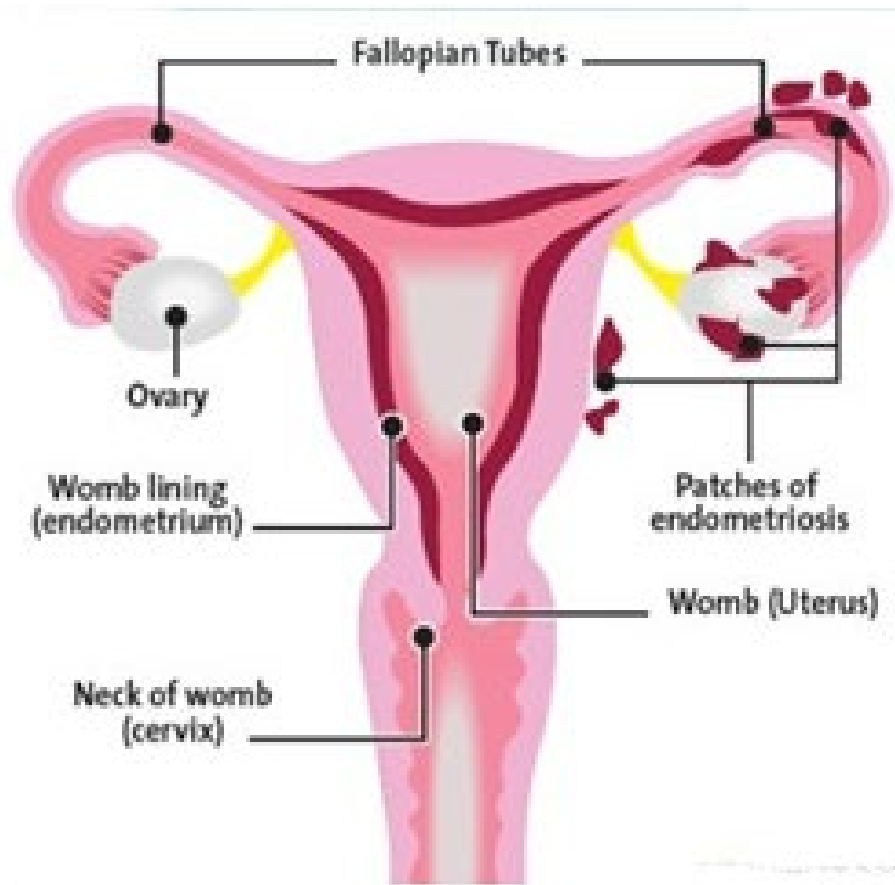


# Inhoud

- Definitie
- Classificatie
- Prevalentie
- Pathofysiologie
- Diagnostiek
- Behandeling
- Lange termijn impact
- Preventie



# Definitie

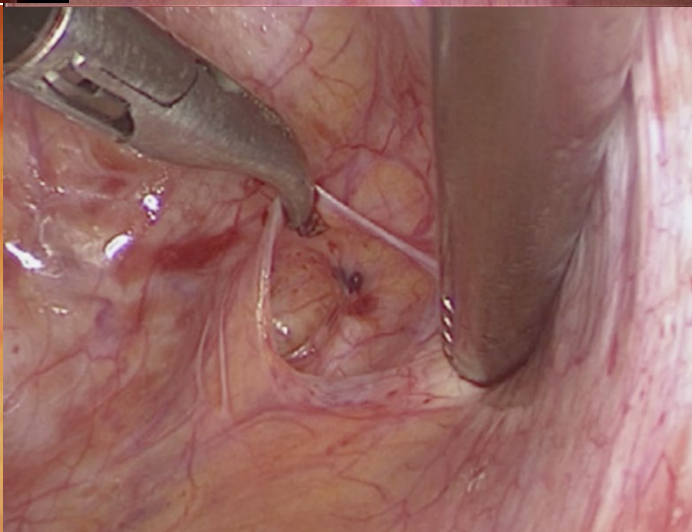
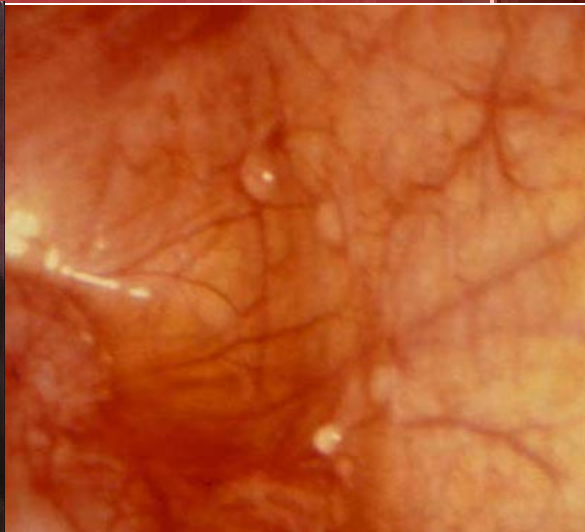
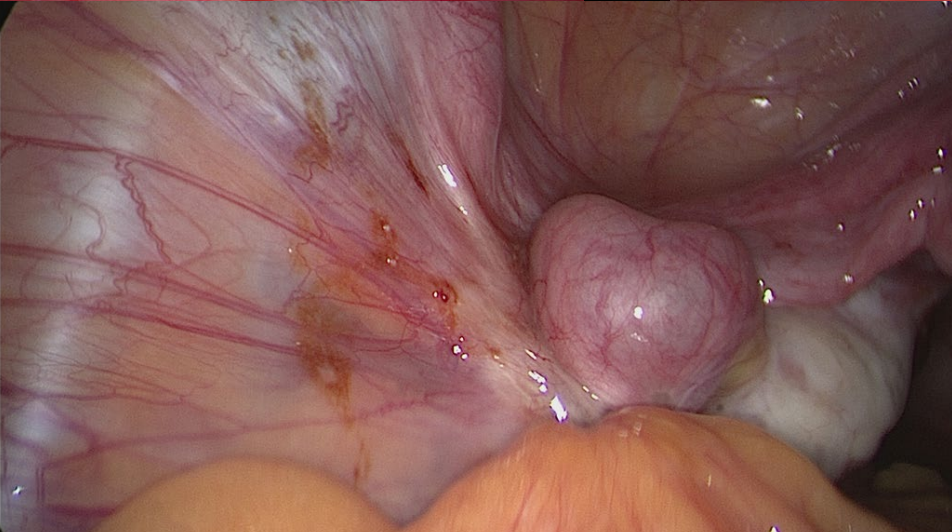
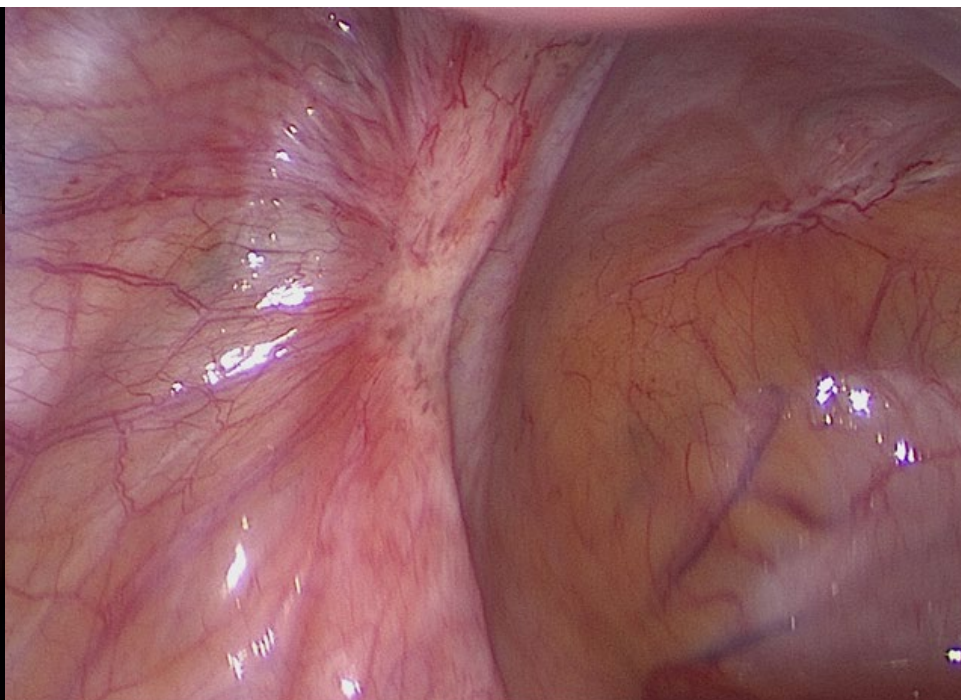
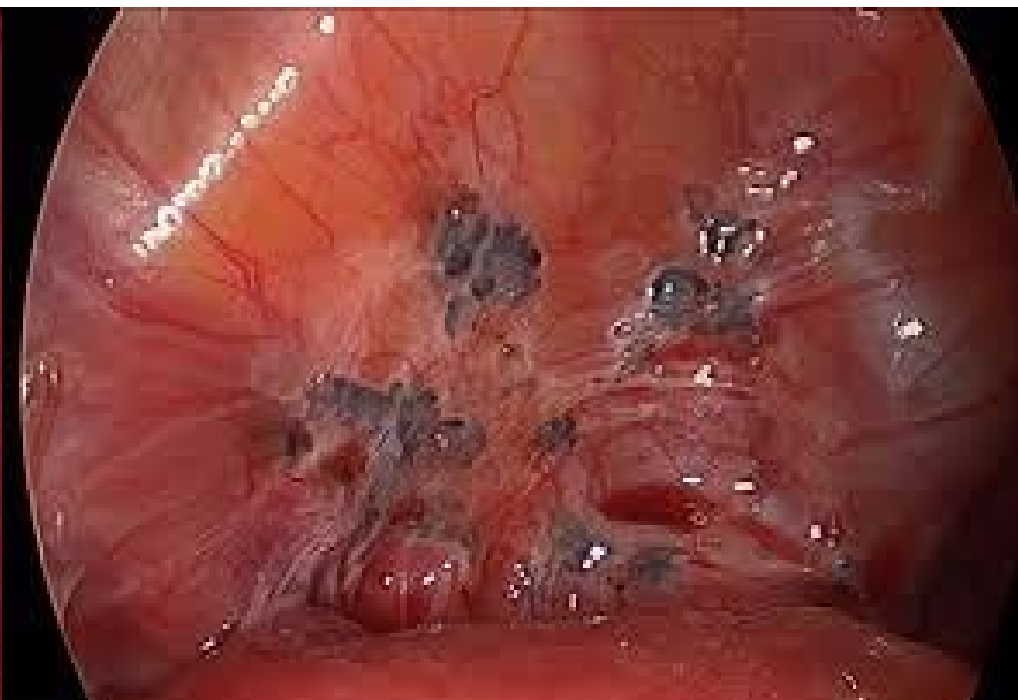
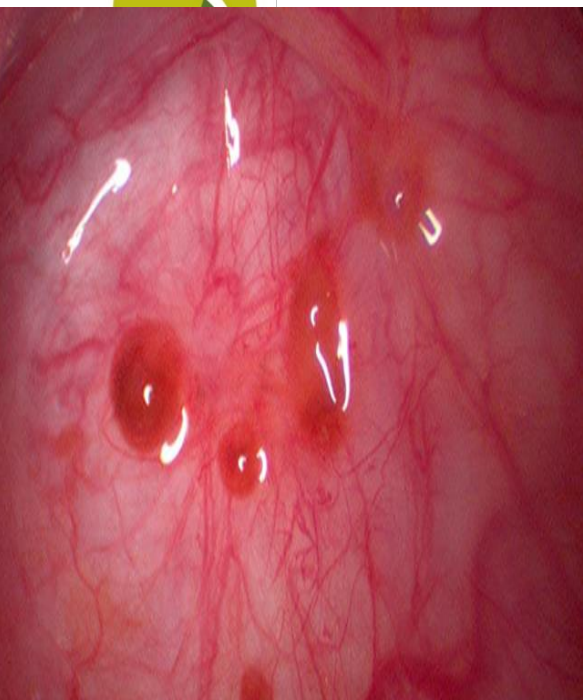


**Endometriose** = endometrium buiten baarmoeder

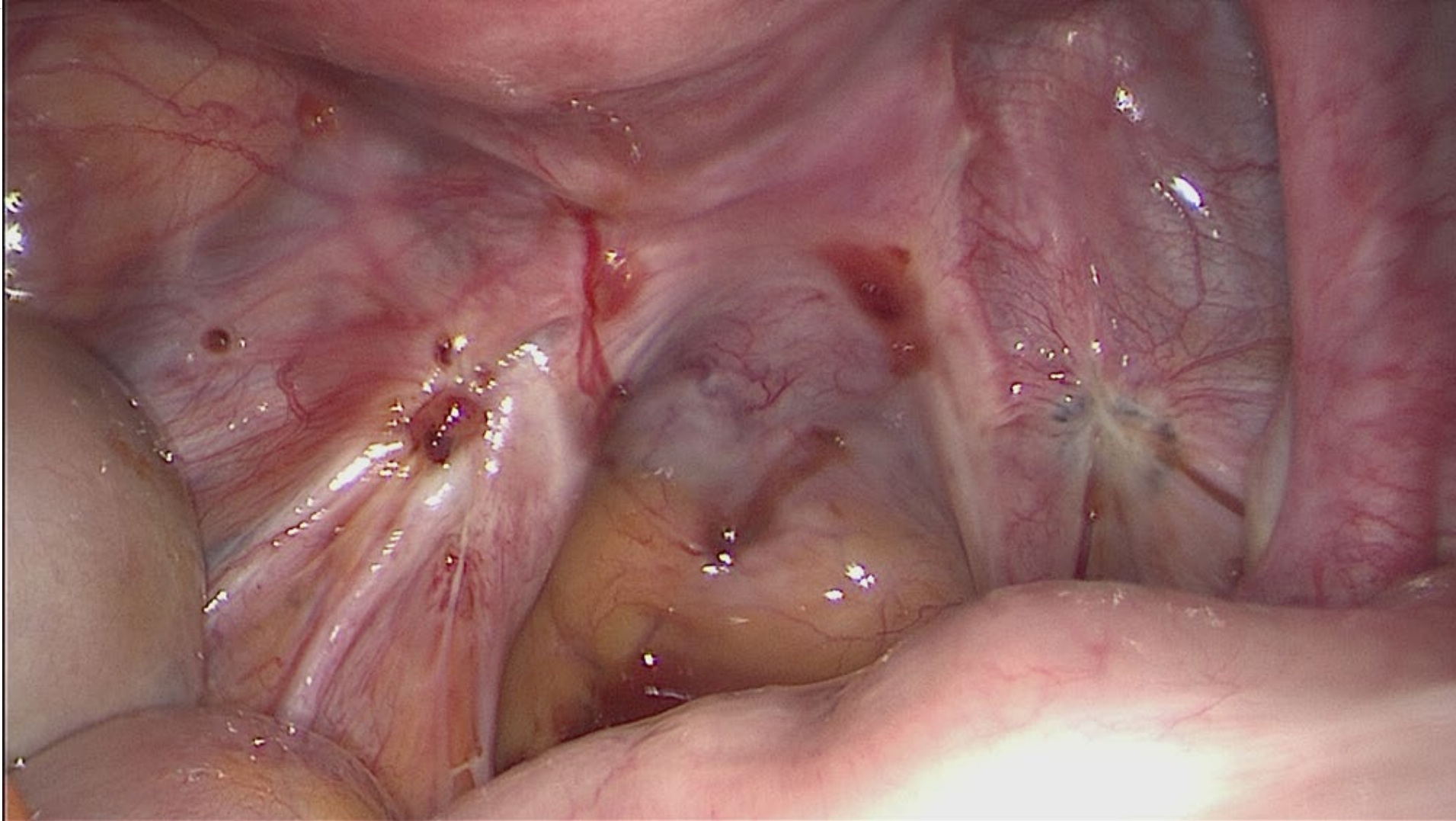


1. Oppervlakkige endometriose
2. Endometrioma = ovariële cysten
3. Diepe endometriose = noduli

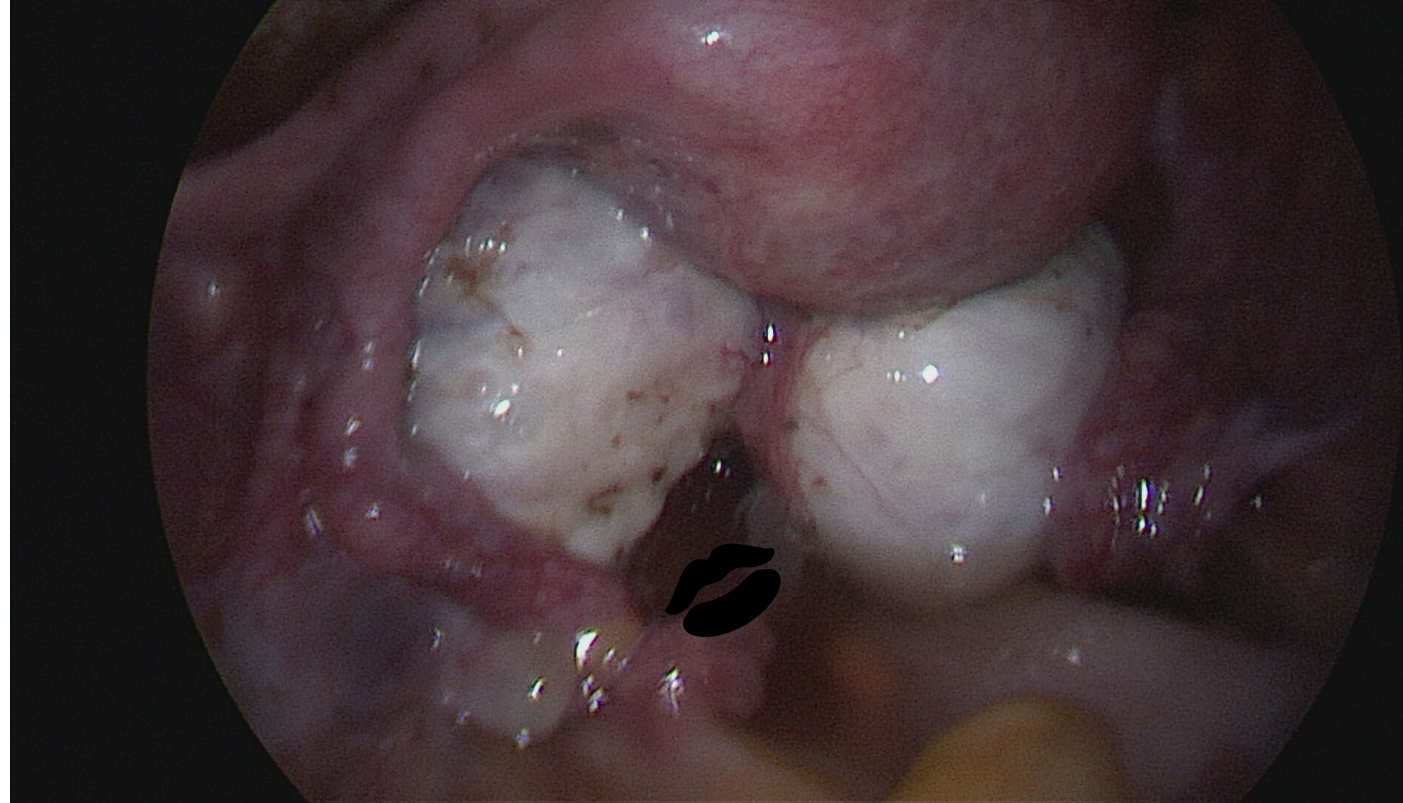
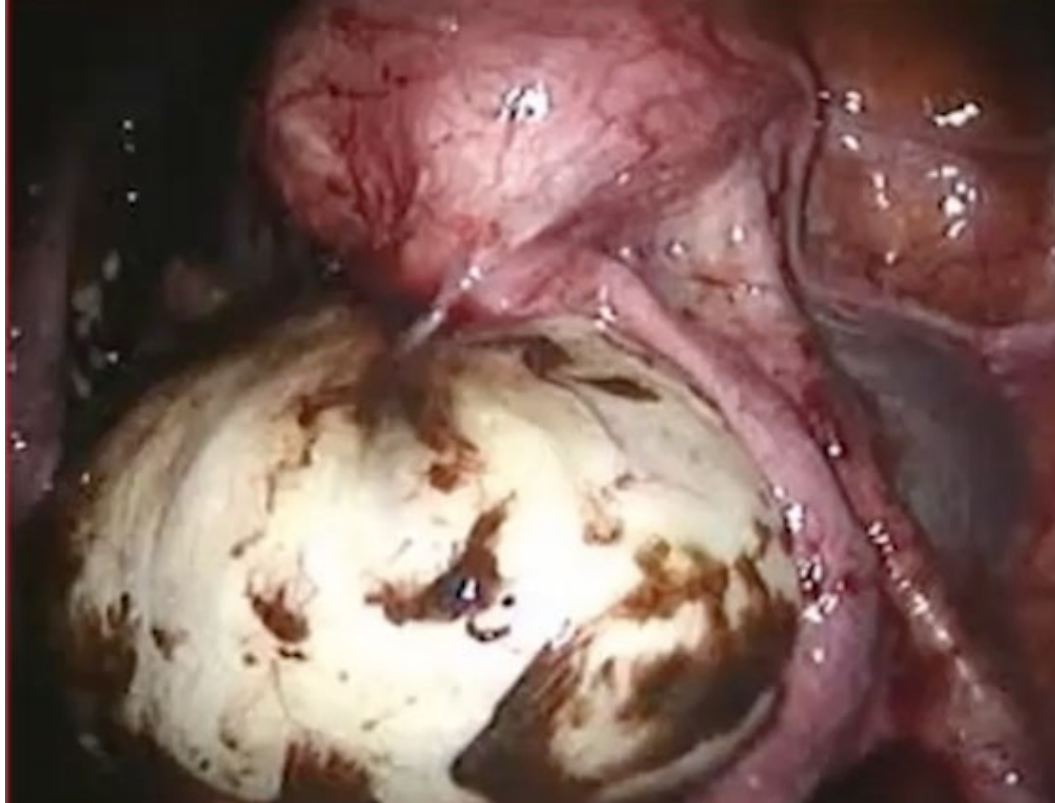
# Oppervlakkige endometriose



# Oppervlakkige endometriose

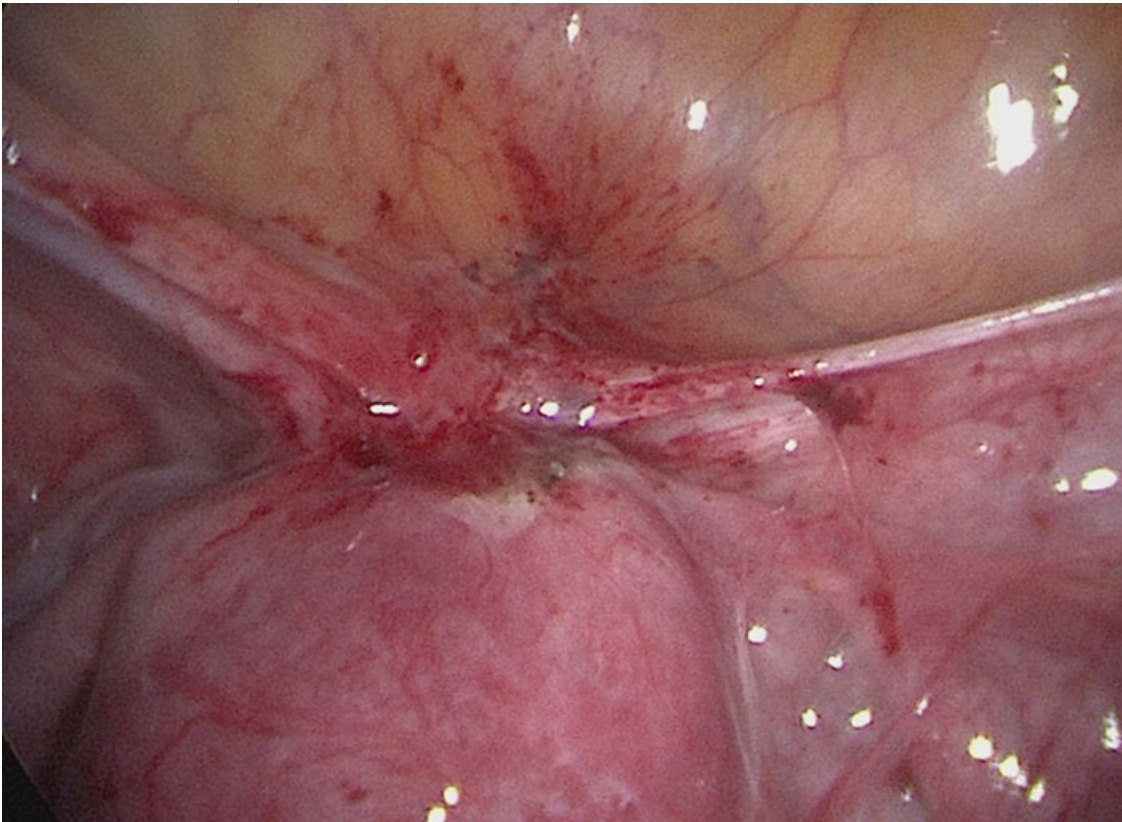


# Endometriomata

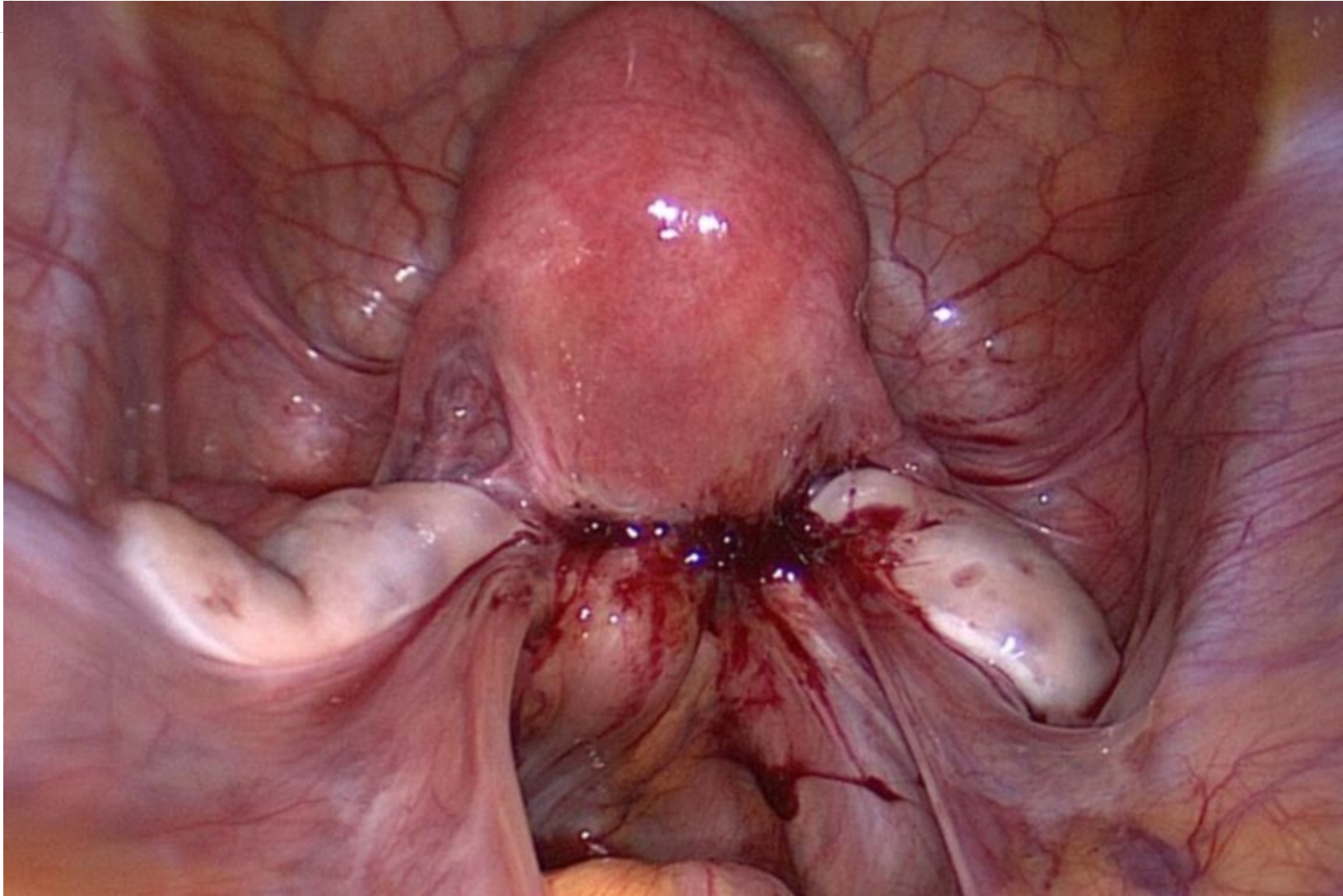




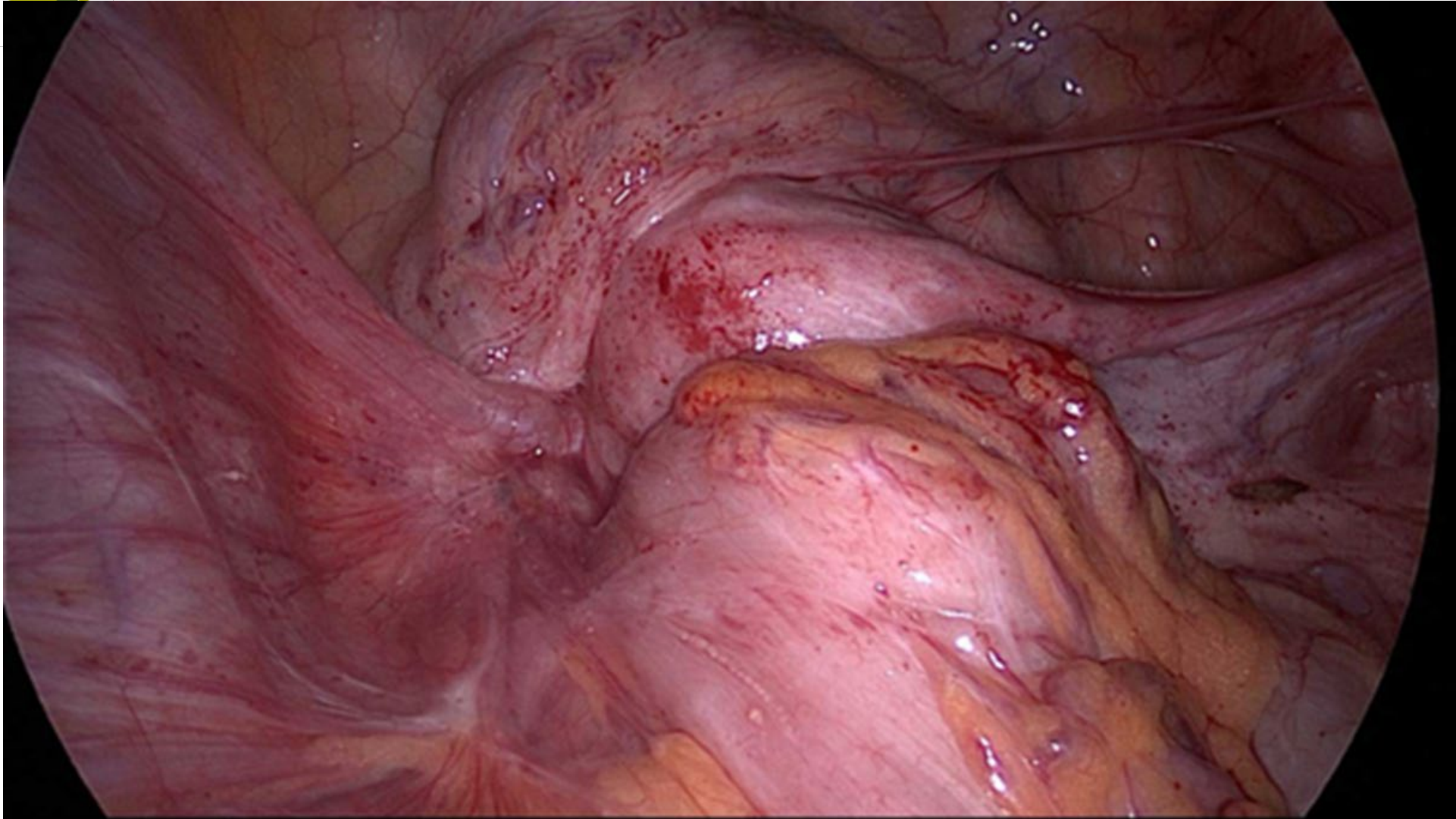
# Diepe endometriose: blaas



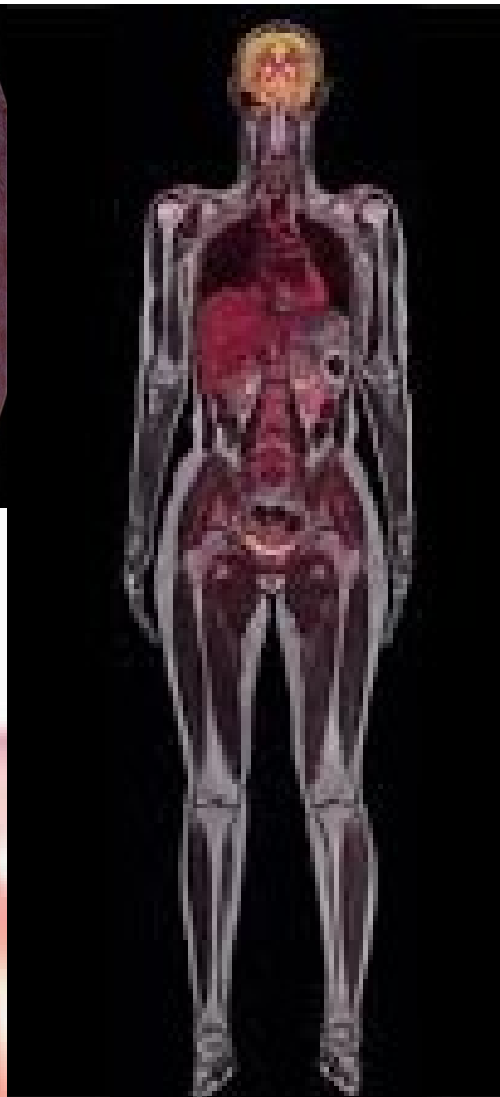
# Diepe endometriose: rectum



# Diepe endometriose: frozen pelvis



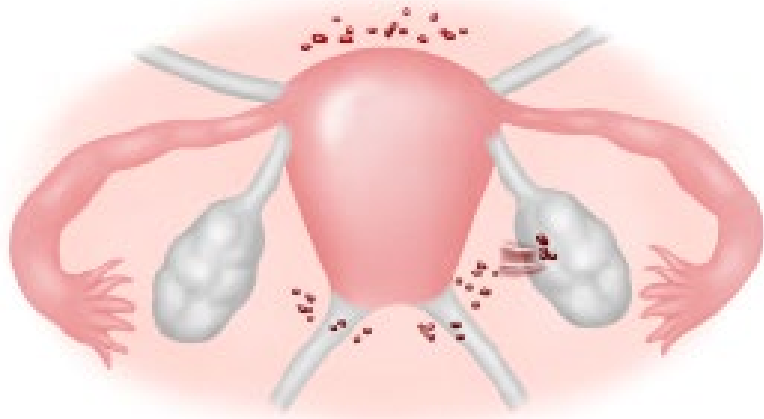
# Minder frequente lokalisaties



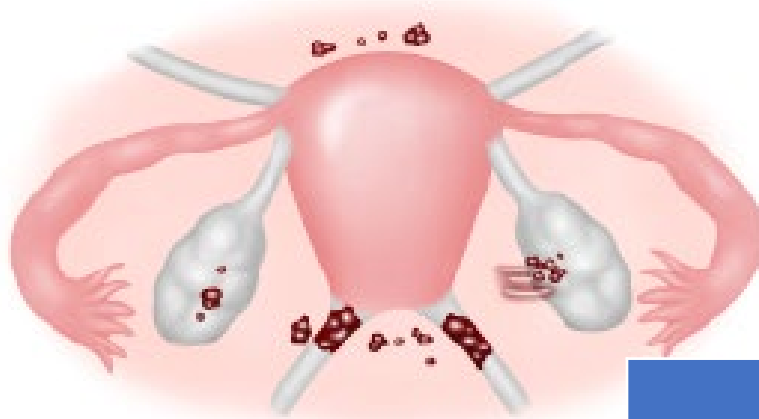


# Classificatie

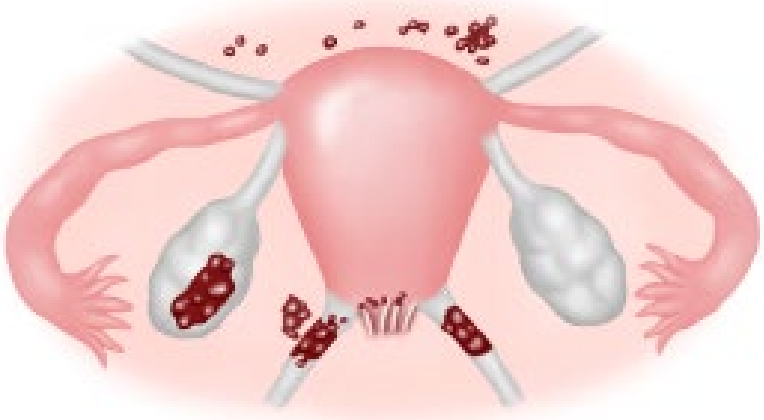
Stage I, minimal



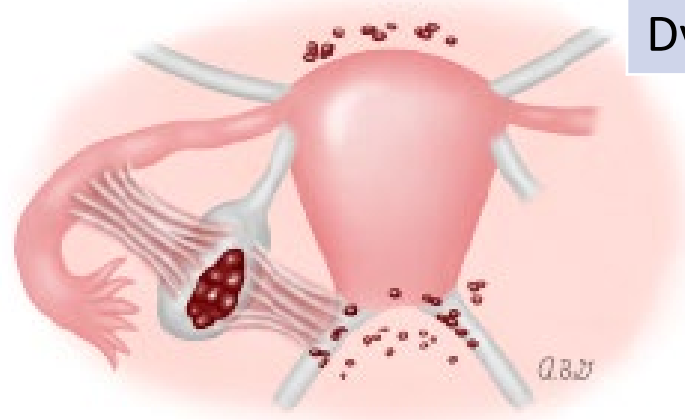
Stage II, mild



Stage III, moderate



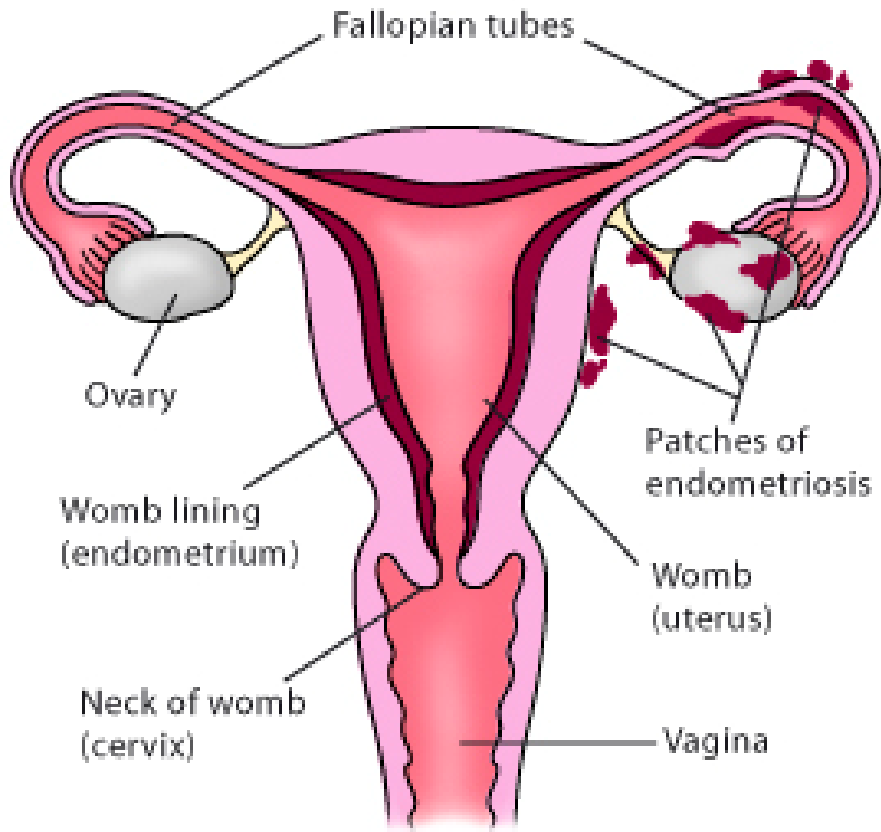
Stage IV, severe



## Symptoms $\neq$ Stage

	I	II	II	IV	P
Dysmenorrhea	73%	86%	72%	85%	.68
Pelvic pain	38%	46%	36%	41%	.21
Dyspareunia	30%	25%	36%	29%	.91

*Fedele, 1990*



## 3 Hypothesen:

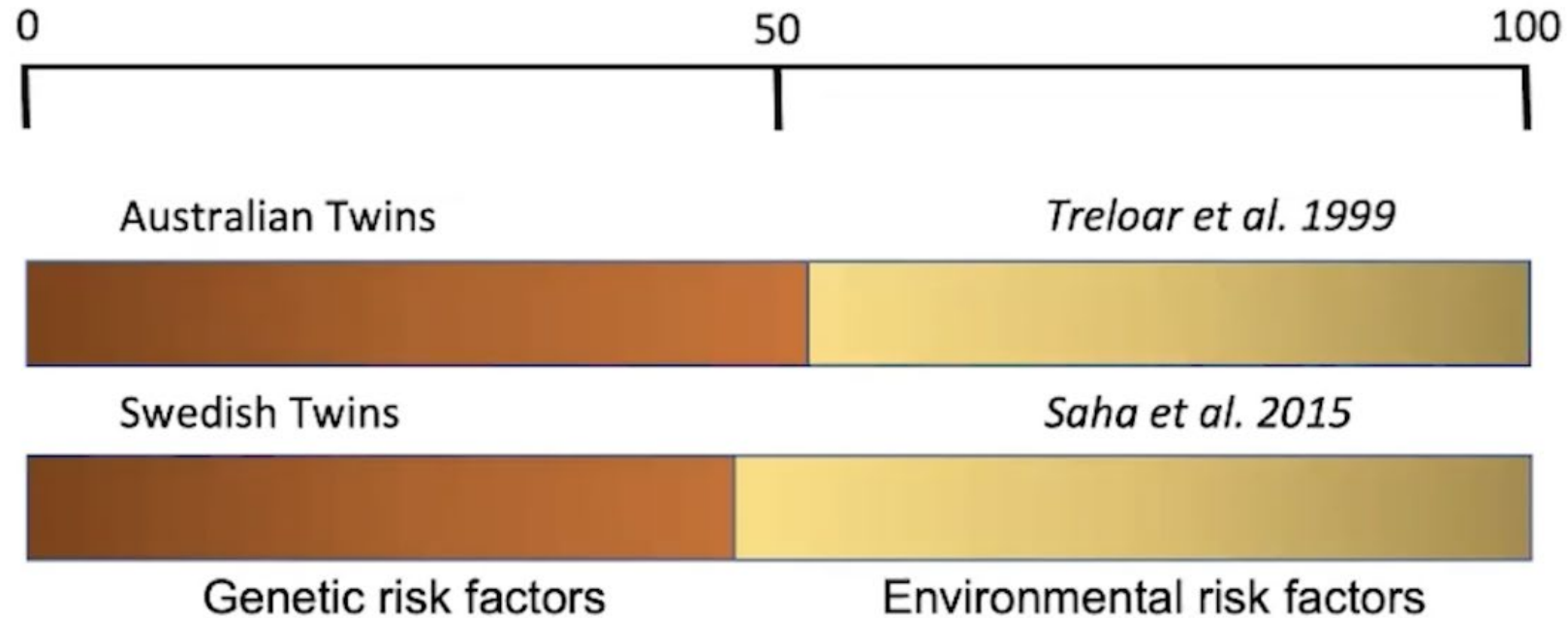
1. Retrograde menstruatie
2. Vasculaire of lymfatische verspreiding
3. Coelomische metaplasie

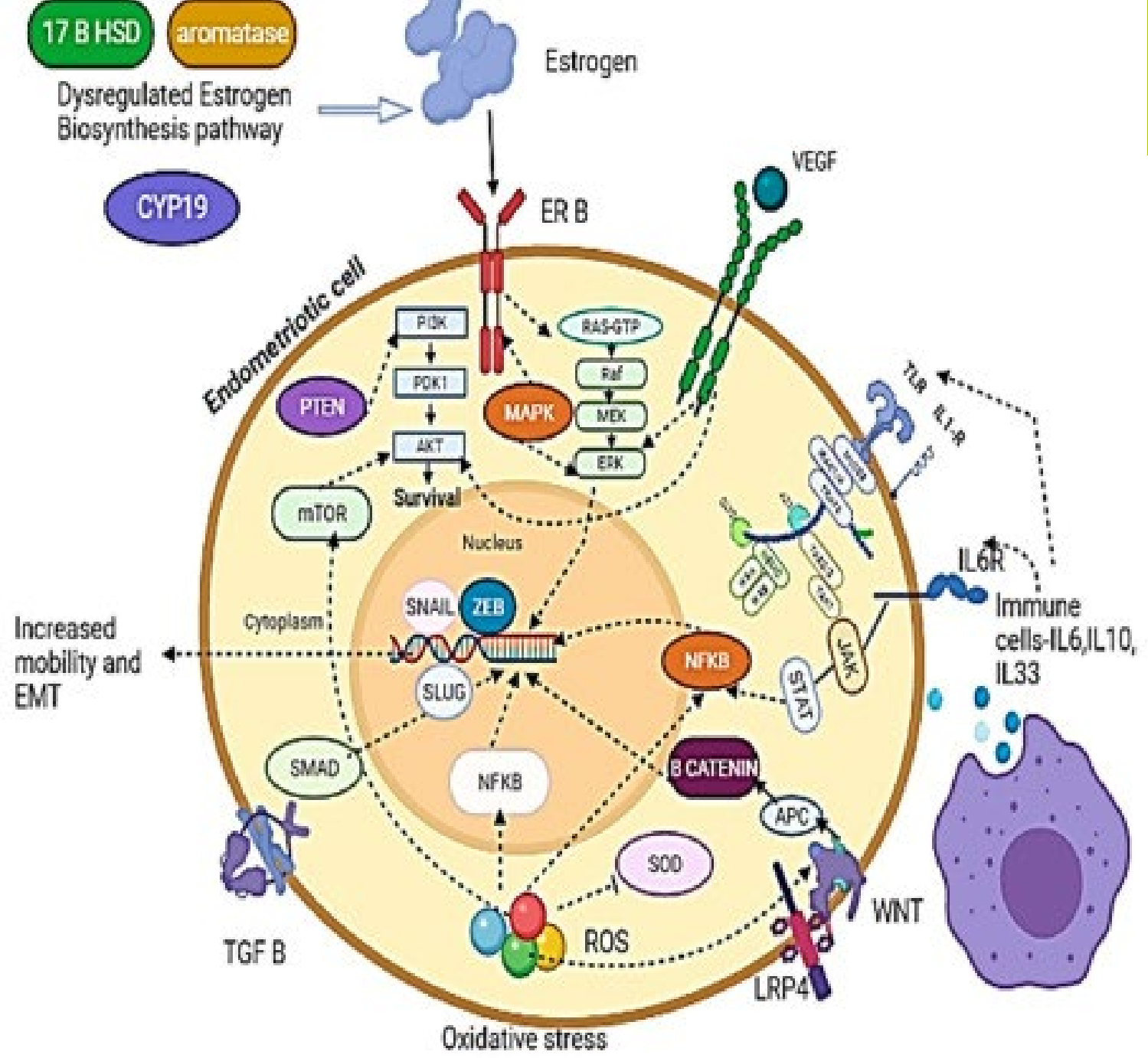
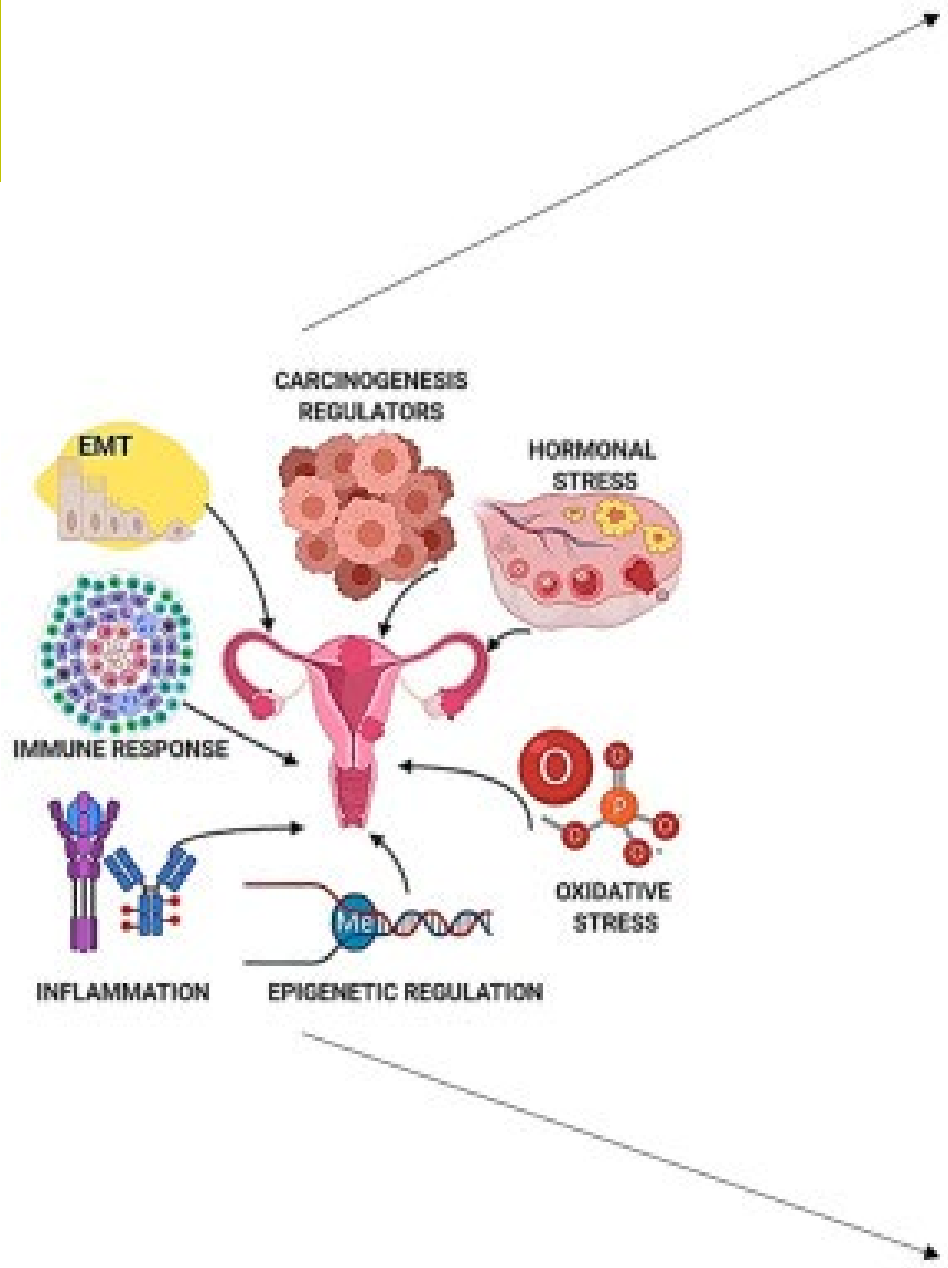
Oestrogeen-afhankelijk

→ Vnl ziekte van vruchtbare leeftijd

# Pathofysiologie

## *Estimates of heritability for endometriosis*



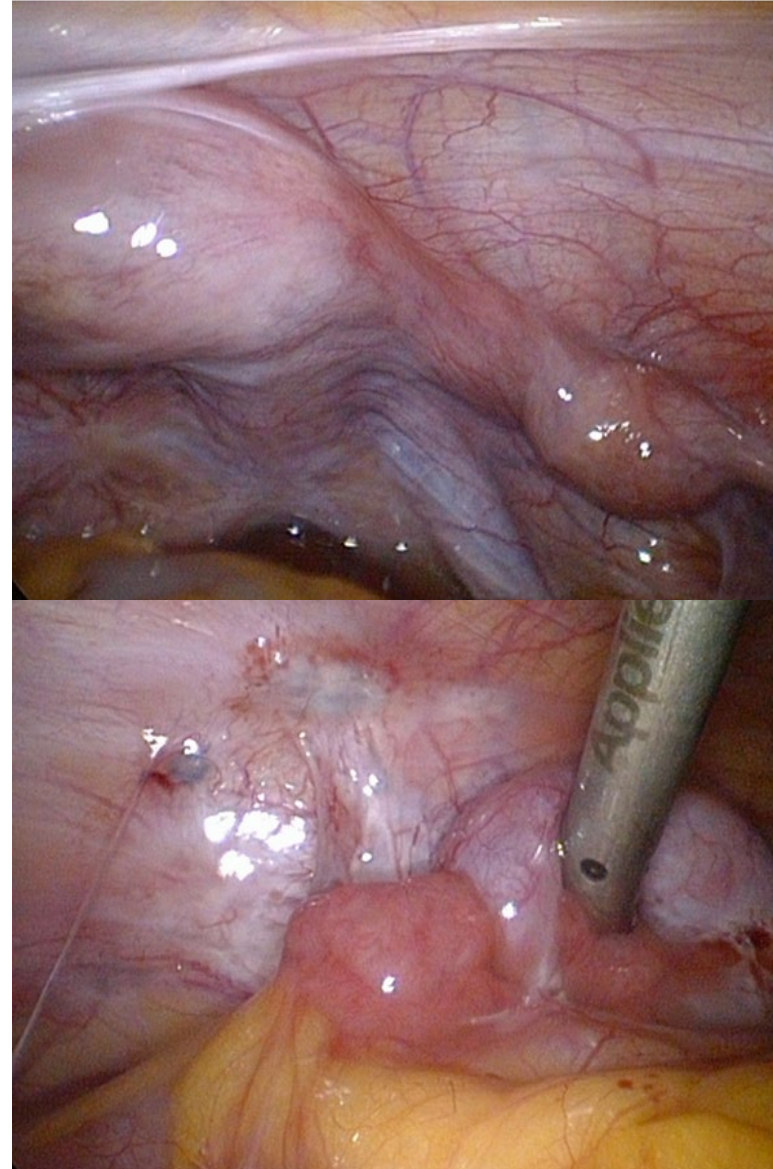




# Risicofactoren



- Nulligravida
- Vroege menarche
- Korte menstruele cycli
- Menorragieën
- Congenitale uterus anomalieën → obstructie
- Lage BMI



# Prevalentie



## Moeilijk te bepalen

- Symptomen: divers en niet-specifiek
- Sommige vrouwen zijn asymptomatisch
- Definitieve diagnose enkel na chirurgie

**Algemene populatie:**

**10%**

**Infertiele vrouwen:**

**50%**

*Eskenazi 1997, Warber 1997, Meuleman 2009*

## Occult endometriosis

142pts with clinically negative peritoneum during laparoscopy for CPP

39%: Occult microscopic endometriosis

*Gubbels, 2020*

# Symptomen



- Dysmenorree
- Chronische pelvische pijn
- Diepe dyspareunie
- Infertiliteit
- Vermoeidheid
- Mictieklachten (vnl bij menses)  
Dysurie, hematurie
- Darmklachten (vnl bij menses)  
Dyschezie, krampen, obstipatie, diarree, RBPA
- Geen

**Cyclisch – Chronisch - Progressief**



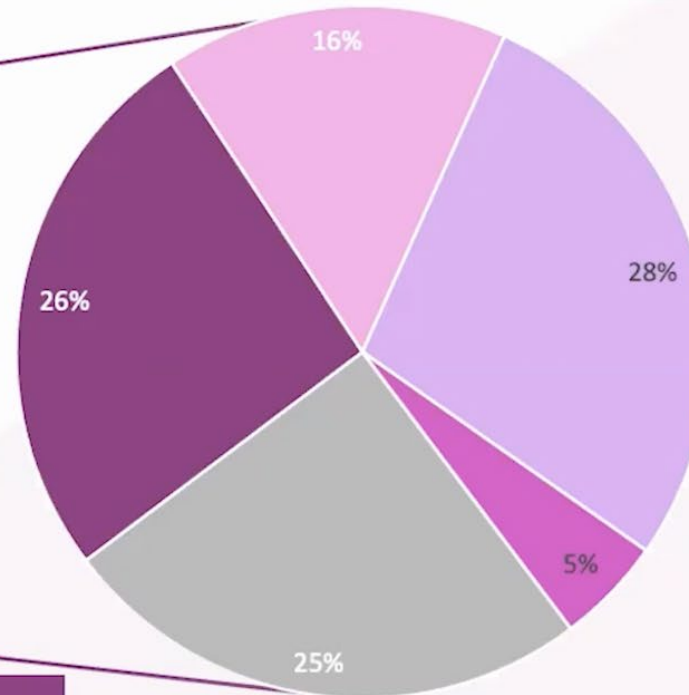
## Endometriosis negatively impacts quality of life

67% of women with diagnosed endometriosis had their quality of life negatively affected

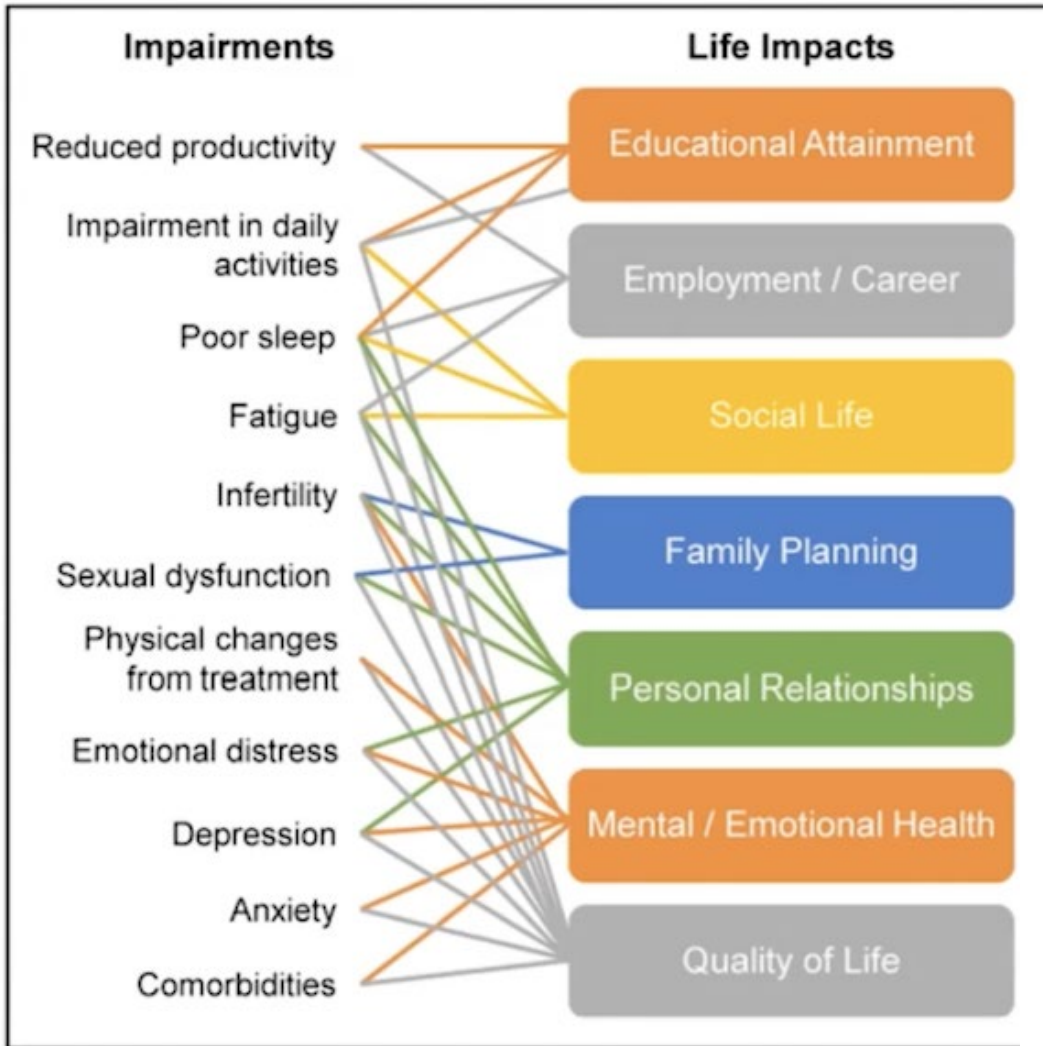


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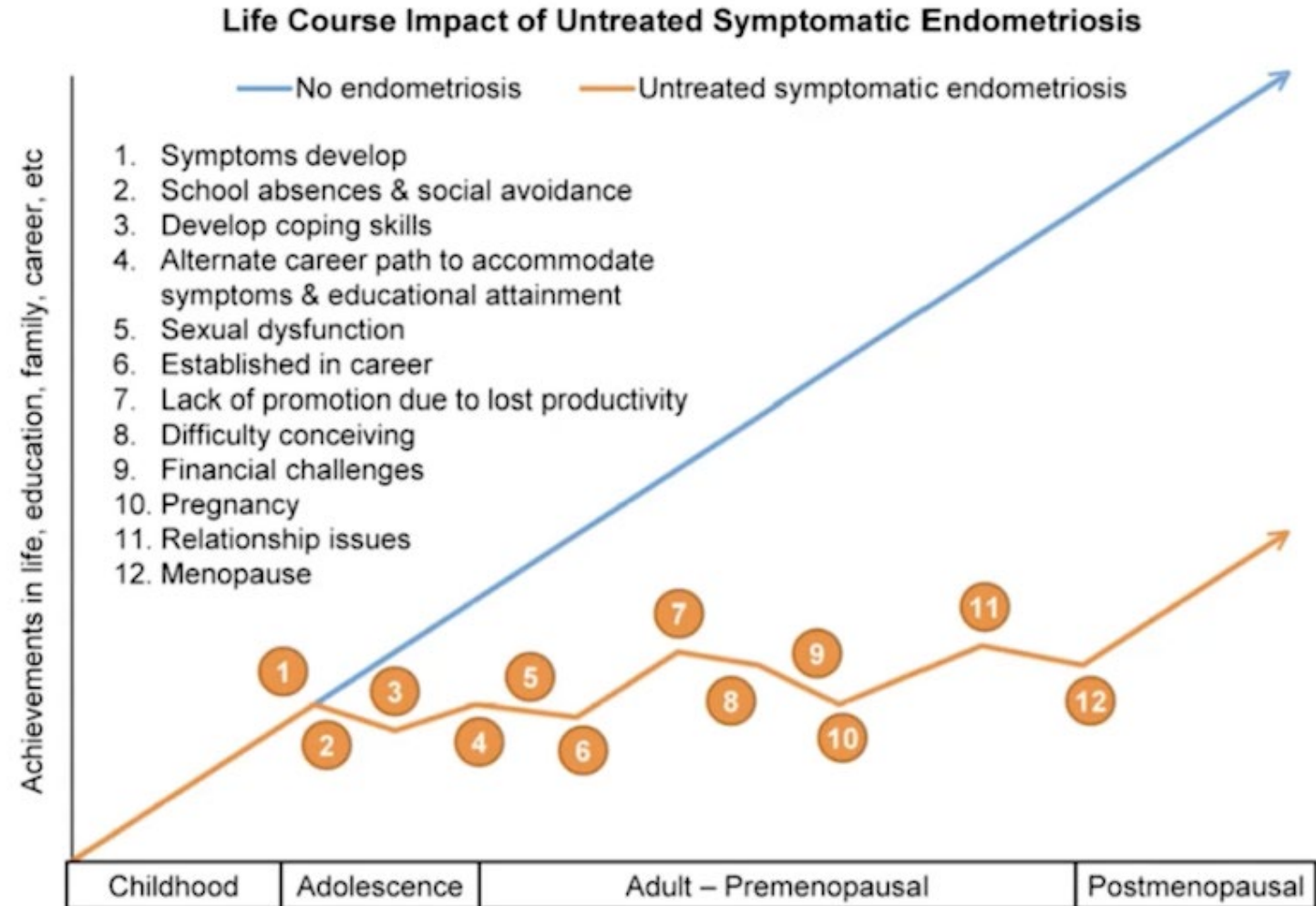
- Strong negative effect
- Moderate negative effect
- Mild negative effect
- No effect
- Don't know



# Quality of Life



*Missmer, 2021*



# Economische kost



Table 3 Annual costs of endometriosis associated symptoms (2009).

<i>Item</i>	<i>Mean ± SD</i>	<i>95% CI of the mean</i>	<i>Range</i>
Direct healthcare costs	2237.83 ± 4711.71	1566.65–3240.14	0–28786.44
Physician visits	170.76 ± 278.13	127.88–215.53	0–1134.66
Medication	191.03 ± 511.80	98.36–275.07	0–3214.02
Monitoring tests	601.42 ± 1185.91	413.13–816.13	0–6060.00
Surgery	823.13 ± 2719.20	416.86–1357.88	0–20367.12
Other treatments	73.39 ± 258.13	32.78–117.05	0–2100.00
Informal care	73.24 ± 655.61	40.00–190.98	0–7569.00
Hospitalization	304.87 ± 1148.96	112.03–516.48	0–73,986
Direct non-healthcare costs	200.42 ± 590.72	117.21–321.15	0–5983.20
Transportation	142.28 ± 540.27	75.51–251.03	0–5983.20
Household support	58.14 ± 226.22	24.35–103.90	0–1440.00
Indirect costs	7433.62 ± 9094.41	5827.12–8996.58	0–356200.00
Total costs	9871.87 ± 11291.29	7930.47–11869.59	0–61450.44

Klein, 2014

# Diagnostisch delay

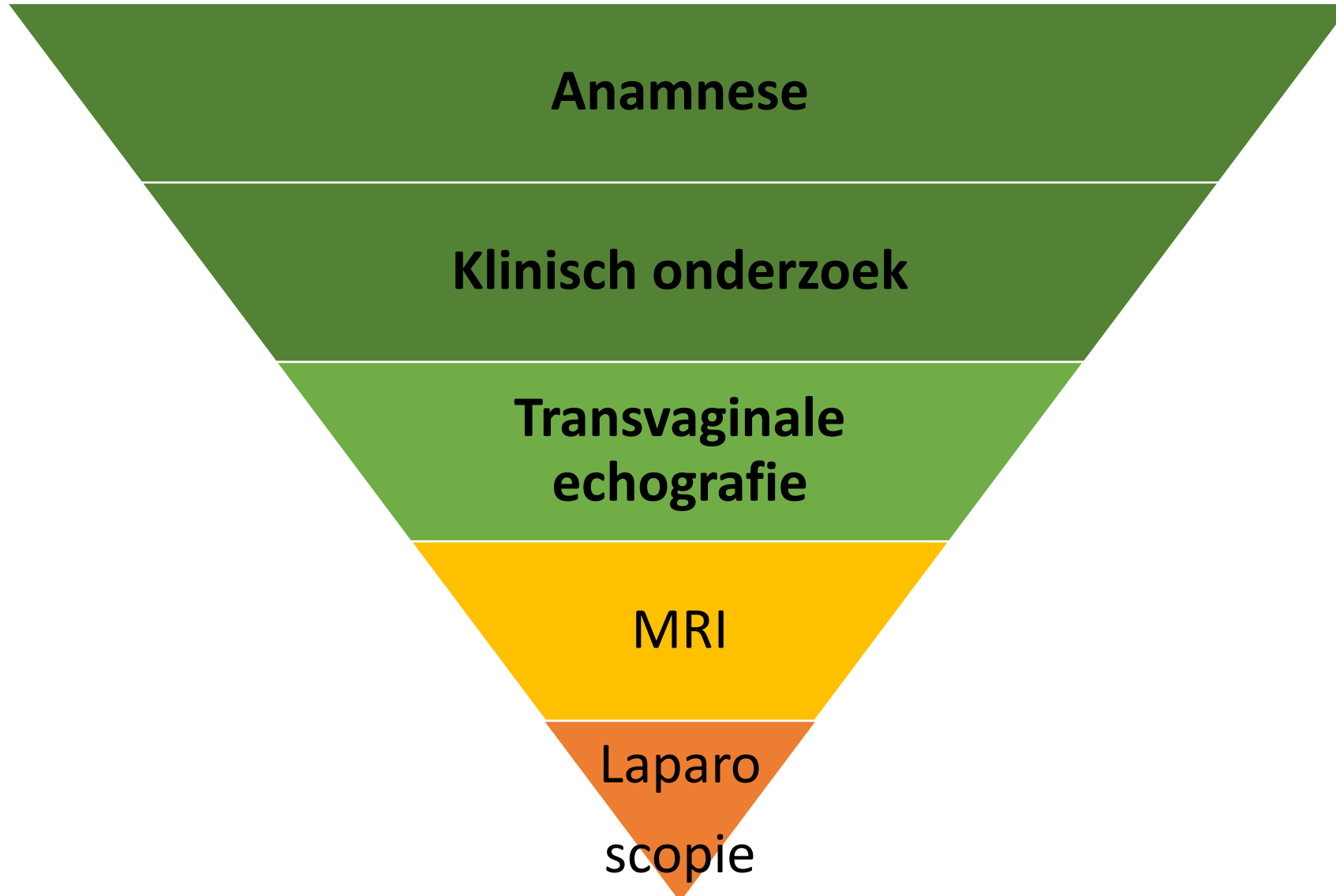


Land	Tijd tot diagnose	Studie
Duitsland Oostenrijk	10,4 jaar	<i>Hudelist 2012</i>
UK	8 jaar	<i>Ballard 2006</i>
Spanje	8 jaar	<i>Nnoaham 2011</i>
Noorwegen	6,7 jaar	<i>Ballard 2006</i>
Italië	7-10 jaar	<i>Nnoaham 2011</i>
België	4-5 jaar	<i>Nnoaham 2011</i>
Ierland	4-5 jaar	<i>Nnoaham 2011</i>

## Oorzaken

- Aspecifieke symptomen
- Gebruik OAC  
→ onderdrukking symptomen
- Moeilijke niet-invasieve diagnose
- Minimaliseren symptomen

# Diagnose





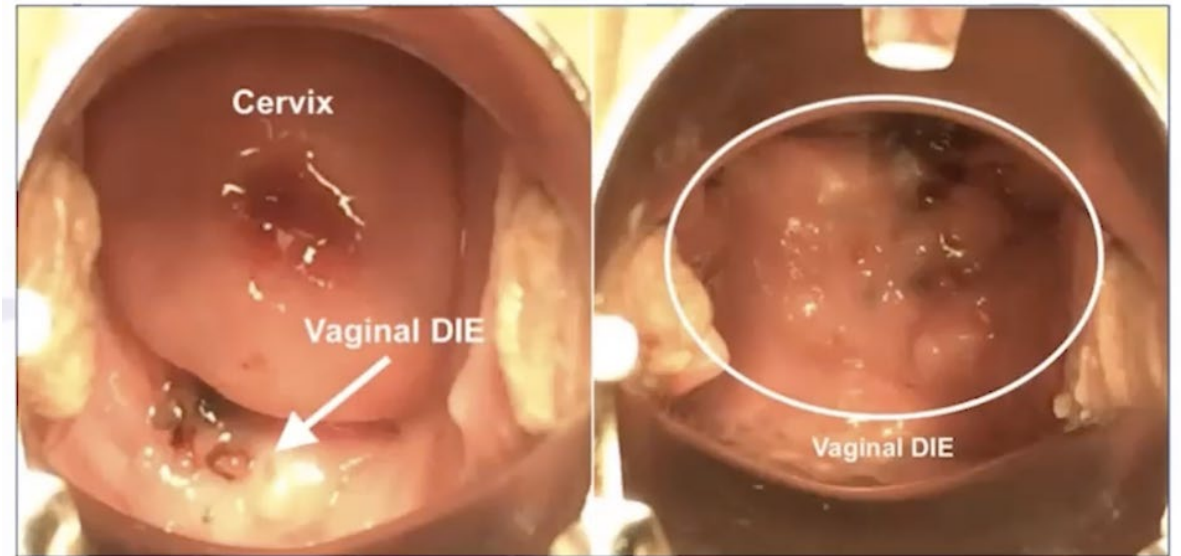
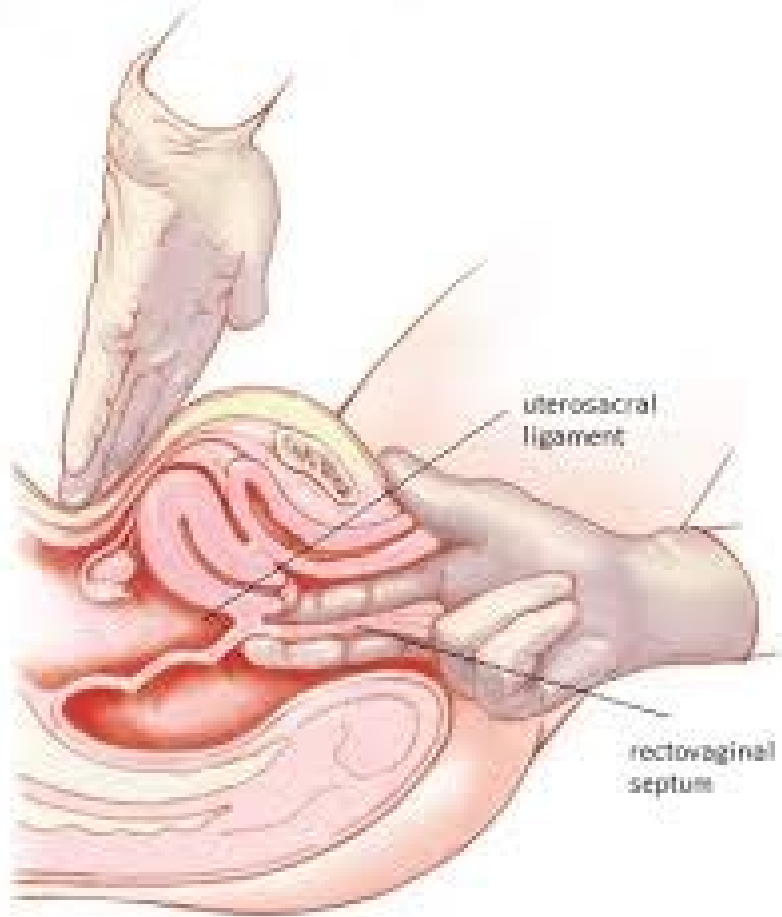


## Symptomen

- Dysmenorree
- Chronische pijn
- Dyspareunie
- Infertiliteit
- Vermoeidheid
- Mictieklachten (vnl bij menses)  
Dysurie, hematurie
- Darmklachten (vnl bij menses)  
Dyschezie, krampen, obstipatie, diarree, RBPA

**Chronisch - Progressief - Cyclisch**

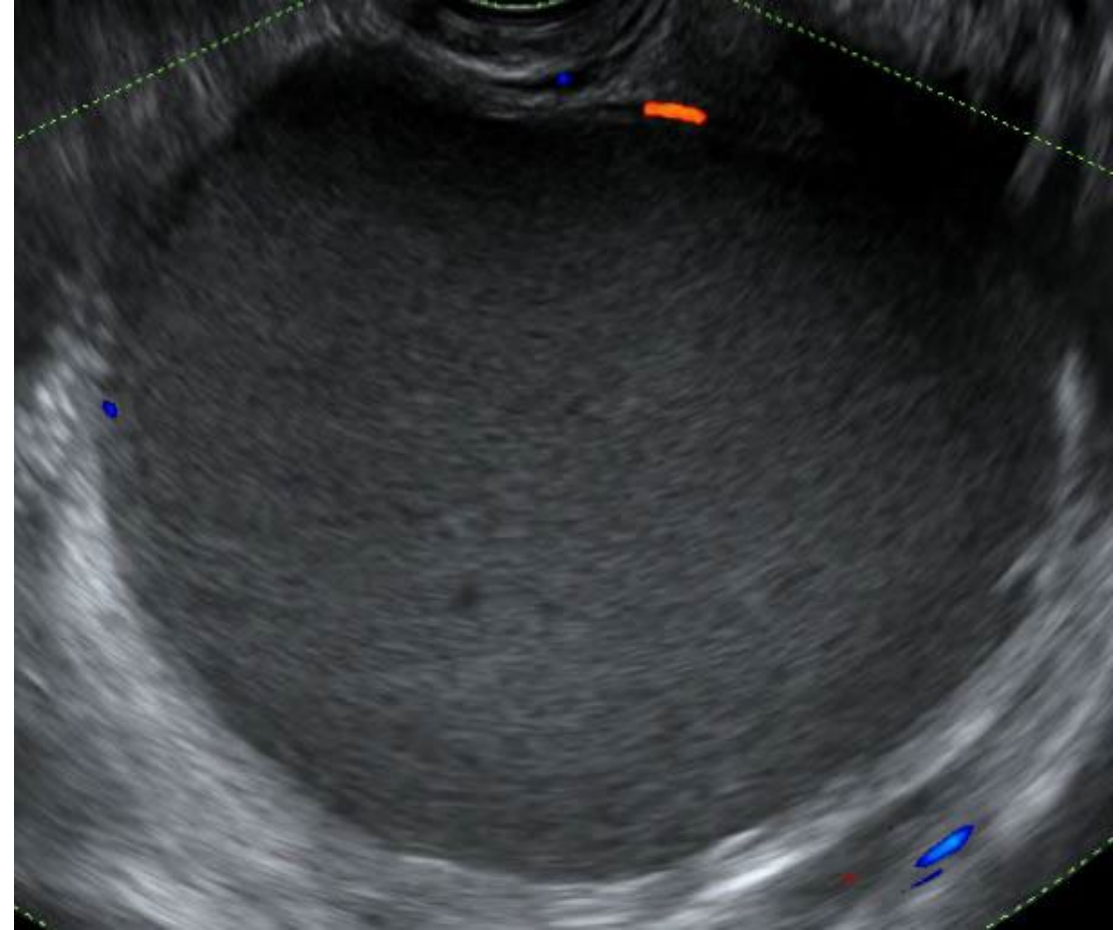
# Klinisch onderzoek



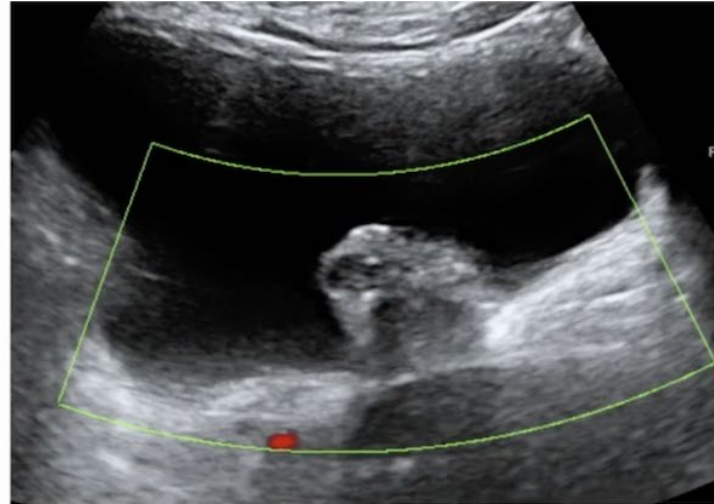
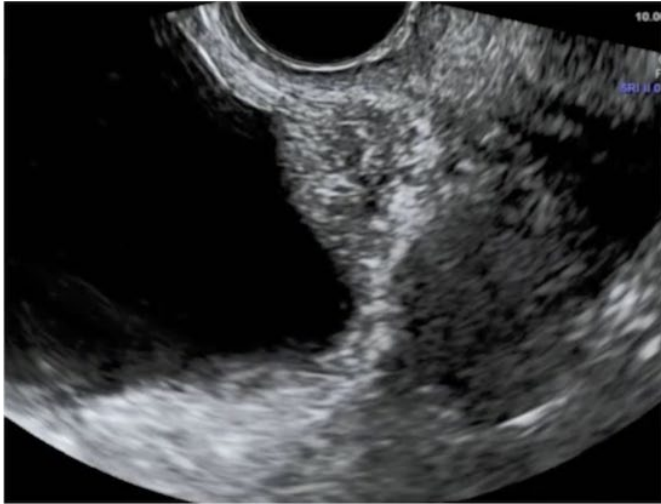
# Transvaginale echografie



- ~~Oppervlakkige endometriose~~
- **Endometrioma**
- Diepe endometriose: expertise



# Transvaginale echografie: DE



comet sign

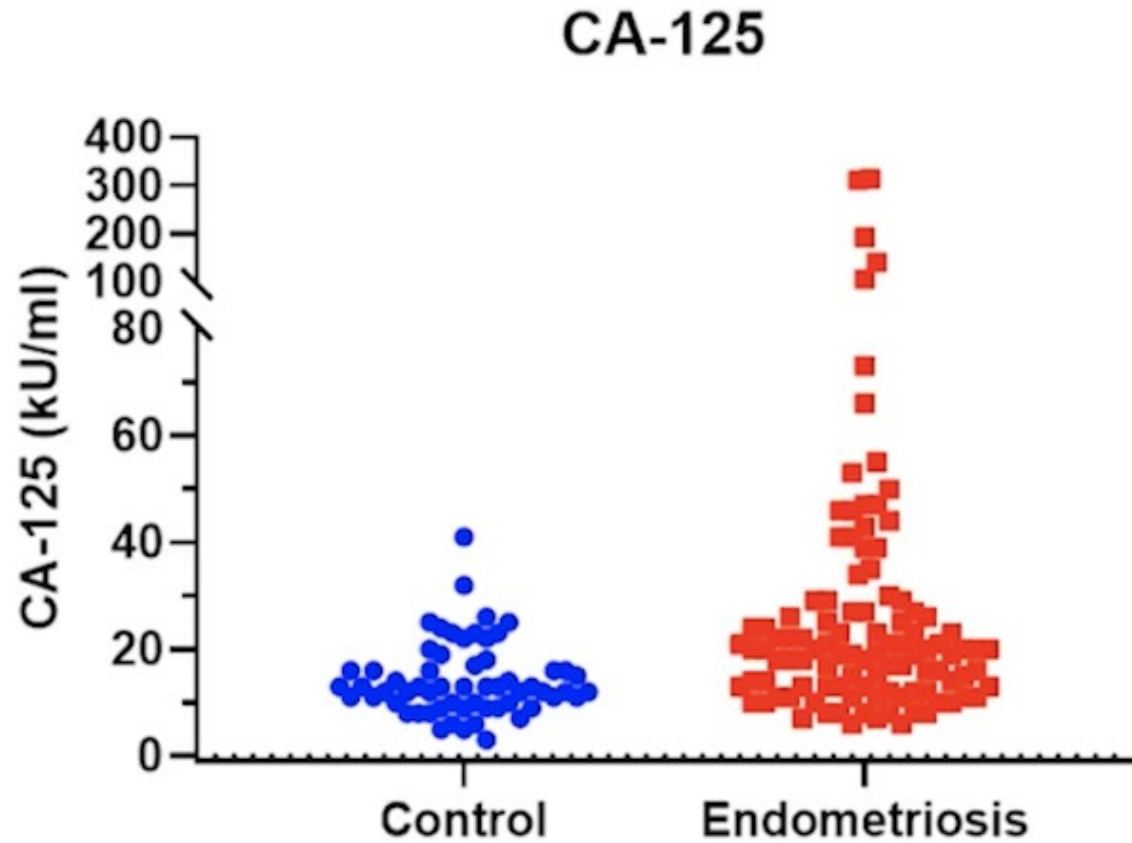


Indian head dress sign  
Moose antler sign

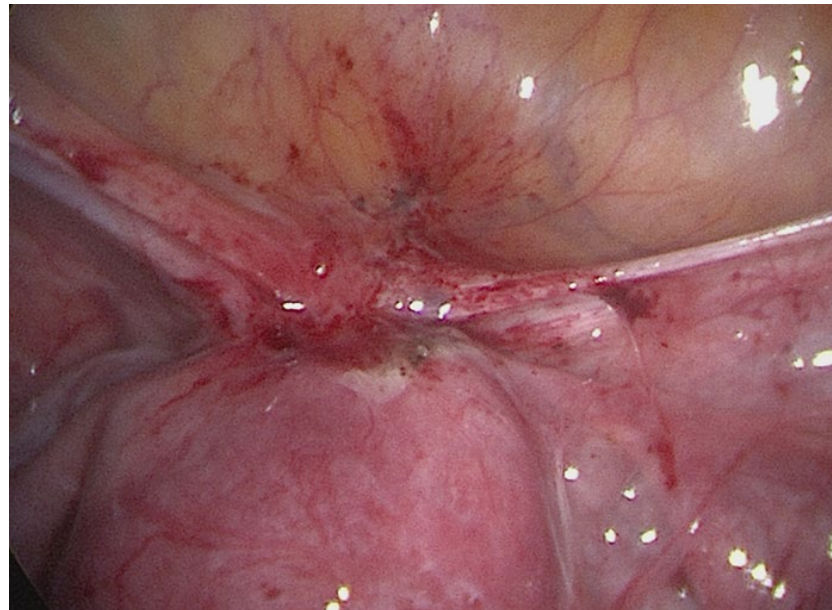
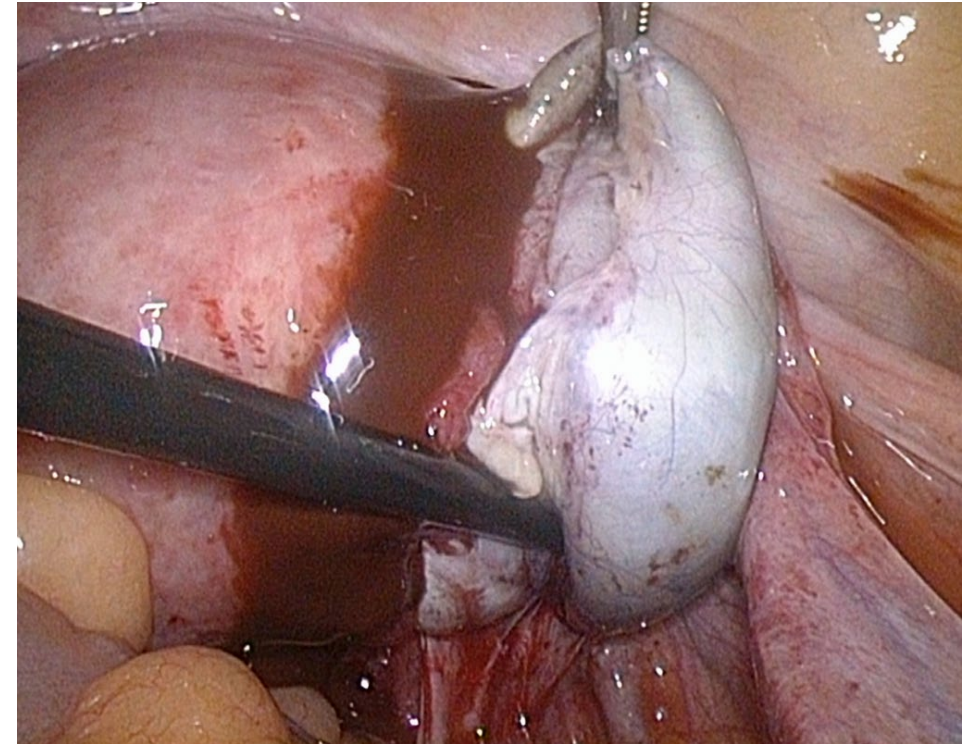
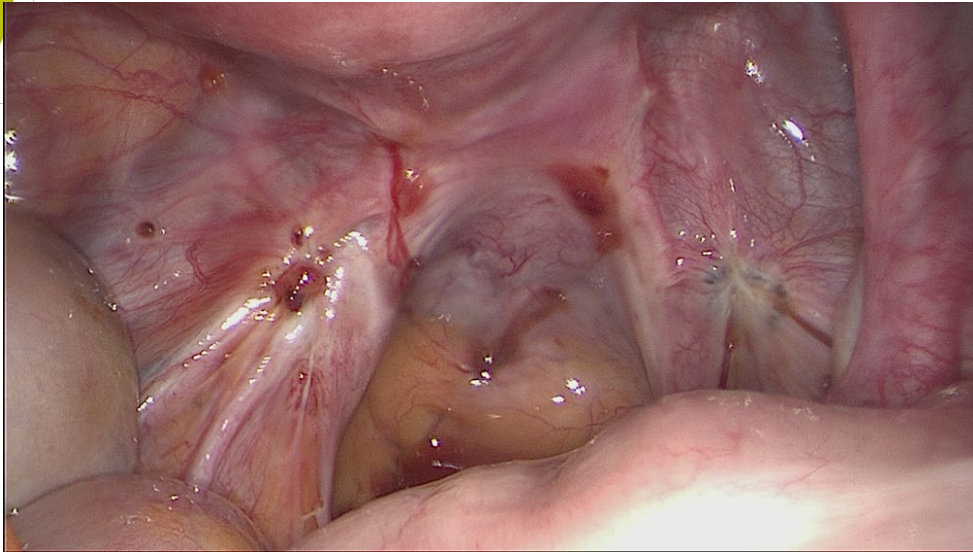




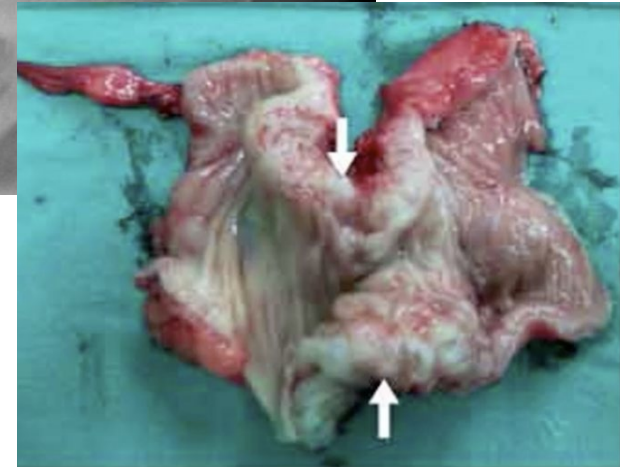
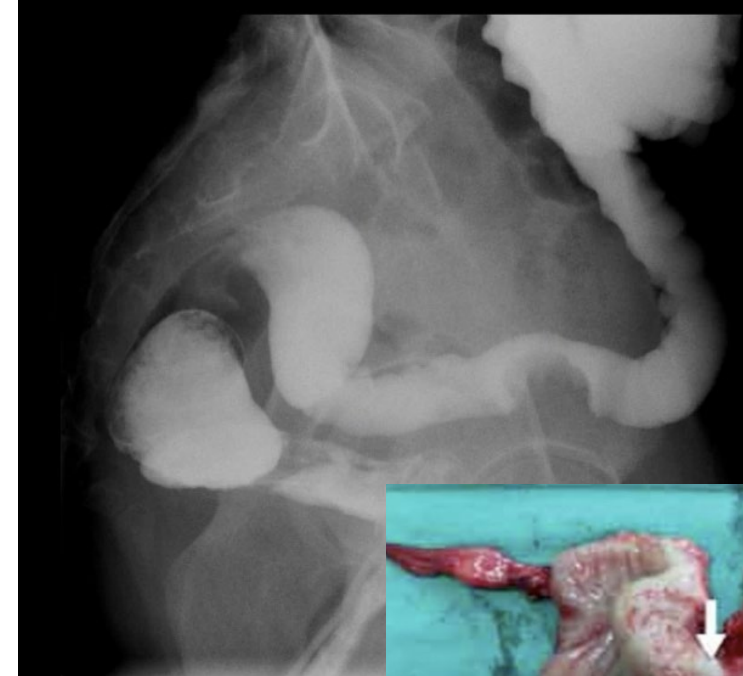
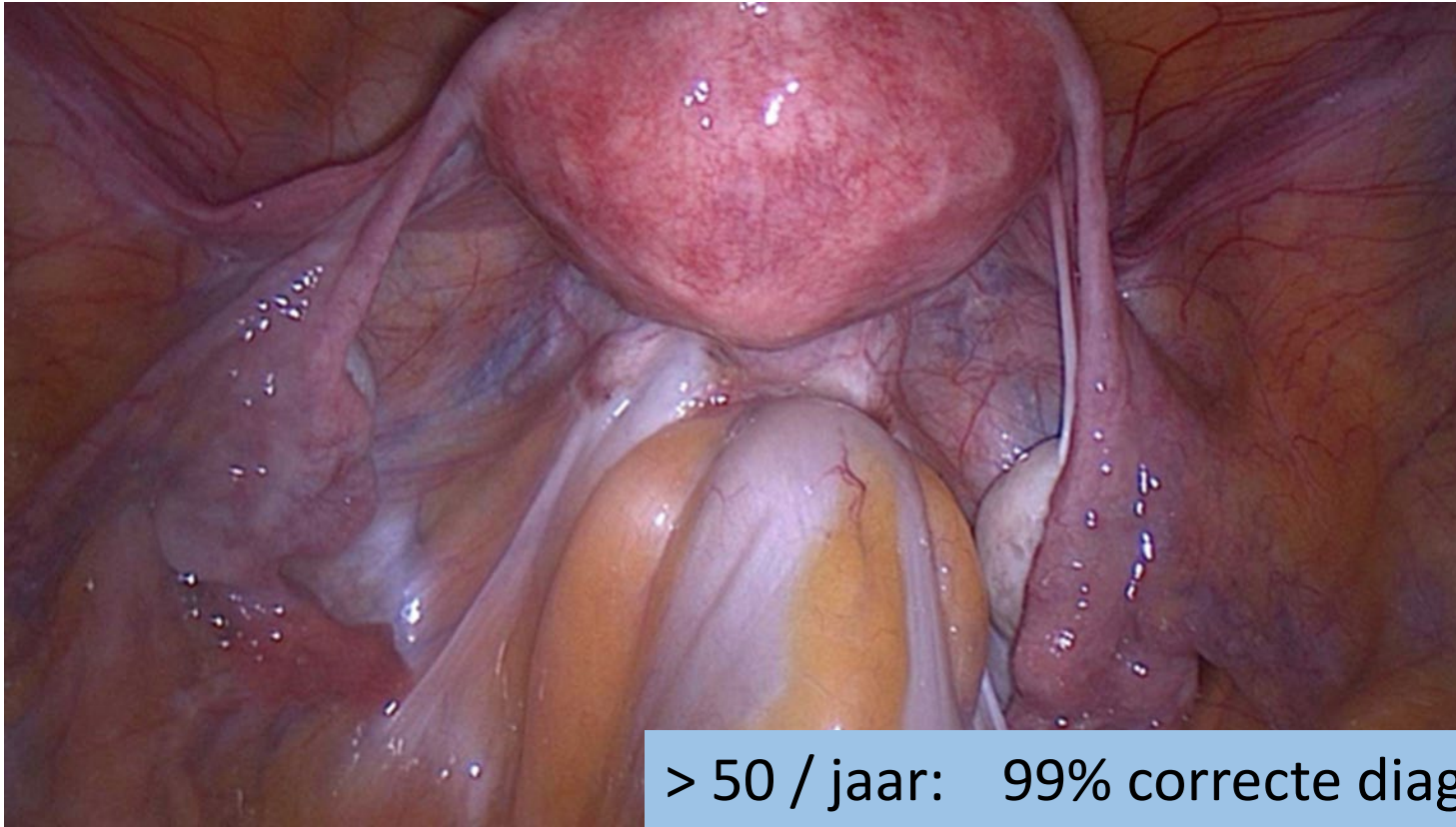
## Biomarker $\neq$ diagnostic test



# Laparoscopie



# Laparoscopie: gouden standaard??

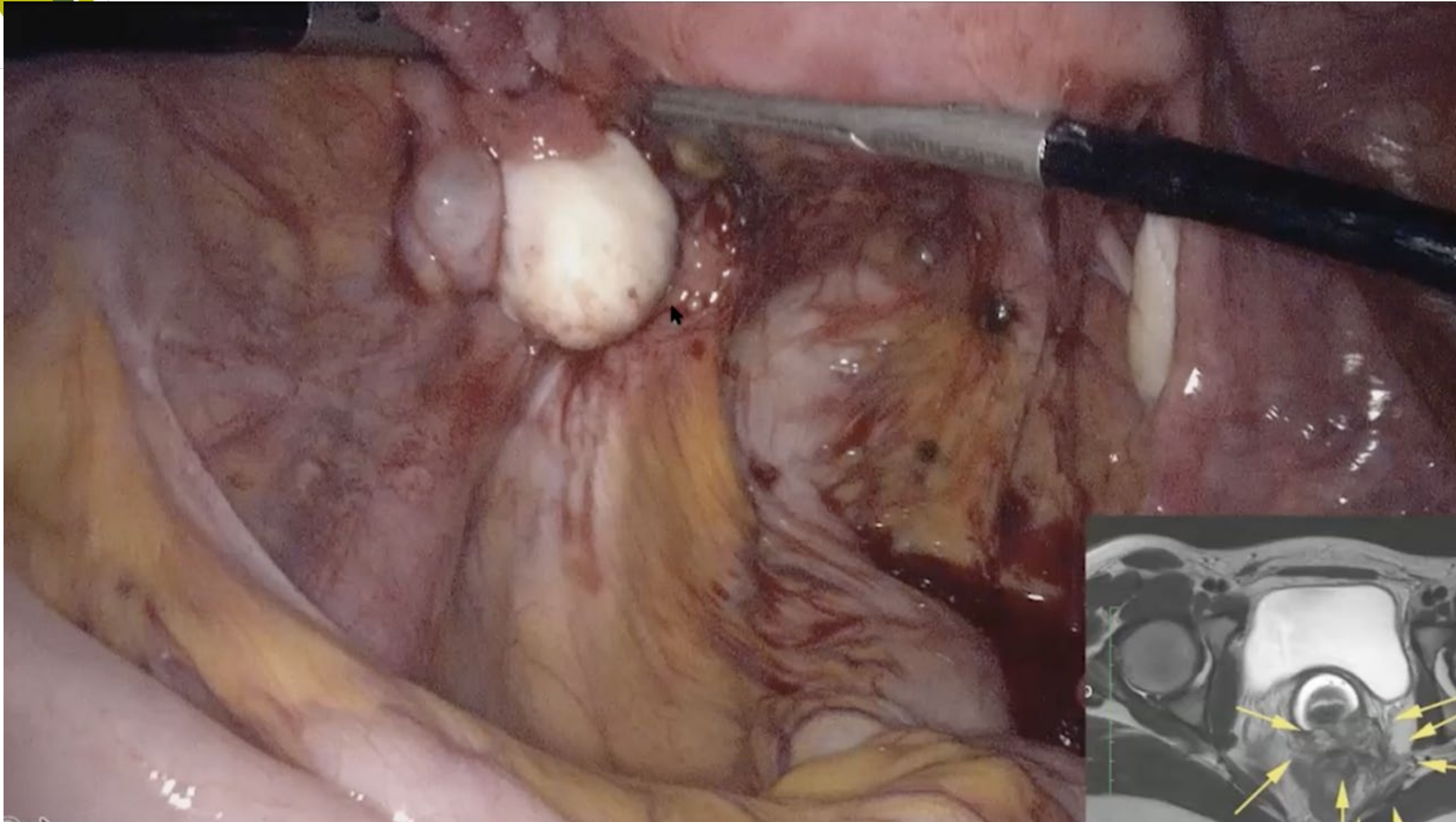


> 50 / jaar: 99% correcte diagnose

< 10 / jaar: 57% correcte diagnose

*Martin 1990*

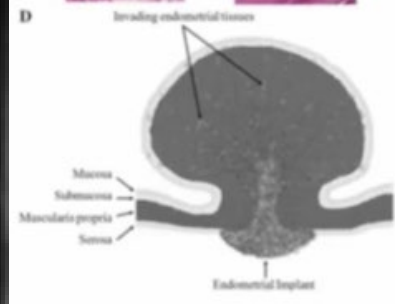
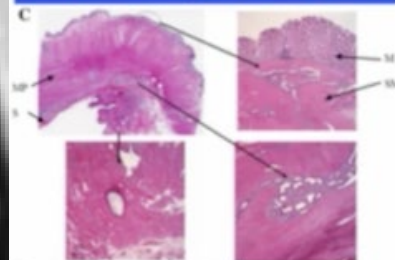
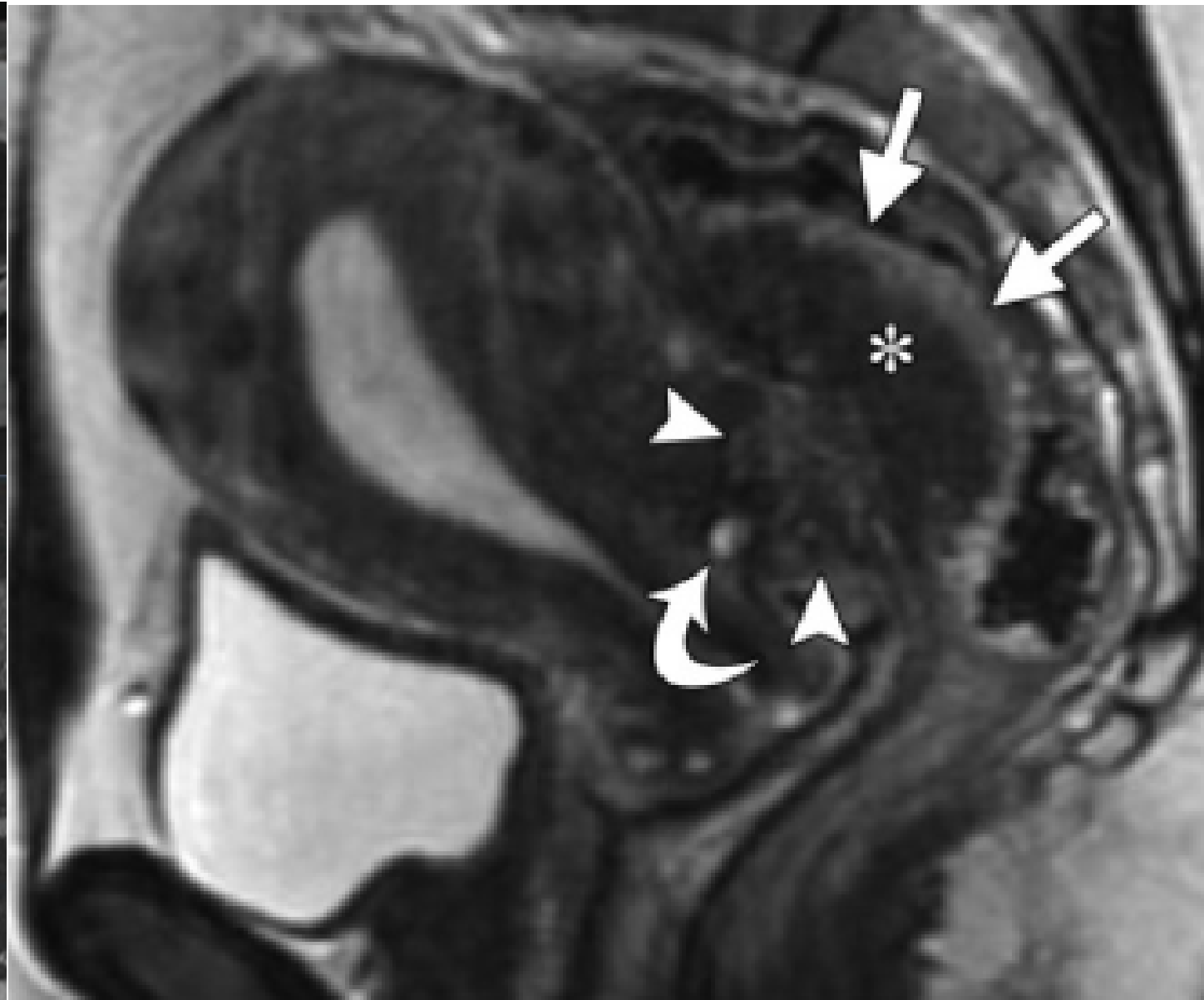
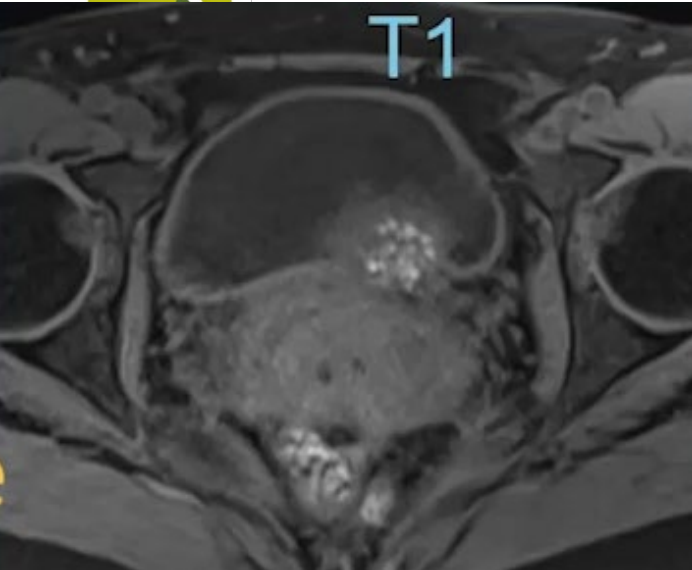
# Laparoscopie: gouden standaard??





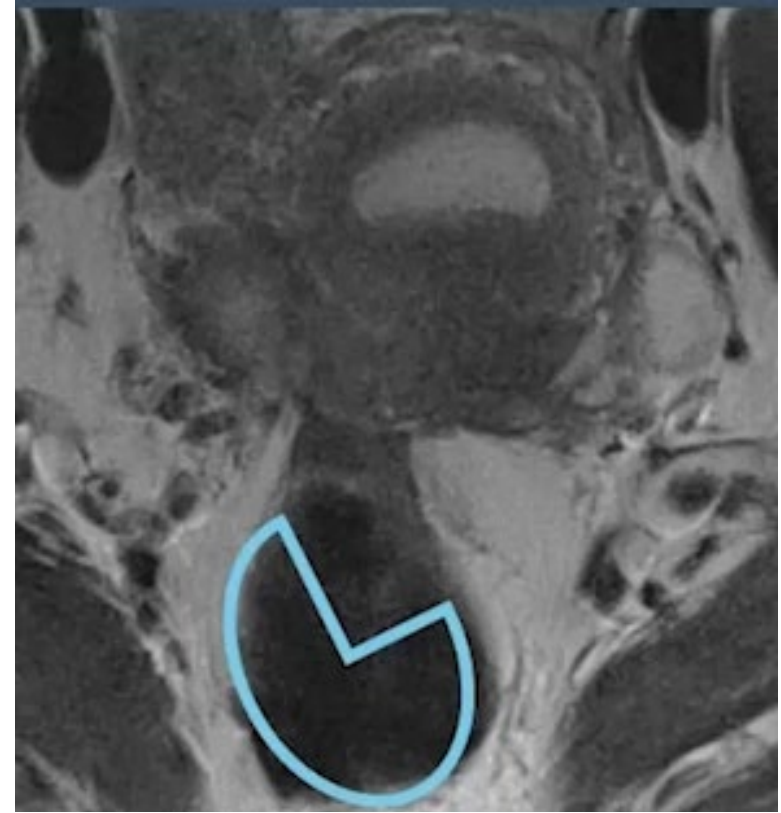
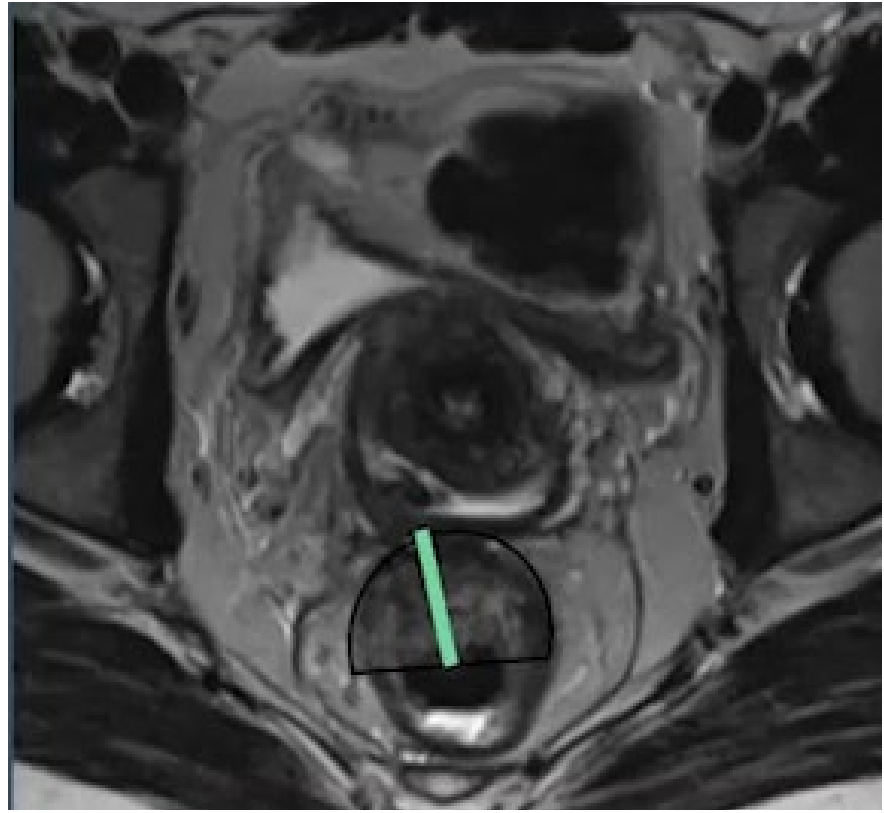
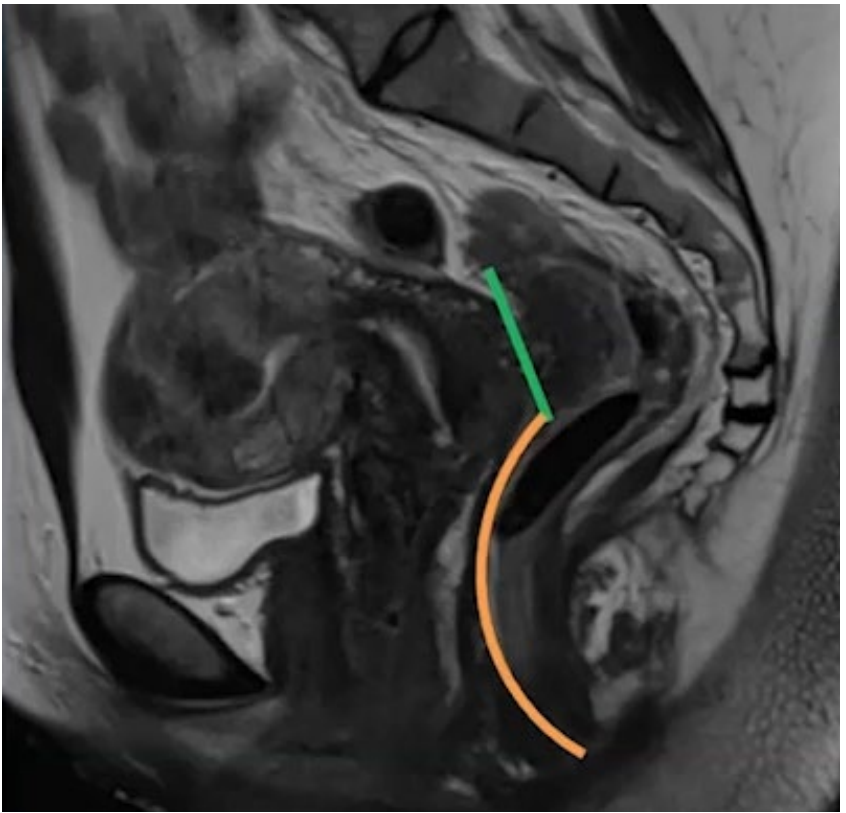


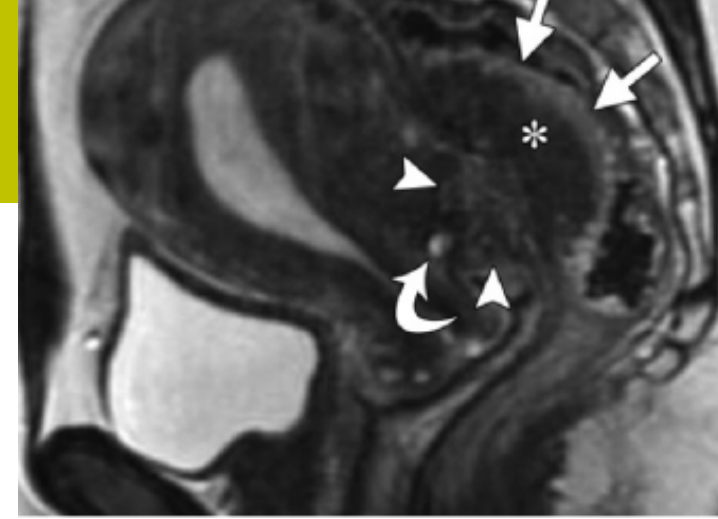
# MRI





# MRI: Stadiëring





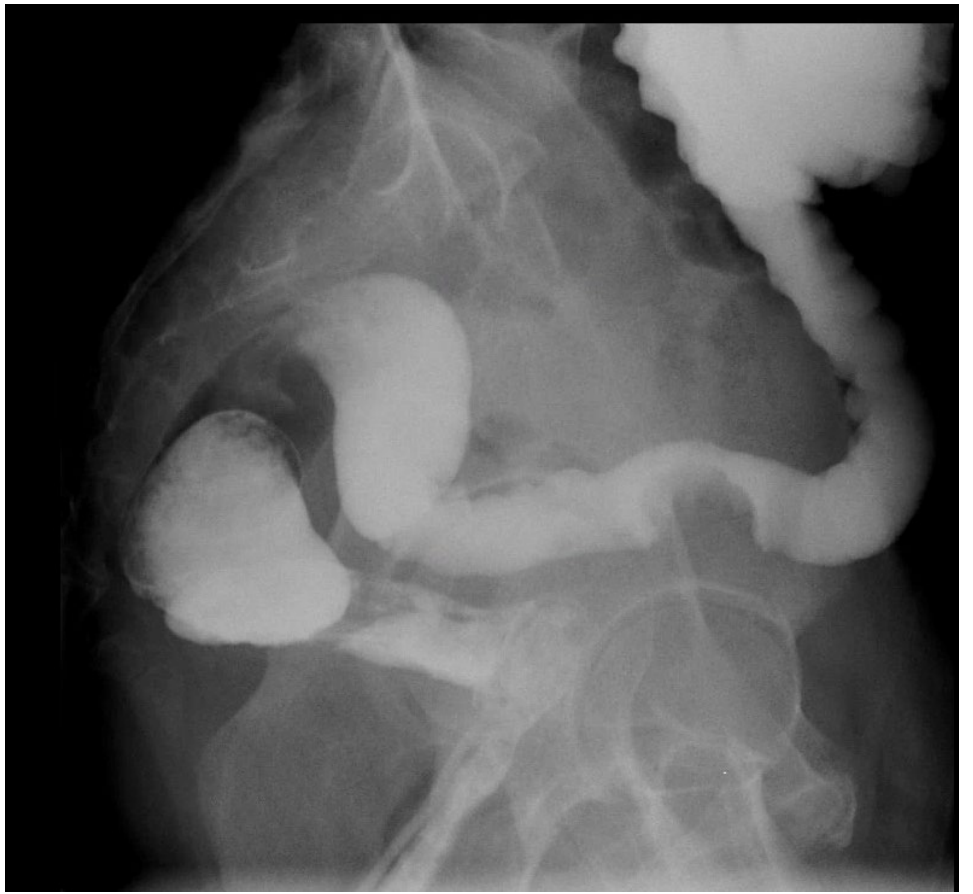
- ~~Oppervlakkige endometriose~~
- Endometrioma
- Diepe endometriose: - stadiëring  
- hoger gelegen letsels  
- atypische lokalisaties

Expertise !





RX



# Diagnose: Samenvatting



Anamnese

Klinisch onderzoek

Transvaginale  
echografie

MRI

Laparo  
scopie

Empirische  
therapie

- Stadiëring
- Hoger gelegen letsels

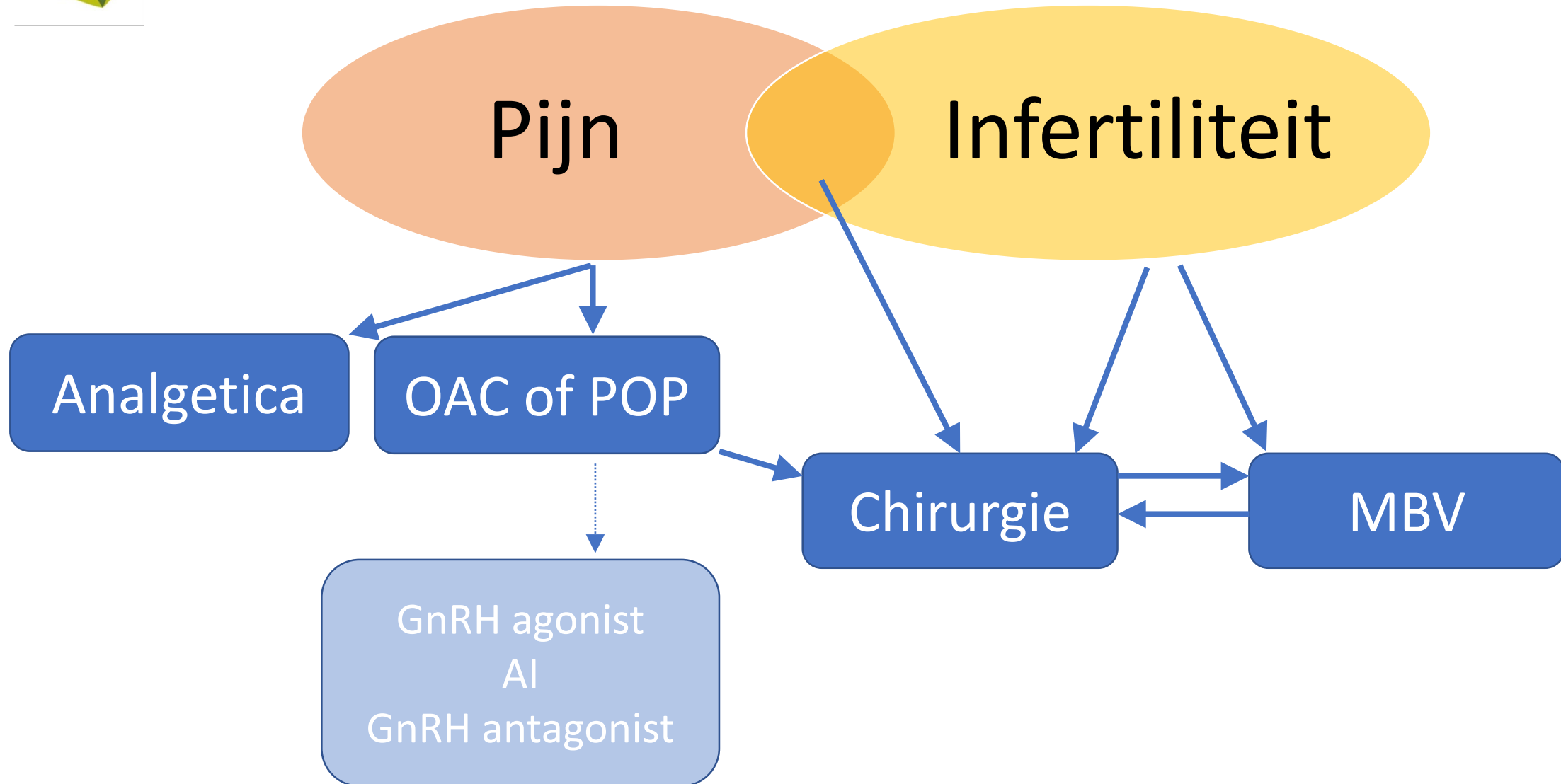
- Beeldvorming -: oppervlakkige endo
- Empirische behandeling gefaald
- Behandeling in zelfde tijd



# Inhoud

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- **Behandeling**
- Lange termijn impact
- Preventie

# Behandeling



# Analgetica



1. Paracetamol
2. **NSAIDs**
3. Opioiden
4. Neuromodulerende medicatie: TCA, SSRI, Gabapentine



# Hormonale behandeling



It is recommended to offer women hormone treatment (combined hormonal contraceptives, progestogens, GnRH agonists or GnRH antagonists) as one of the options to reduce endometriosis-associated pain.

⊕⊕⊕○

The GDG recommends that clinicians take a shared decision-making approach and take individual preferences, side effects, individual efficacy, costs, and availability into consideration when choosing hormone treatments for endometriosis-associated pain.

GPP

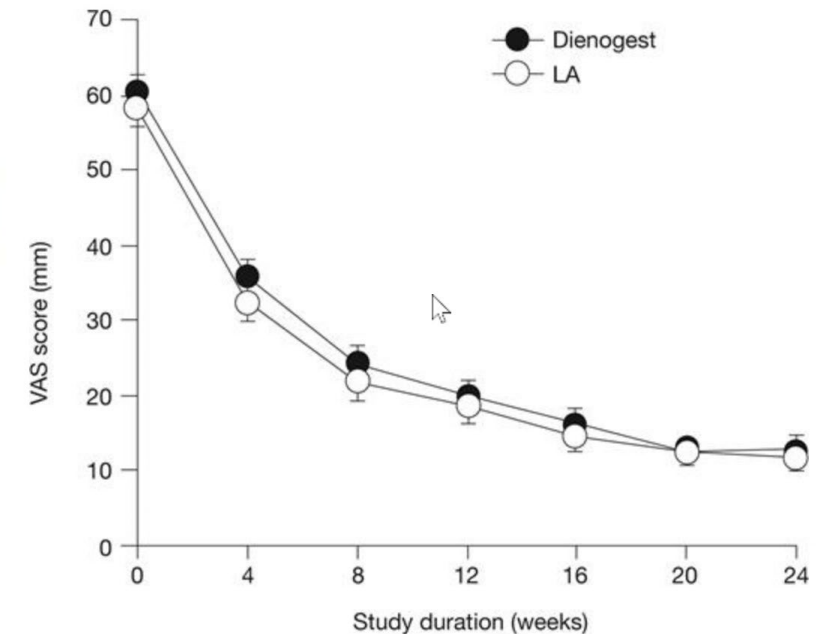
# Hormonale behandeling



## Steroid Receptor Activities of Progestogen

*Strowitzki, 2010*

	Progestogenic activity	Glucocorticoid activity	Androgenic activity	Anti-androgenic activity	Antimineralocorticoid activity
Progesterone	+	–	–	(+)	+
Dienogest	+++	–	–	++	–
Drospirenone	+	–	–	+	++
Levonorgestrel	++	–	+	–	–
Gestodene	+	–	+	–	(+)
MPA	+	++	+	–	–
Norgestimate	++	–	+	–	–
Norethisterone	+++	–	+	–	–
Desogestrel	+	+	+	–	–
Cyproterone acetate	+	+++	–	+++	–



# Hormonale behandeling

It is recommended to offer women hormone treatment (combined hormonal contraceptives, progestogens, GnRH agonists or GnRH antagonists) as one of the options to reduce endometriosis-associated pain.



**1<sup>ste</sup> lijn: POP, OAC**

**2<sup>de</sup> lijn: GnRH-agonist**

Terugbetaling max 6mnd → enkel peri-operatief

Menopauzale nevenwerkingen → add-back

**Aromatase-inhibitoren**

Off-label use

Nevenwerkingen → combinatietherapie

**Toekomst: GnRH-antagonist**

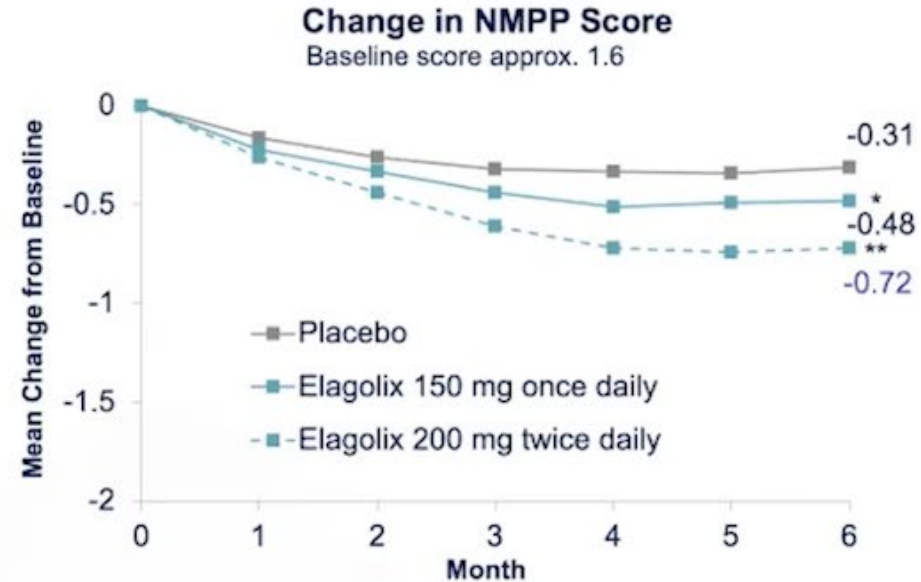
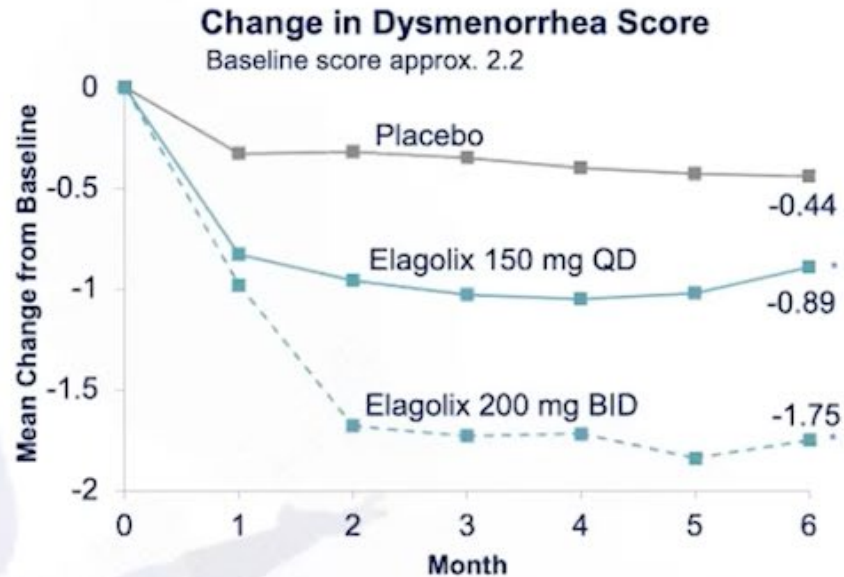
# GnRH antagonisten



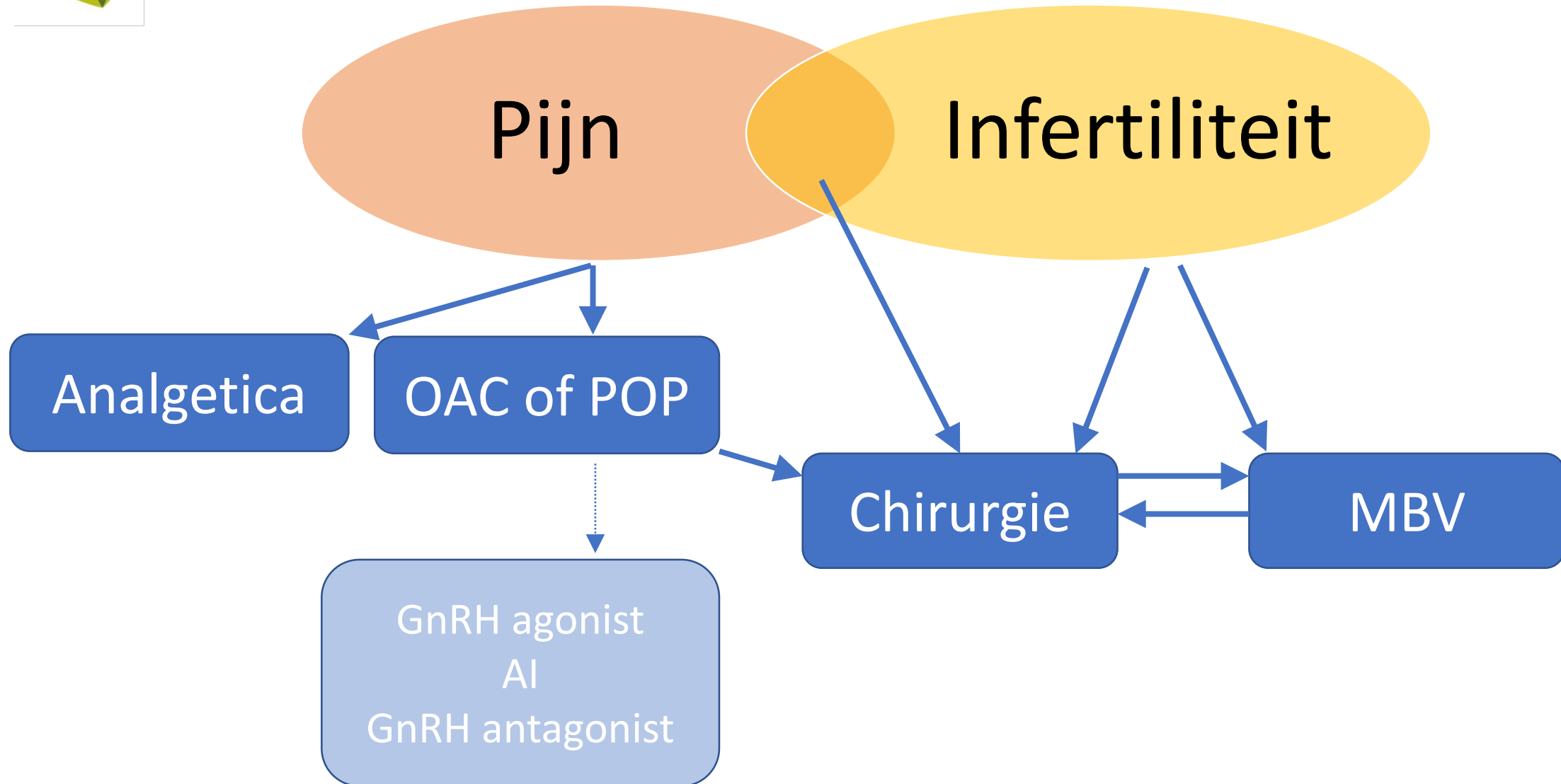
## GnRH Receptor Antagonist

Treatment with Elagolix is Effective in Dysmenorrhea and Non-Menstrual Pelvic Pain (NMPP) Reduction

Elagolix provided statistically significant increases in responder rates at Month 3 (primary endpoint) and Month 6 for dysmenorrhea and NMPP



# Behandeling



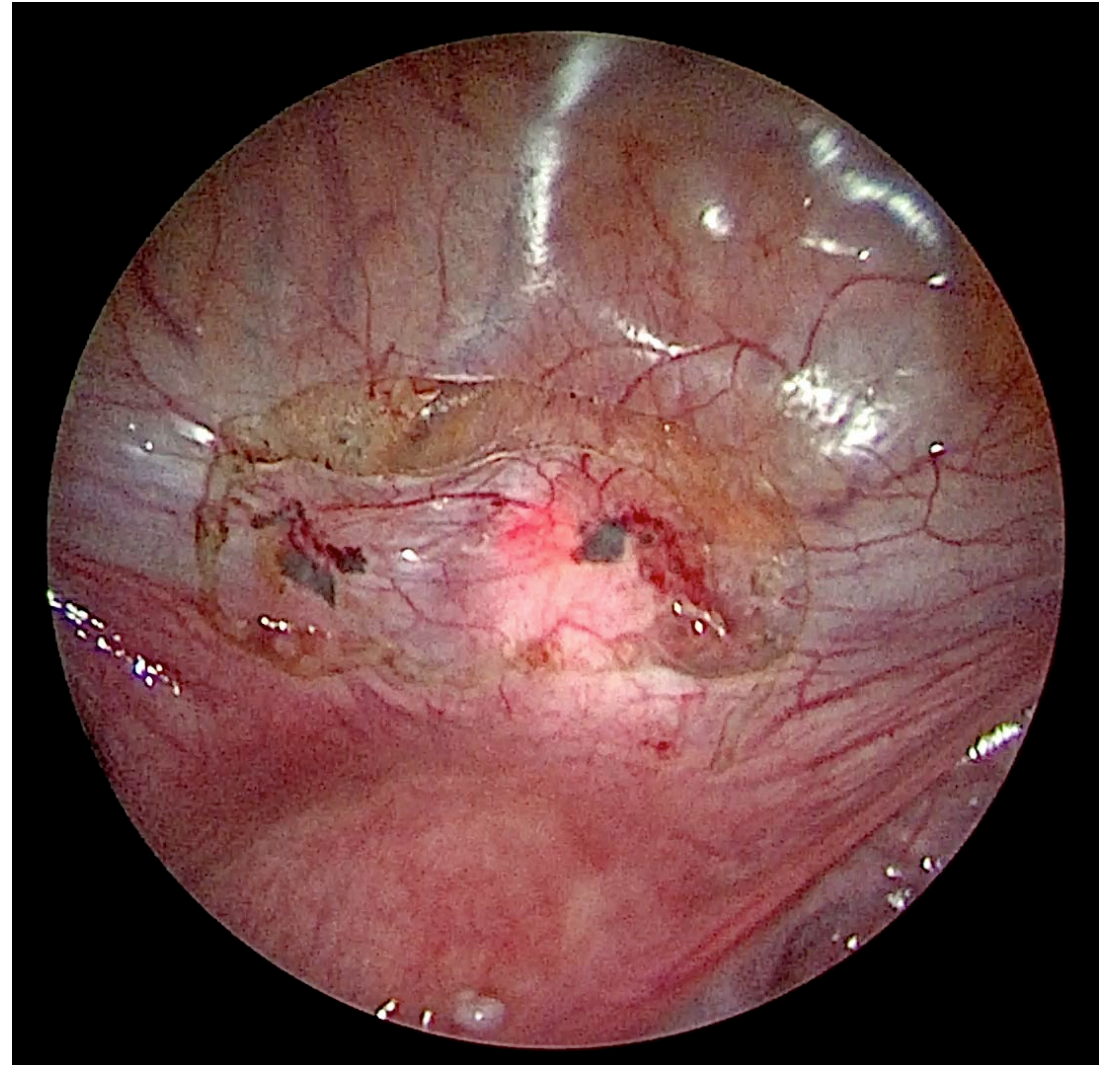
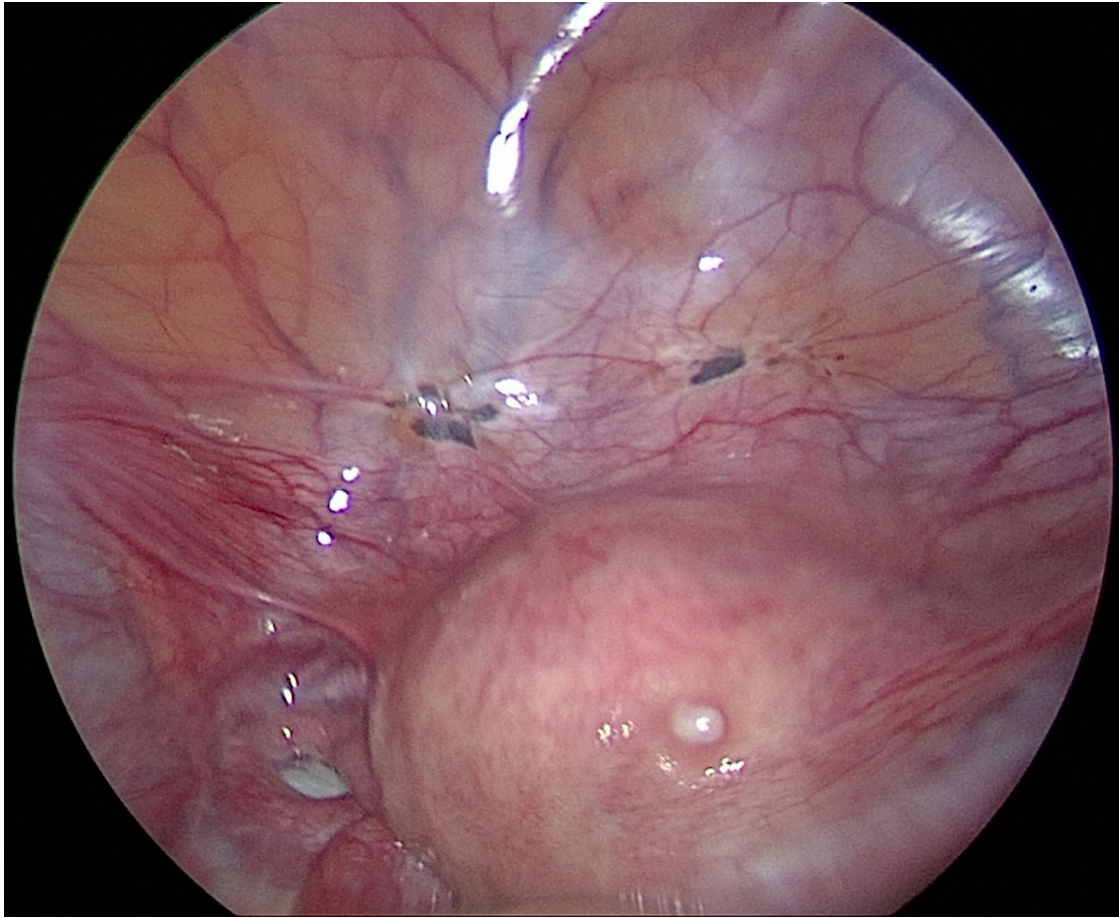
# Chirurgie: CO2-laser-laparoscopie



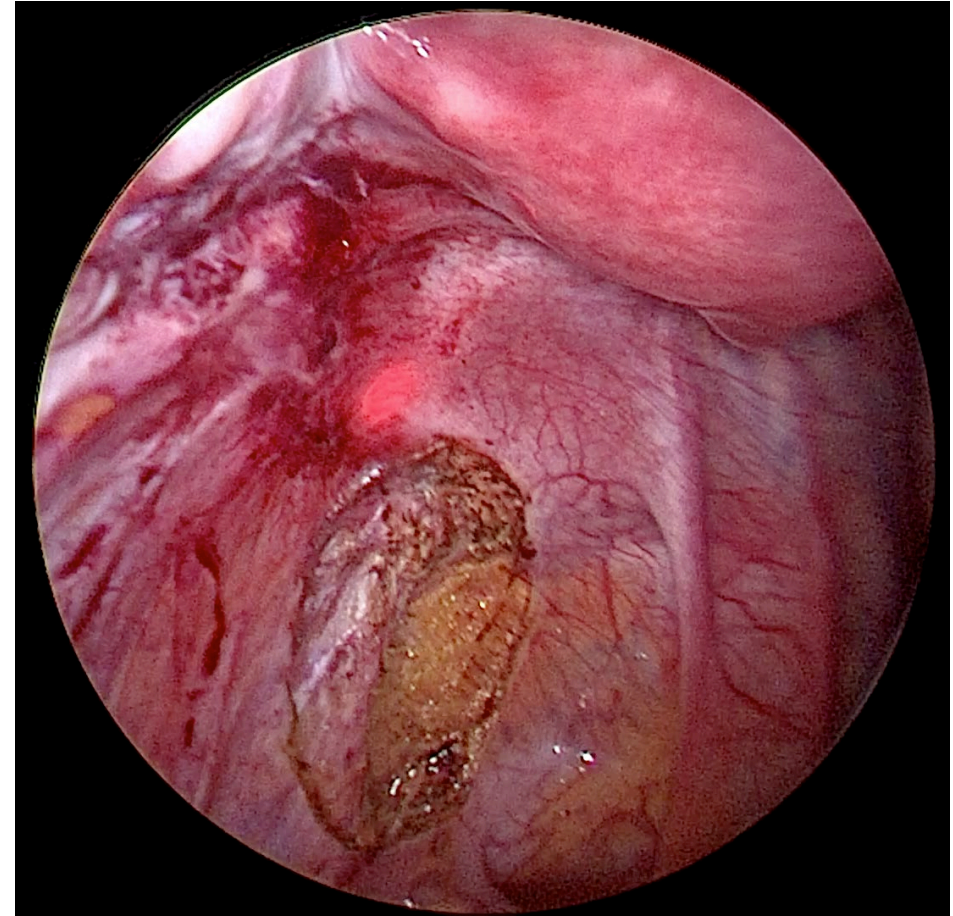
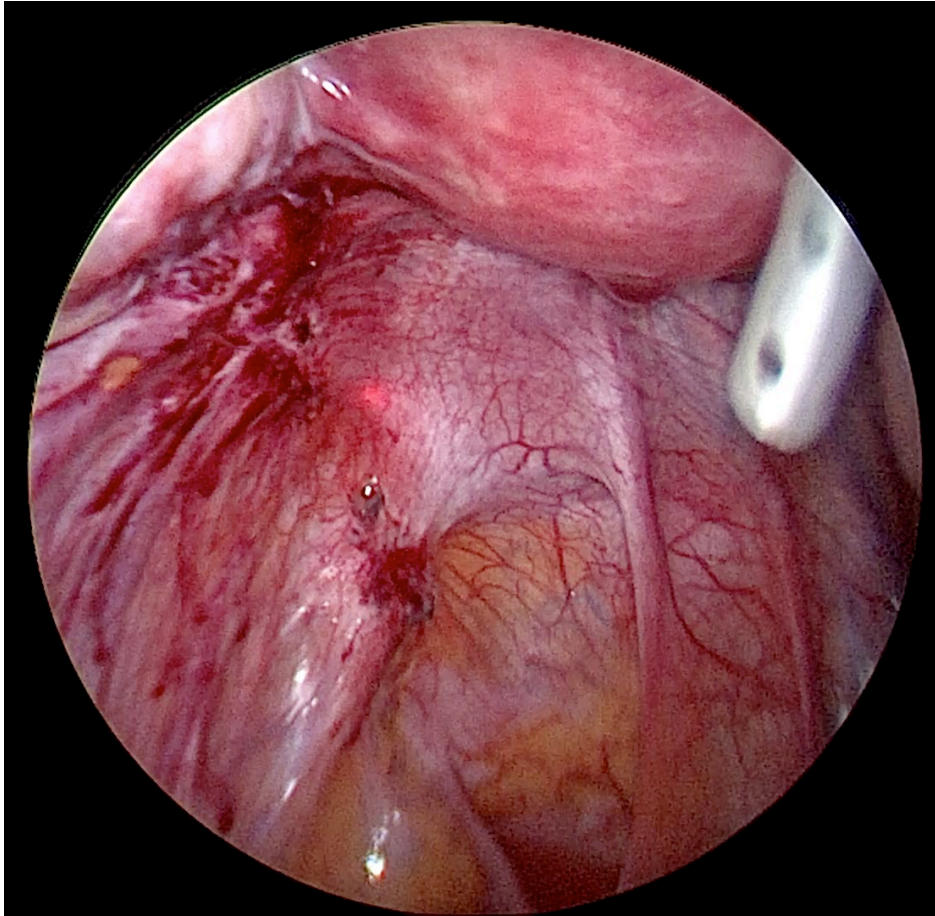
	Lateral thermal damage
Monopolar	10mm
Bipolar	7mm
Advanced bipolar	1-3mm
Ultrasonic scalpel	1mm
CO2 laser	0.1mm
Plasma jet	0.5-2 mm

- Capsule may be up the 3 mm
- Bipolar can penetrate 10-12 mm
- Deep coagulation may destroy follicles





# Laserlaparoscopie: excisie en vaporisatie



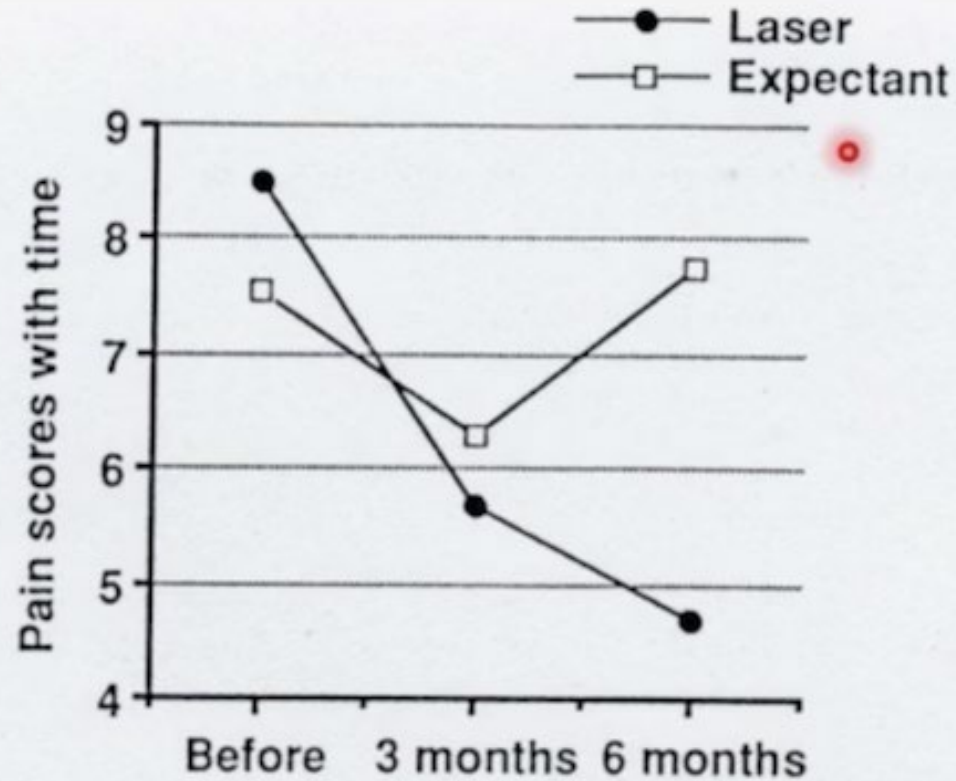




# Chirurgie: oppervlakkige endo

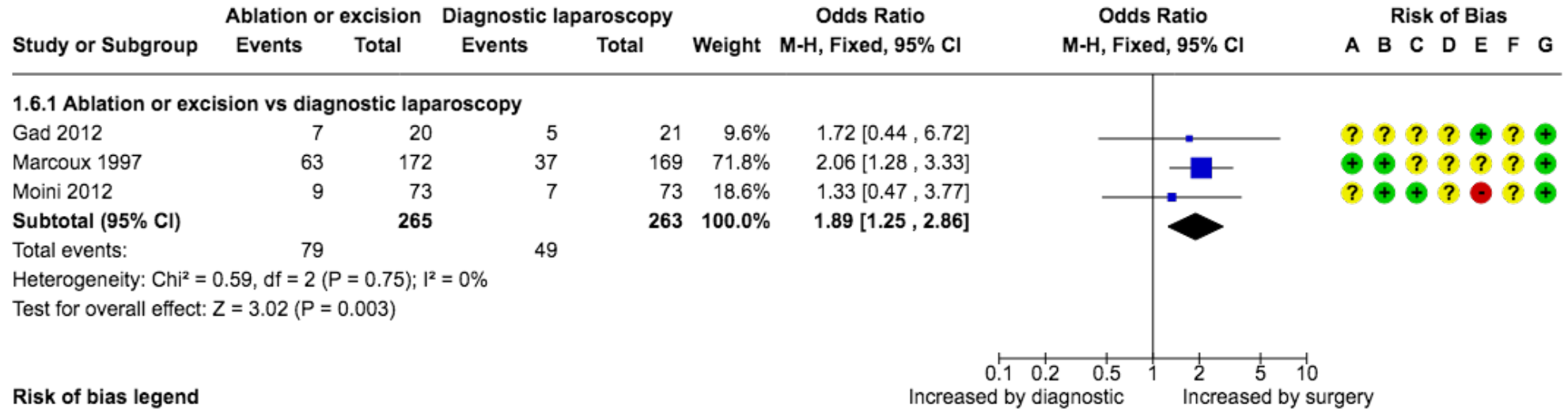


# Chirurgie: oppervlakkige endo



**Figure 2** Median visual analogue pain scores (with time).

# Chirurgie: oppervlakkige endo



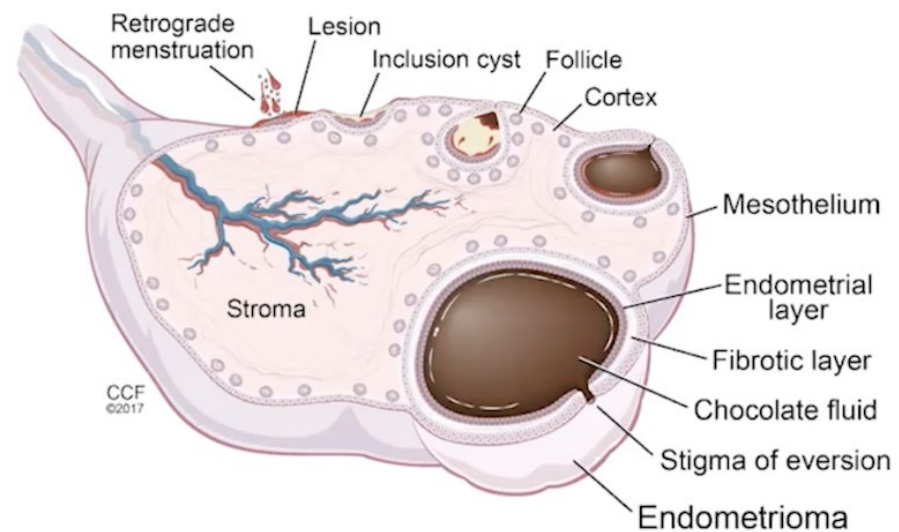
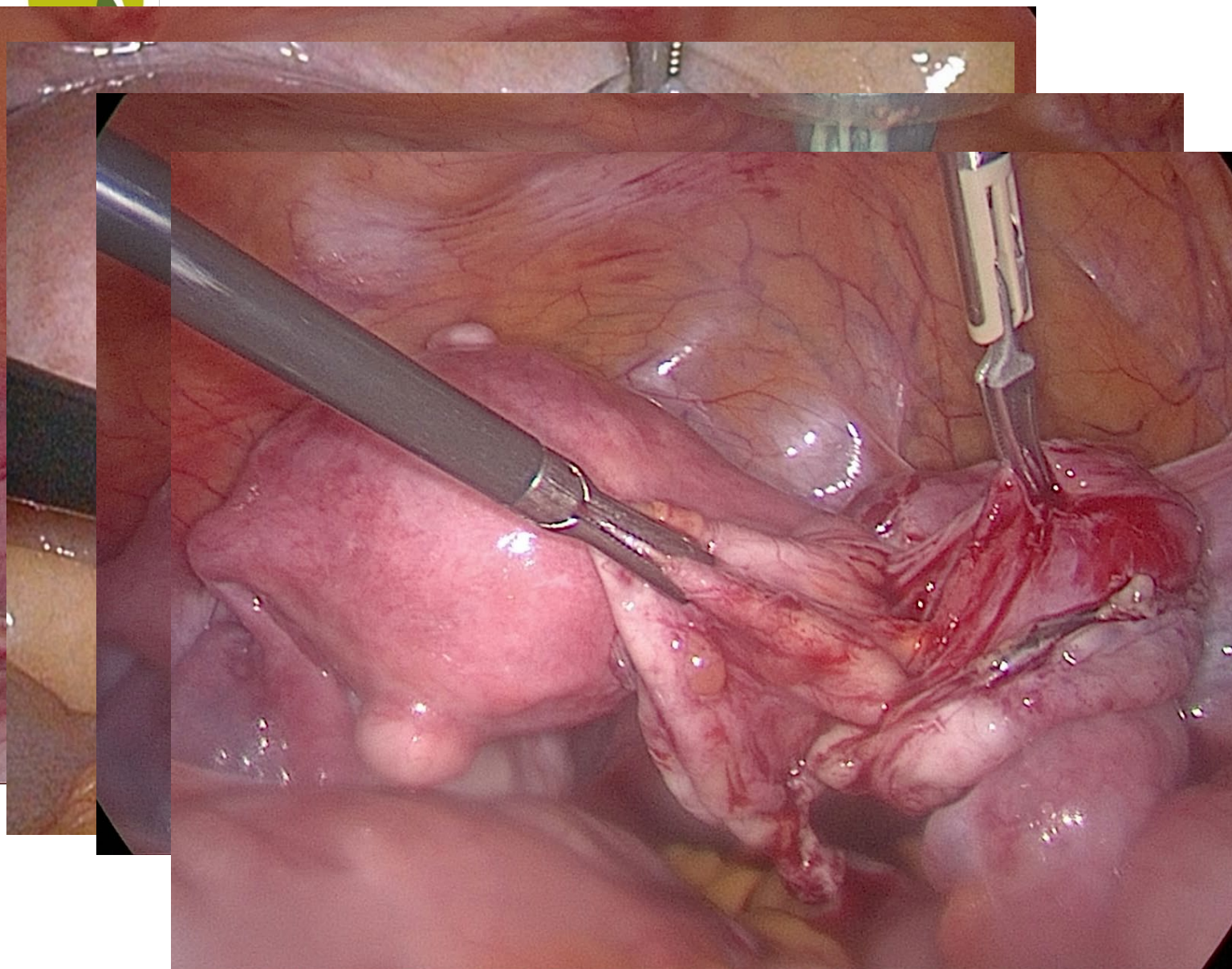
### Risk of bias legend

- (A) Random sequence generation (selection bias)
- (B) Allocation concealment (selection bias)
- (C) Blinding of participants and personnel (performance bias)
- (D) Blinding of outcome assessment (detection bias)
- (E) Incomplete outcome data (attrition bias)
- (F) Selective reporting (reporting bias)
- (G) Other bias

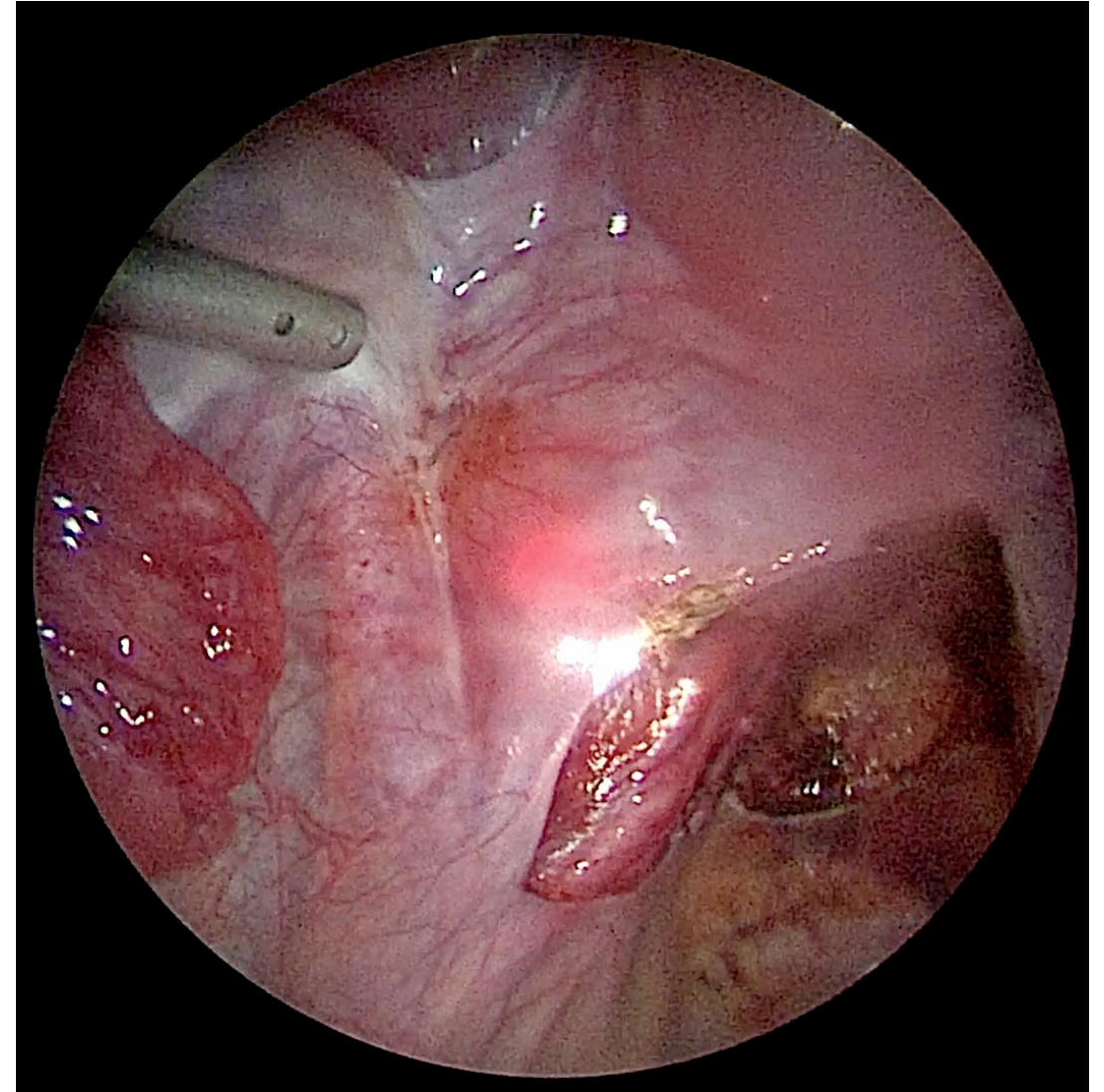
In infertile women with AFS/ASRM stage I/II endometriosis, clinicians may consider CO<sub>2</sub> laser vaporization of endometriosis, instead of monopolar electrocoagulation, since laser vaporisation is associated with higher cumulative spontaneous pregnancy rates (Chang, et al., 1997).

C

# Chirurgie: endometrioma



# Chirurgie: endometrioma



# Chirurgie: endometrioma



## BLAST (Belgian LAser STudy)

RCT on conservative endometrioma surgery: cystectomy vs vaporisation



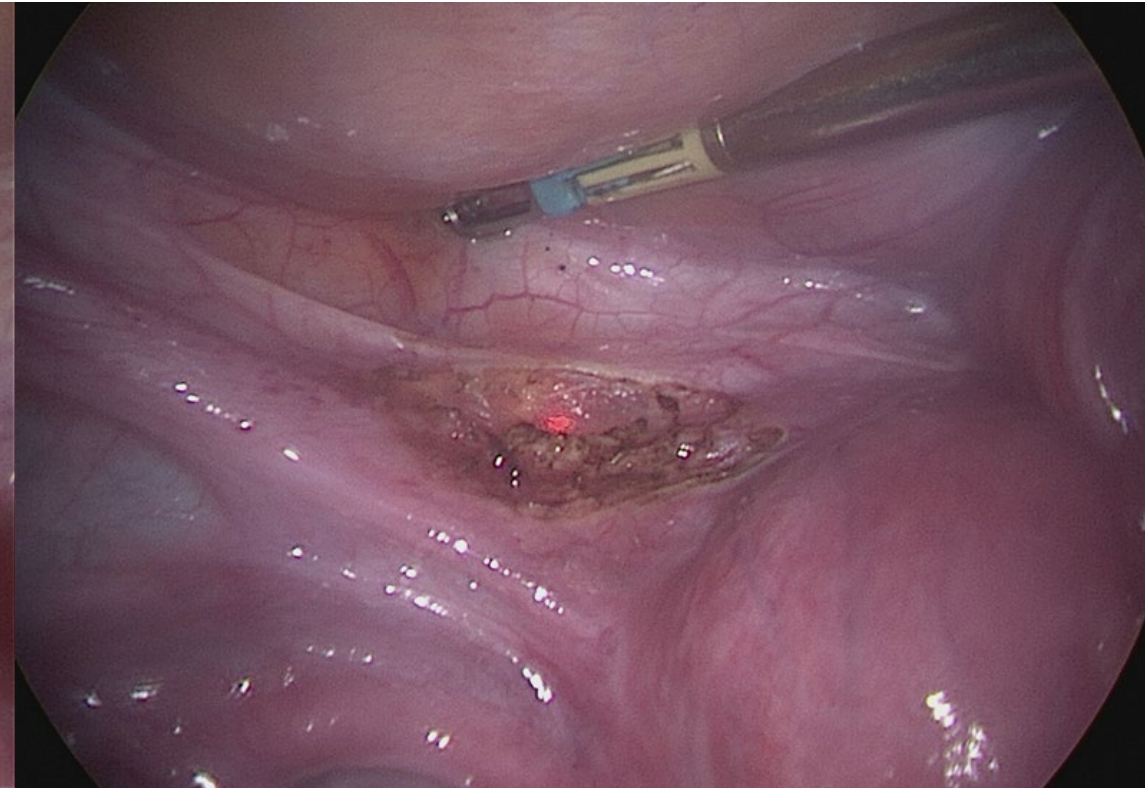
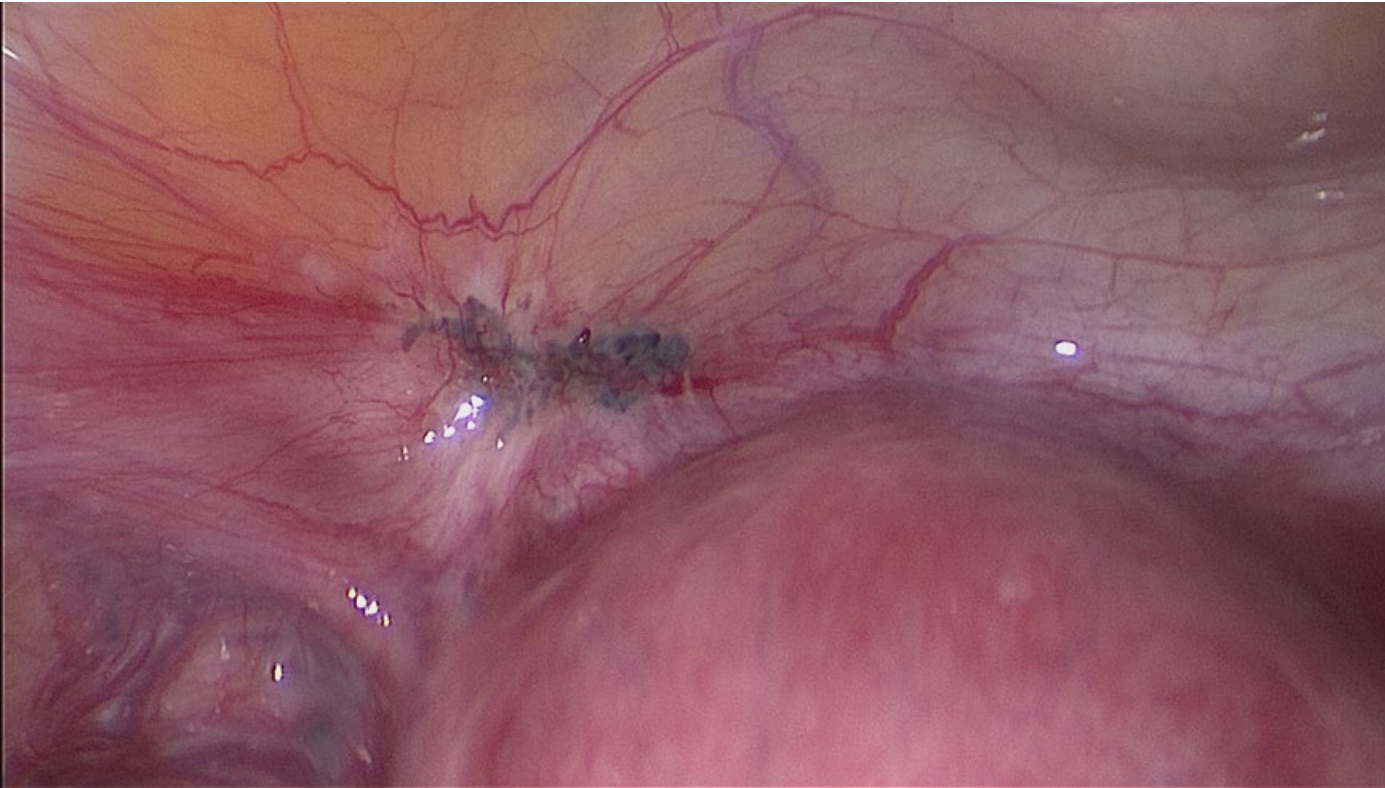
Prof Dr C. Tomassetti (UZ Leuven) Dr C. Bafort (UZ Leuven) Prof Dr C. Meuleman (UZ Leuven)

Prof Dr M. Nisolle (CHR La Citadelle – Liège) Dr L. Tebache (CHR La Citadelle – Liège)

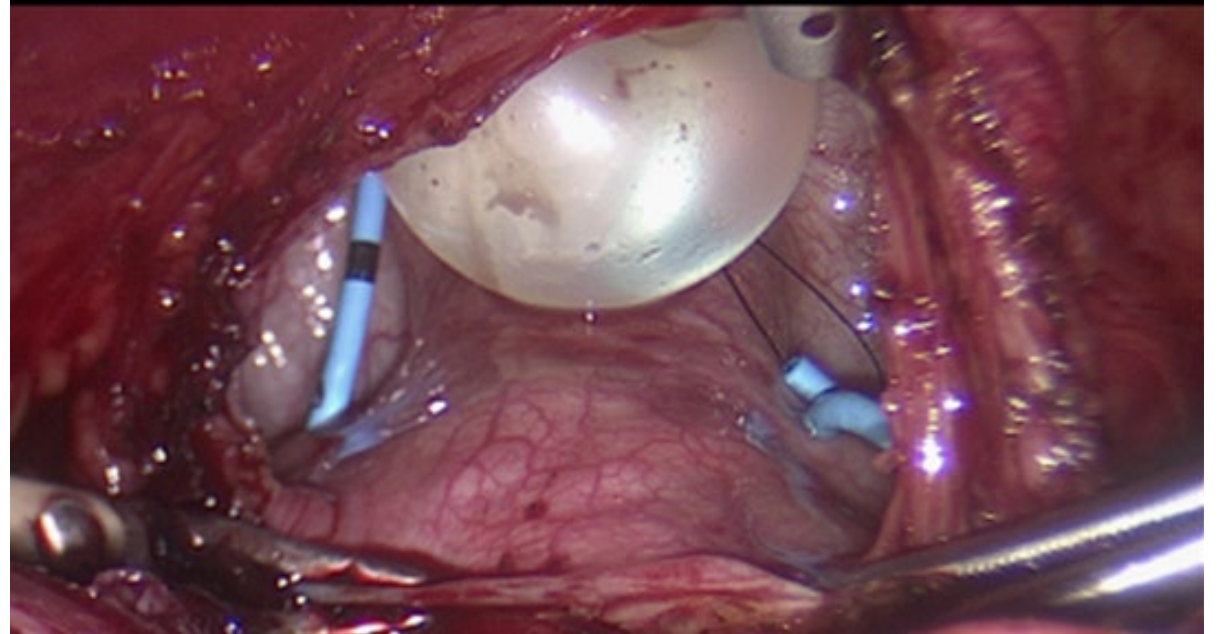
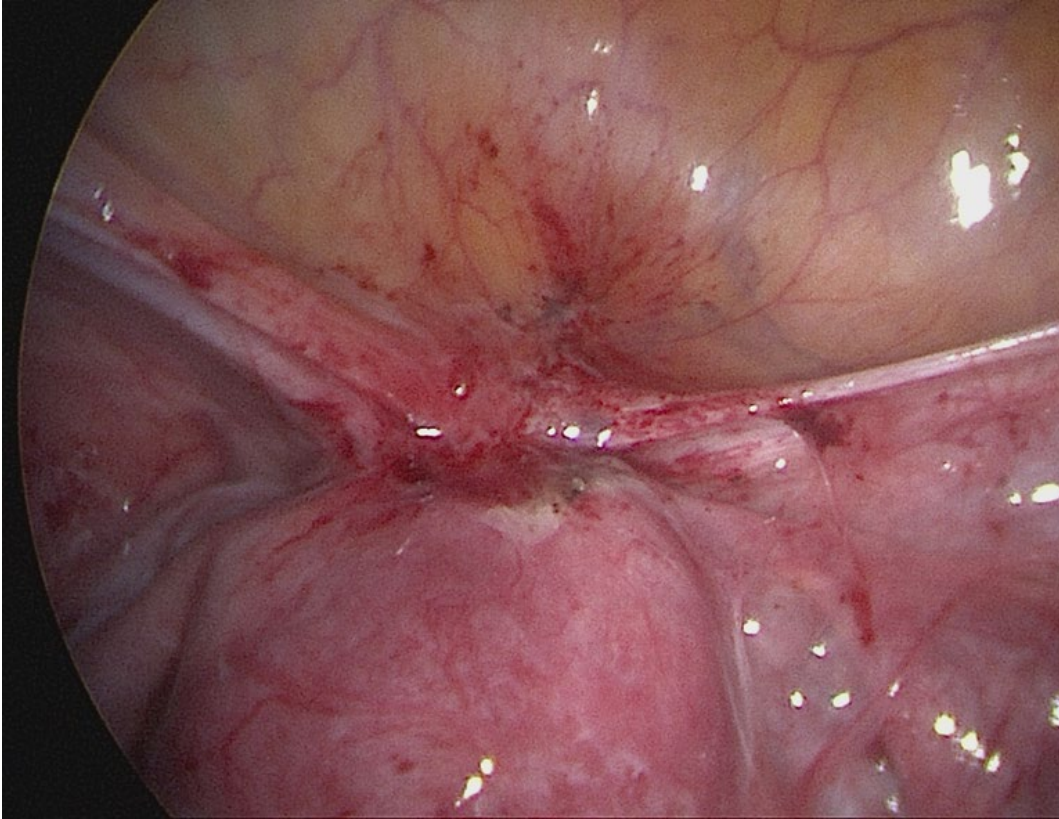
Prof Dr J-L. Squifflet (UCL – Brussels) Prof Dr C. Wyns (UCL – Brussels)

Dr B. Geysenbergh (GZA Sint Augustinus – Antwerp)

# Chirurgie: diepe endometriose blaas

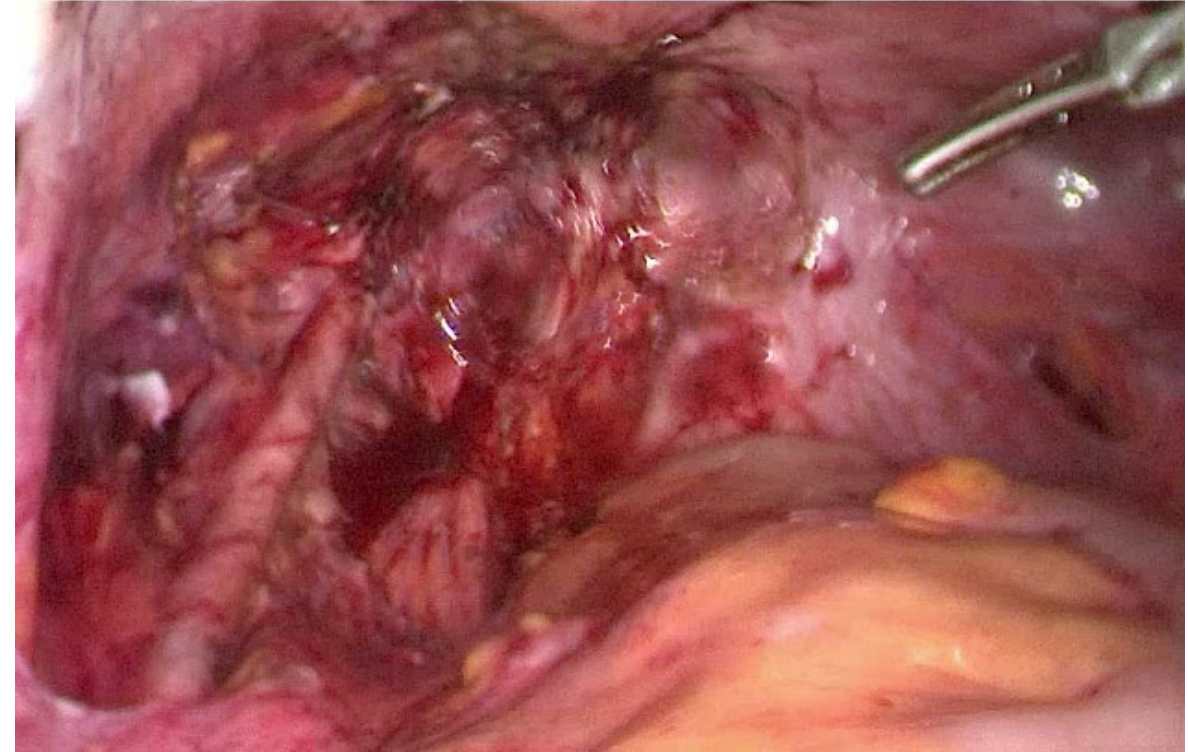
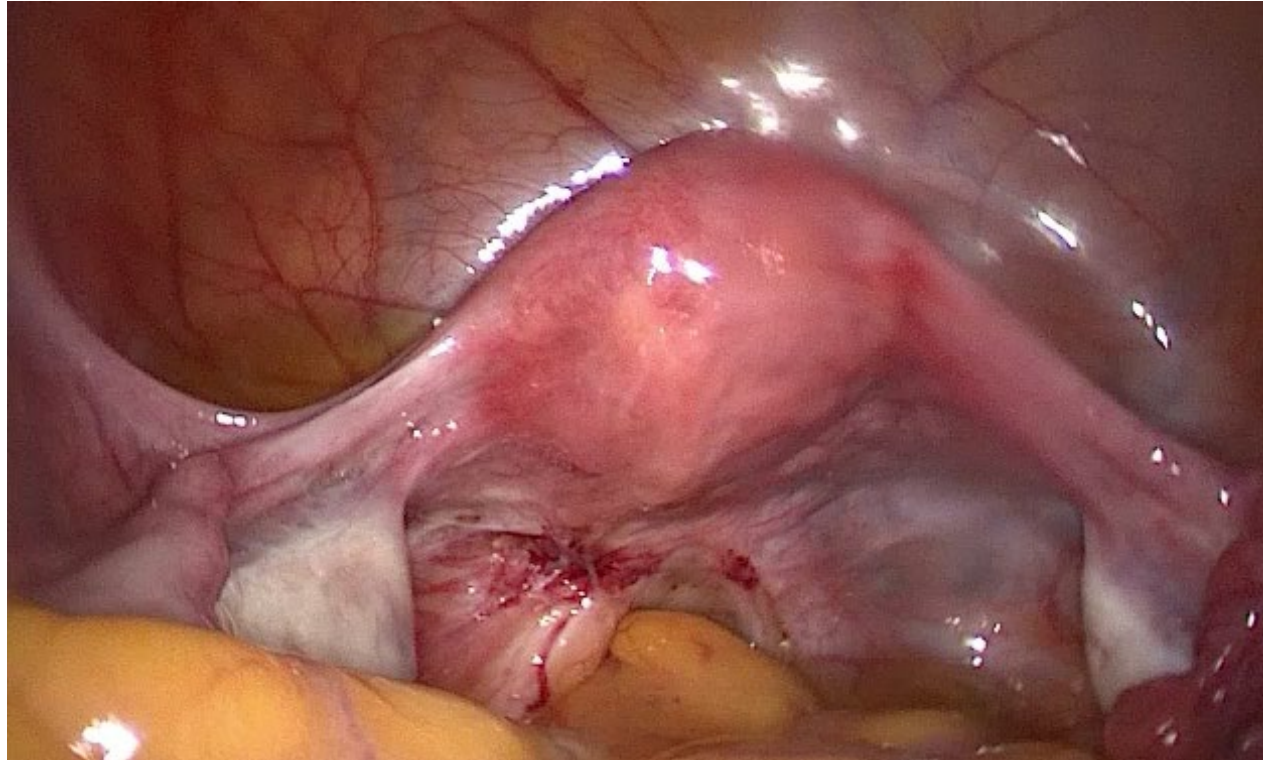


# Chirurgie: diepe endometriose blaas





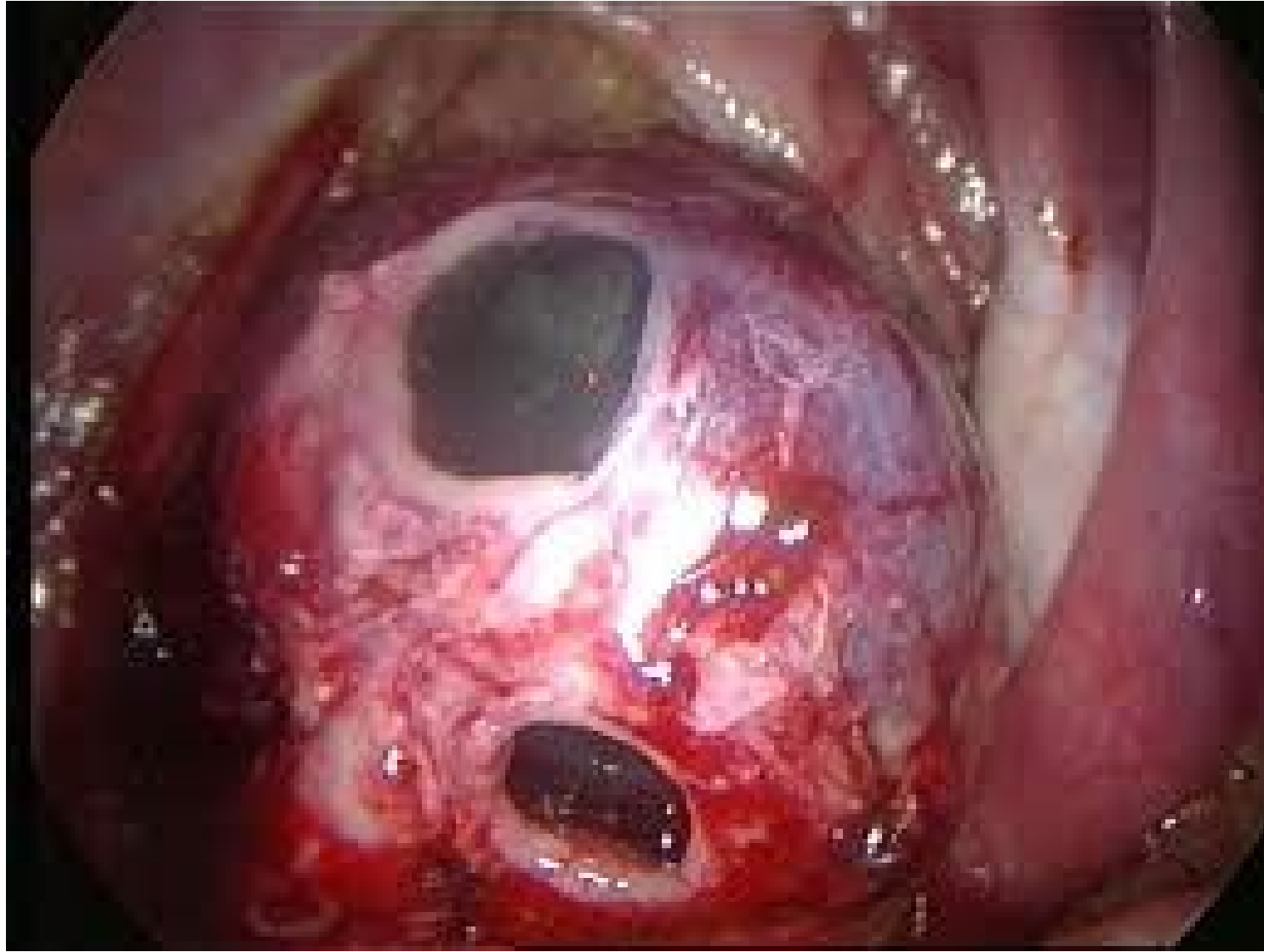
# Chirurgie: diepe endometriose rectum



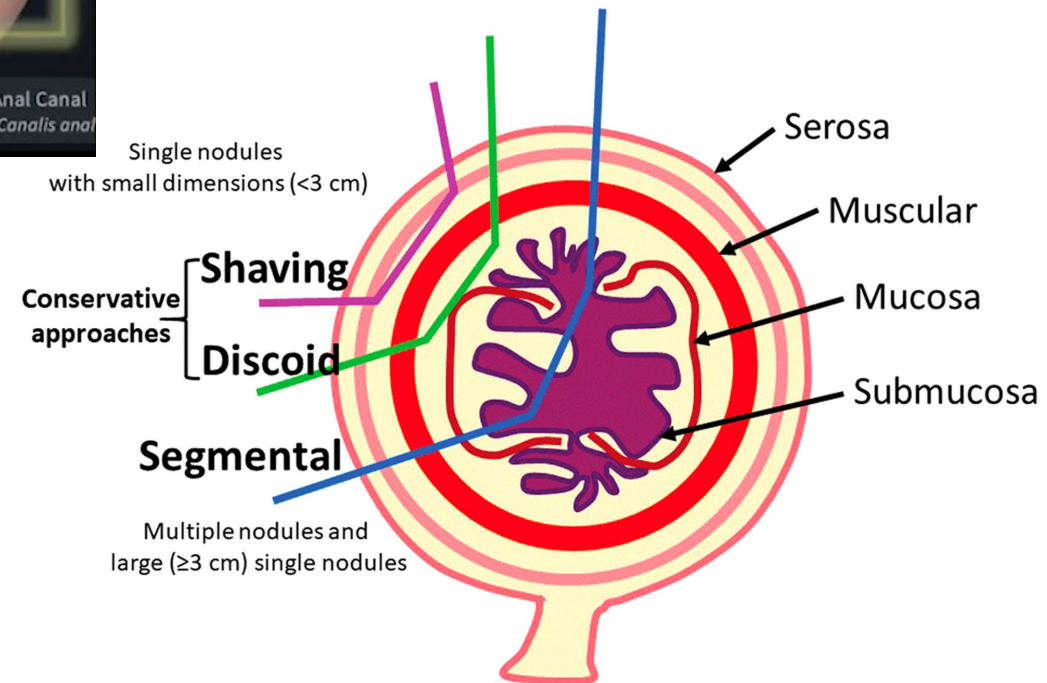
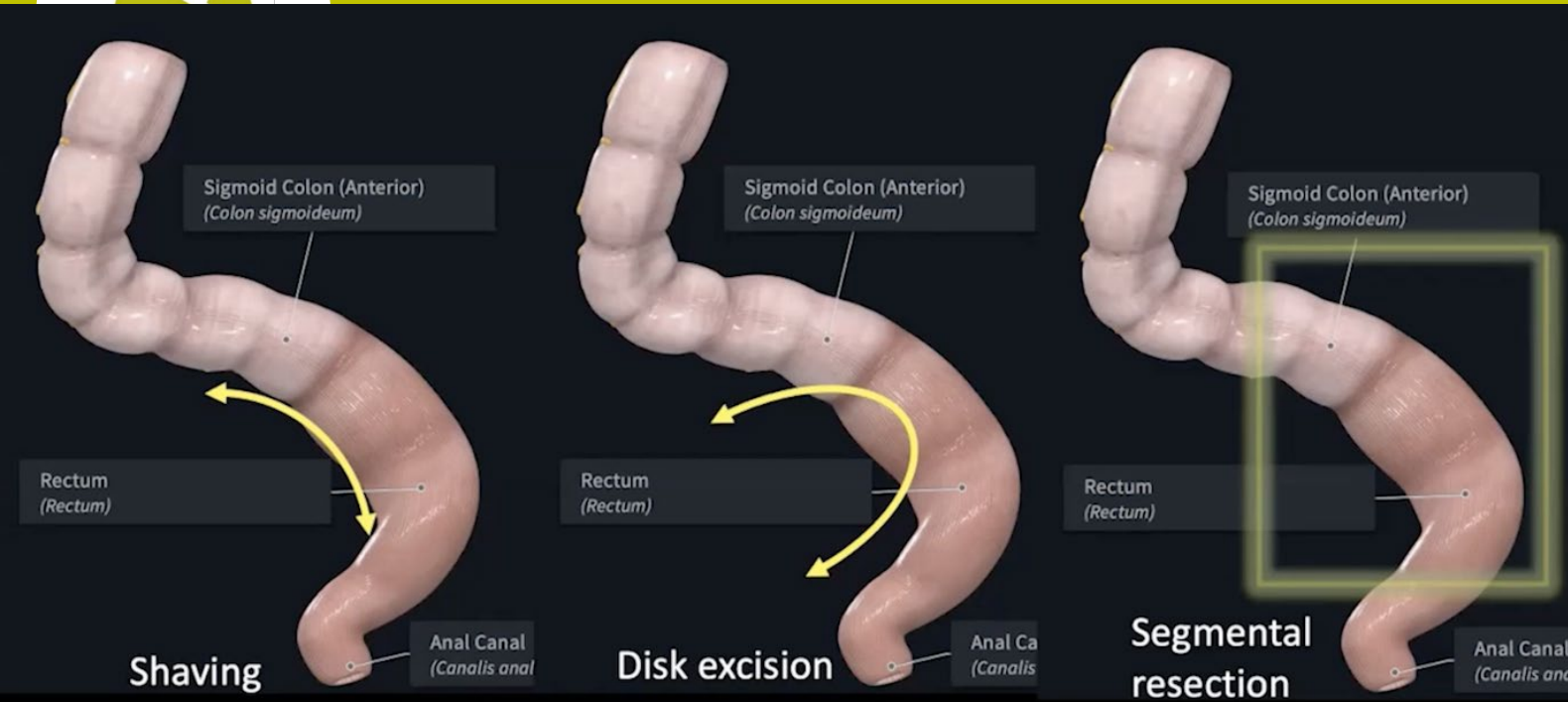
# Rectal shaving



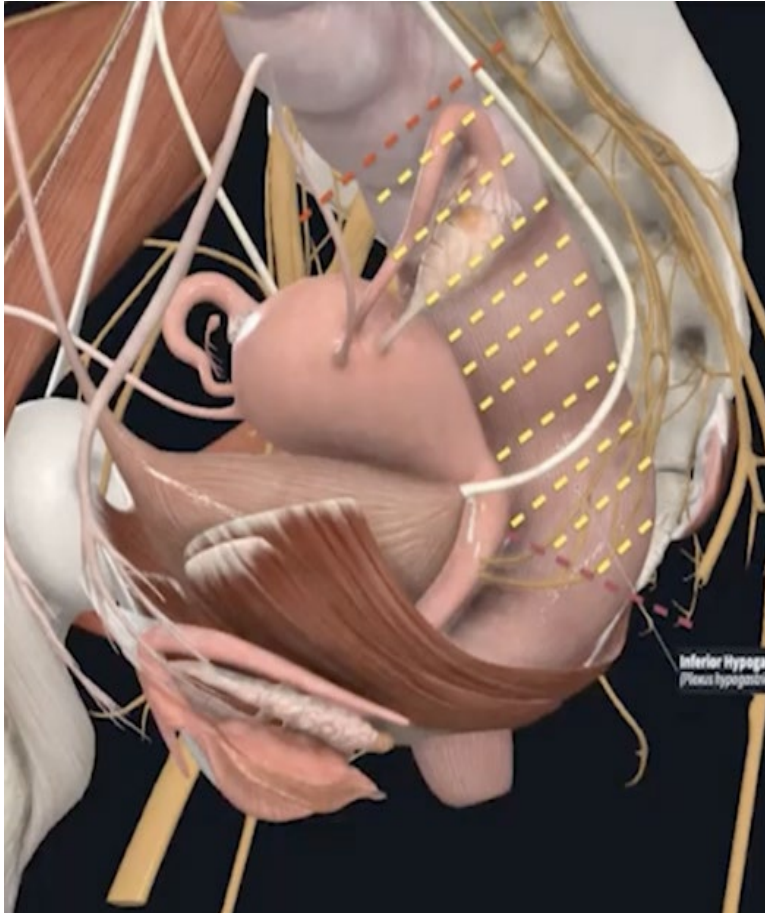
# Chirurgie: diepe endometriose rectum



# Chirurgische technieken rectosigmoid

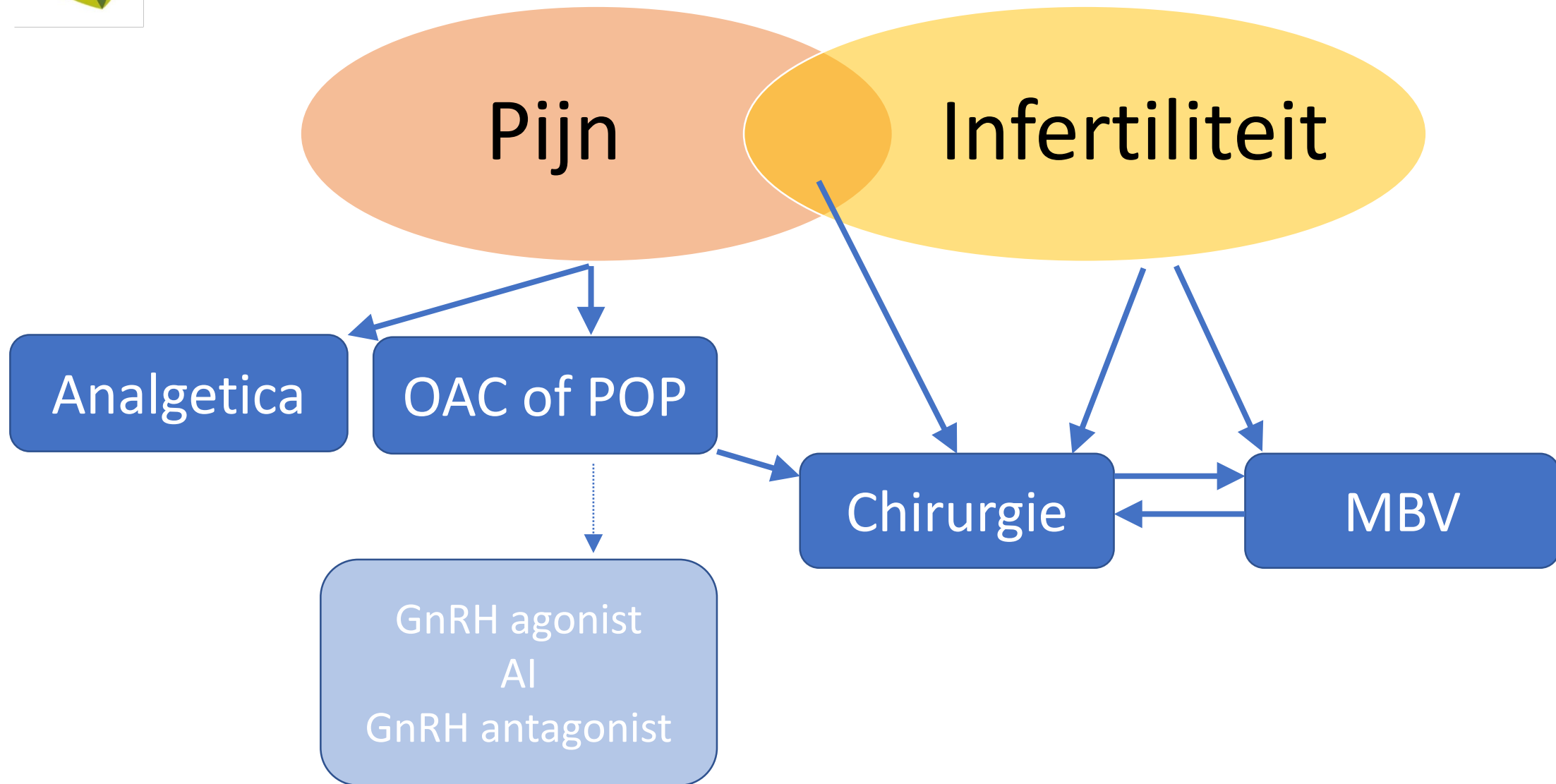


# LARS: low anterior resection syndrome



1. **Rectal denervation:** constipation, hypotonic rectum, major exoneration trouble
2. **Rectosigmoid stenosis:** constipation, dyschesia
3. **Reduction of rectal reservoir:** frequent bowel movements, urgency
4. **Risk for faecal incontinence and urgency**

# Behandeling



# Endometriosis Fertility Index



## ENDOMETRIOSIS FERTILITY INDEX (EFI) SURGERY FORM

### LEAST FUNCTION (LF) SCORE AT CONCLUSION OF SURGERY

Score	Description	Left	Right
4	= Normal	<input type="text"/>	<input type="text"/>
3	= Mild Dysfunction	<input type="text"/>	<input type="text"/>
2	= Moderate Dysfunction	<input type="text"/>	<input type="text"/>
1	= Severe Dysfunction	<input type="text"/>	<input type="text"/>
0	= Absent or Nonfunctional	<input type="text"/>	<input type="text"/>

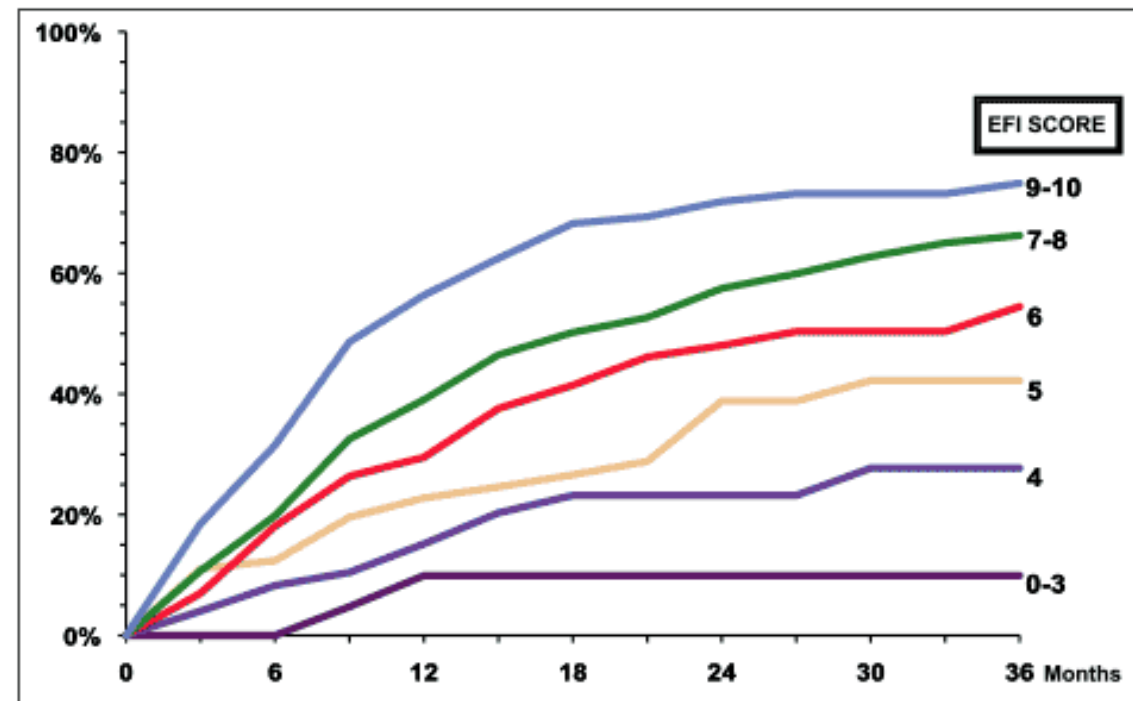
To calculate the LF score, add together the lowest score for the left side and the lowest score for the right side. If an ovary is absent on one side, the LF score is obtained by doubling the lowest score on the side with the ovary.

Lowest Score	<input type="text"/>	+	<input type="text"/>	=	<input type="text"/>
	Left		Right		LF Score

### ENDOMETRIOSIS FERTILITY INDEX (EFI)

Historical Factors			Surgical Factors		
Factor	Description	Points	Factor	Description	Points
Age	If age is ≤ 35 years	2	LF Score	If LF Score = 7 to 8 (high score)	3
	If age is 36 to 39 years	1		If LF Score = 4 to 6 (moderate score)	2
	If age is ≥ 40 years	0		If LF Score = 1 to 3 (low score)	0
Years Infertile	If years infertile is ≤ 3	2	AFS Endometriosis Score	If AFS Endometriosis Lesion Score is < 16	1
	If years infertile is > 3	0		If AFS Endometriosis Lesion Score is ≥ 16	0
Prior Pregnancy	If there is a history of a prior pregnancy	1	AFS Total Score	If AFS total score is < 71	1
	If there is no history of prior pregnancy	0		If AFS total score is ≥ 71	0
<b>Total Historical Factors</b>			<b>Total Surgical Factors</b>		
EFI = TOTAL HISTORICAL FACTORS + TOTAL SURGICAL FACTORS: <input type="text"/> + <input type="text"/> = <input type="text"/>			Historical      Surgical      EFI Score		

### ESTIMATED PERCENT PREGNANT BY EFI SCORE



Adamson, 2010

Tomassetti & Geysenbergh, 2013

## ENDOMETRIOSIS FERTILITY INDEX (EFI) SURGERY FORM

### LEAST FUNCTION (LF) SCORE AT CONCLUSION OF SURGERY

Score	Description	Left	Right
4	= Normal	<input type="checkbox"/>	<input type="checkbox"/>
3	= Mild Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>
2	= Moderate Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>
1	= Severe Dysfunction	<input type="checkbox"/>	<input type="checkbox"/>
0	= Absent or Nonfunctional	<input type="checkbox"/>	<input type="checkbox"/>

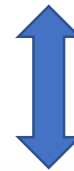
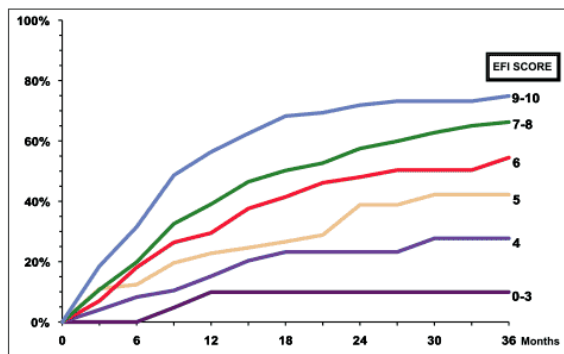
To calculate the LF score, add together the lowest score for the left side and the lowest score for the right side. If an ovary is absent on one side, the LF score is obtained by doubling the lowest score on the side with the ovary.

Lowest Score	<input type="checkbox"/>	+	<input type="checkbox"/>	=	<input type="text"/>
	Left		Right		LF Score

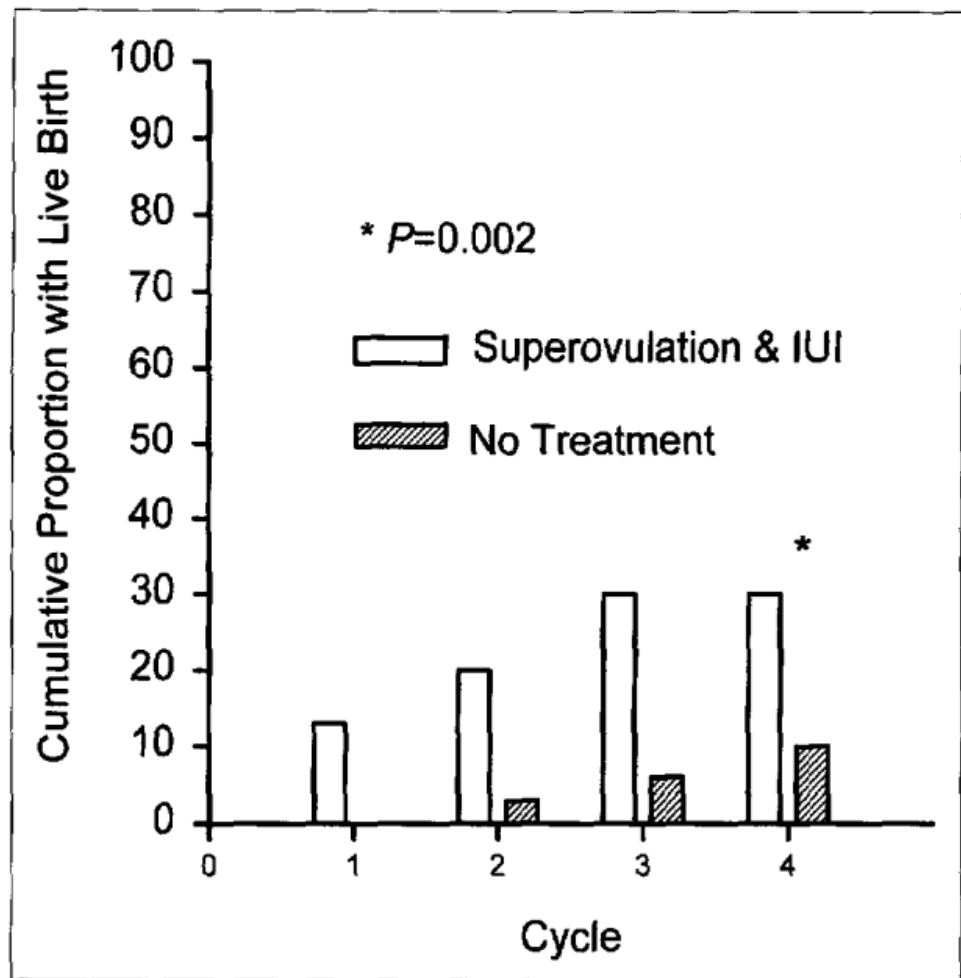
### ENDOMETRIOSIS FERTILITY INDEX (EFI)

Historical Factors			Surgical Factors		
Factor	Description	Points	Factor	Description	Points
Age	If age is ≤ 35 years	2	LF Score	If LF Score = 7 to 8 (high score)	3
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Years Infertile	If years infertile is ≤ 3	2	AFS Endometriosis Score	If AFS Endometriosis Lesion Score is < 16	1
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Prior Pregnancy	If there is a history of a prior pregnancy	1	AFS Total Score	If AFS total score is < 71	1
	If there is no history of prior pregnancy	0		If AFS total score is ≥ 71	0
Total Historical Factors			Total Surgical Factors		
<input type="text"/>			<input type="text"/>		
EFI = TOTAL HISTORICAL FACTORS + TOTAL SURGICAL FACTORS:			<input type="text"/> + <input type="text"/> = <input type="text"/>		
			Historical      Surgical      EFI Score		

### ESTIMATED PERCENT PREGNANT BY EFI SCORE







**Figure 1** Cumulative proportion of patients with live birth.

# IVF bij endometriose

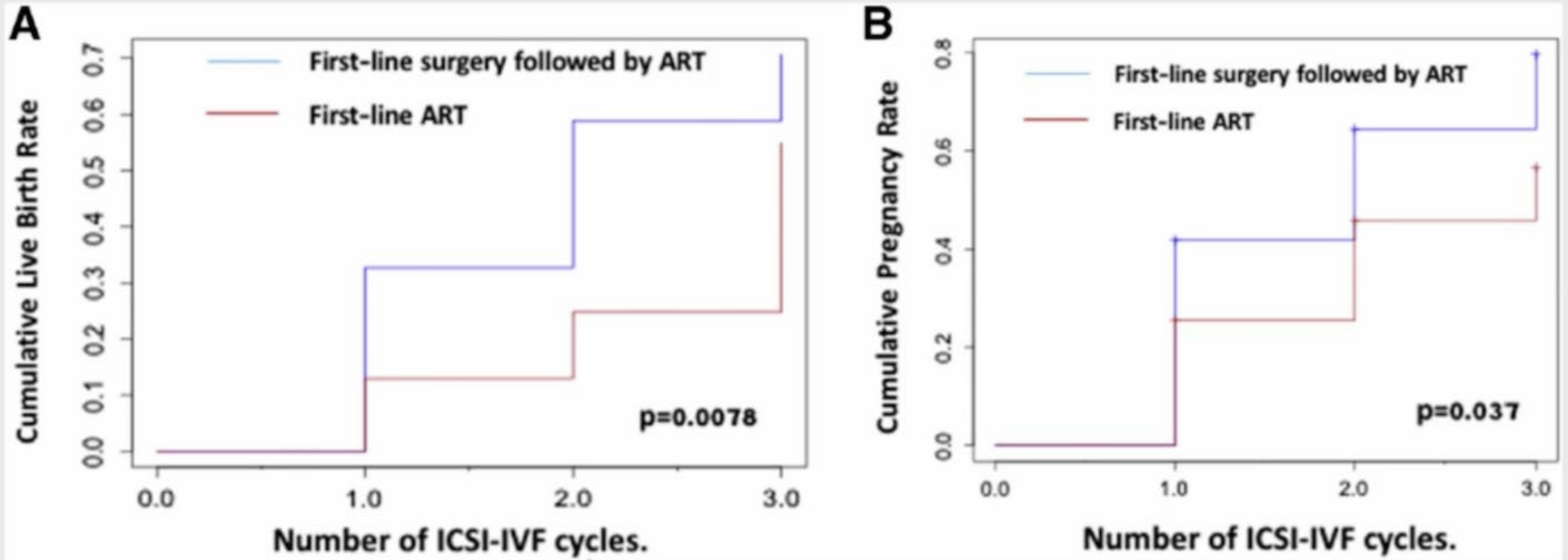


## Meta-analyses – clinical pregnancy rate

Condition	OR (95%CI)	Last meta-analysis
<b><i>Endometriosis</i></b>	<b>0.78 (0.65-0.94)</b>	Hamdan <i>et al.</i> , 2015
Endometriosis Stage I-II	0.94 (0.83–1.07)	Harb <i>et al.</i> , 2013
Endometriosis Stage III-IV	<b>0.79 (0.69–0.91)</b>	Harb <i>et al.</i> , 2013
<b><i>Endometriomas</i></b>	1.29 (0.83-2.00)	Alshehre <i>et al.</i> , 2021
Surgery for endometriomas	0.83 (0.66-1.05)	Wu <i>et al.</i> , 2019
<b><i>Deep infiltrative endometriosis (DIE)</i></b>		<i>unavailable</i>
Surgery for DIE	<b>1.84 (1.28-2.64)</b>	Casals <i>et al.</i> , 2021
<b><i>Adenomyosis</i></b>	<b>0.57 (0.43-0.76)</b>	Horton <i>et al.</i> , 2019

# Diepe endo: chirurgie of ART?

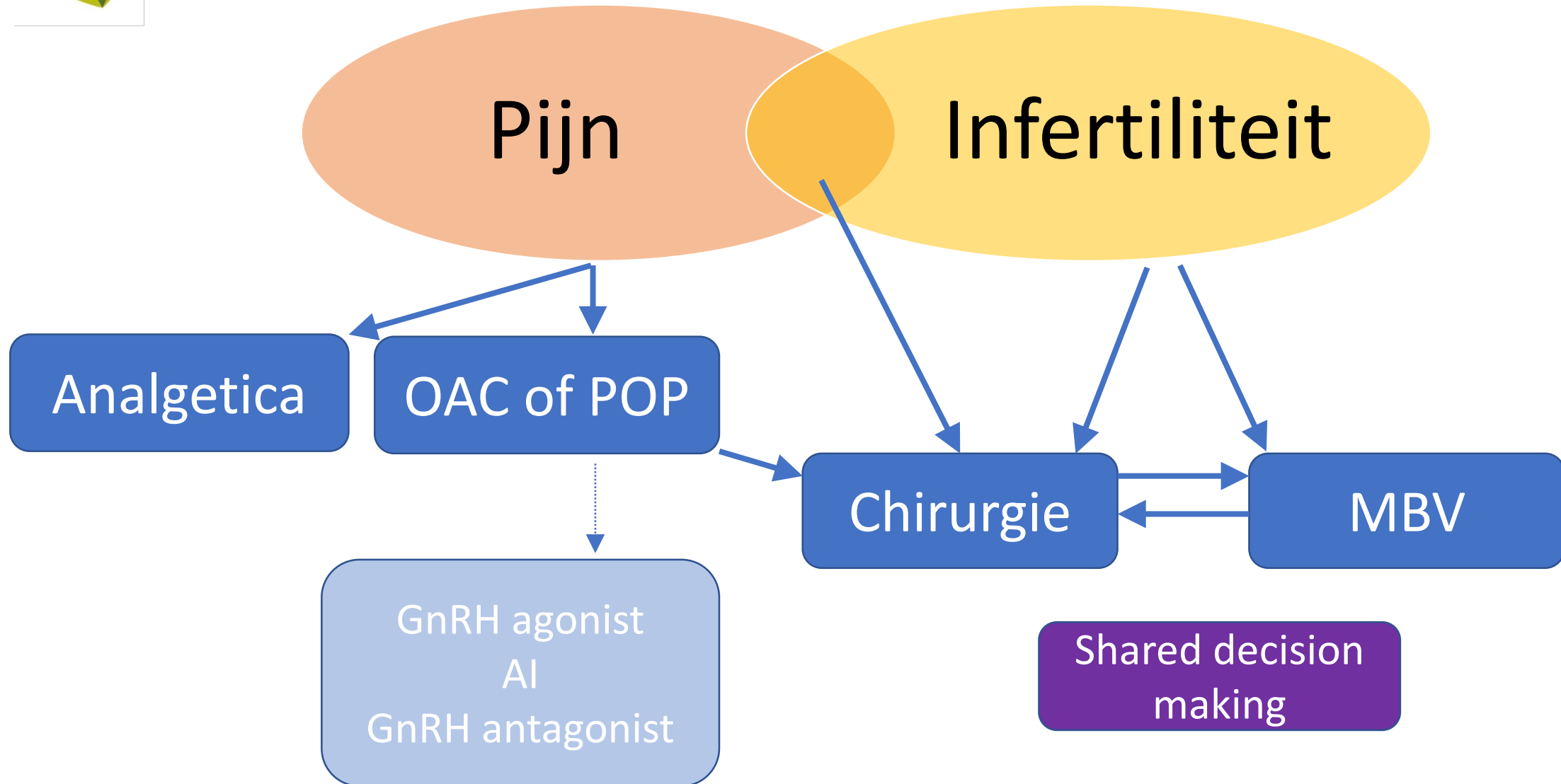
FIGURE 1



(A) CLBR according to treatment strategy. (B) CPR according to treatment strategy.

Bendifallah. Colorectal endometriosis and infertility. *Fertil Steril* 2017.

# Behandeling

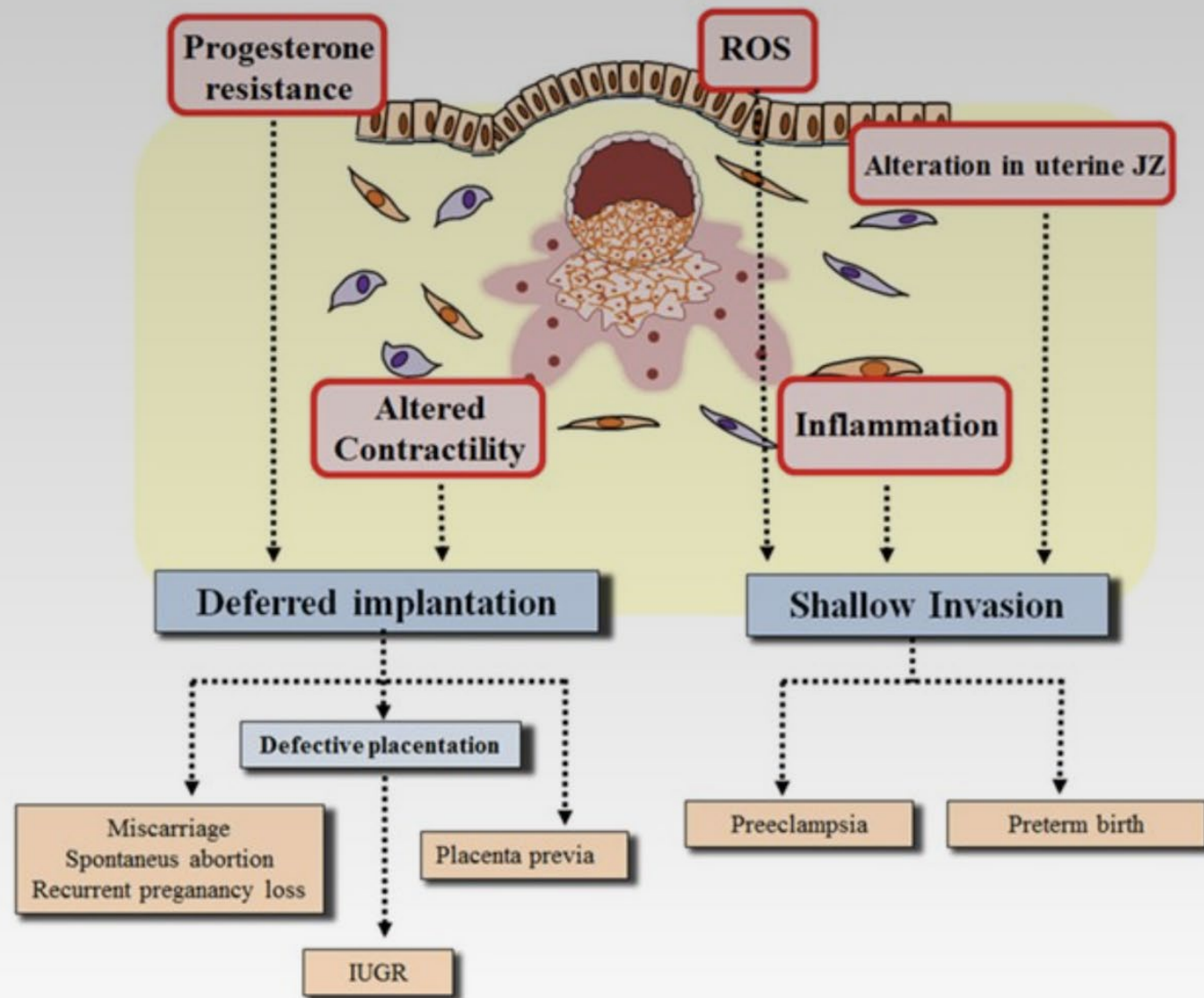




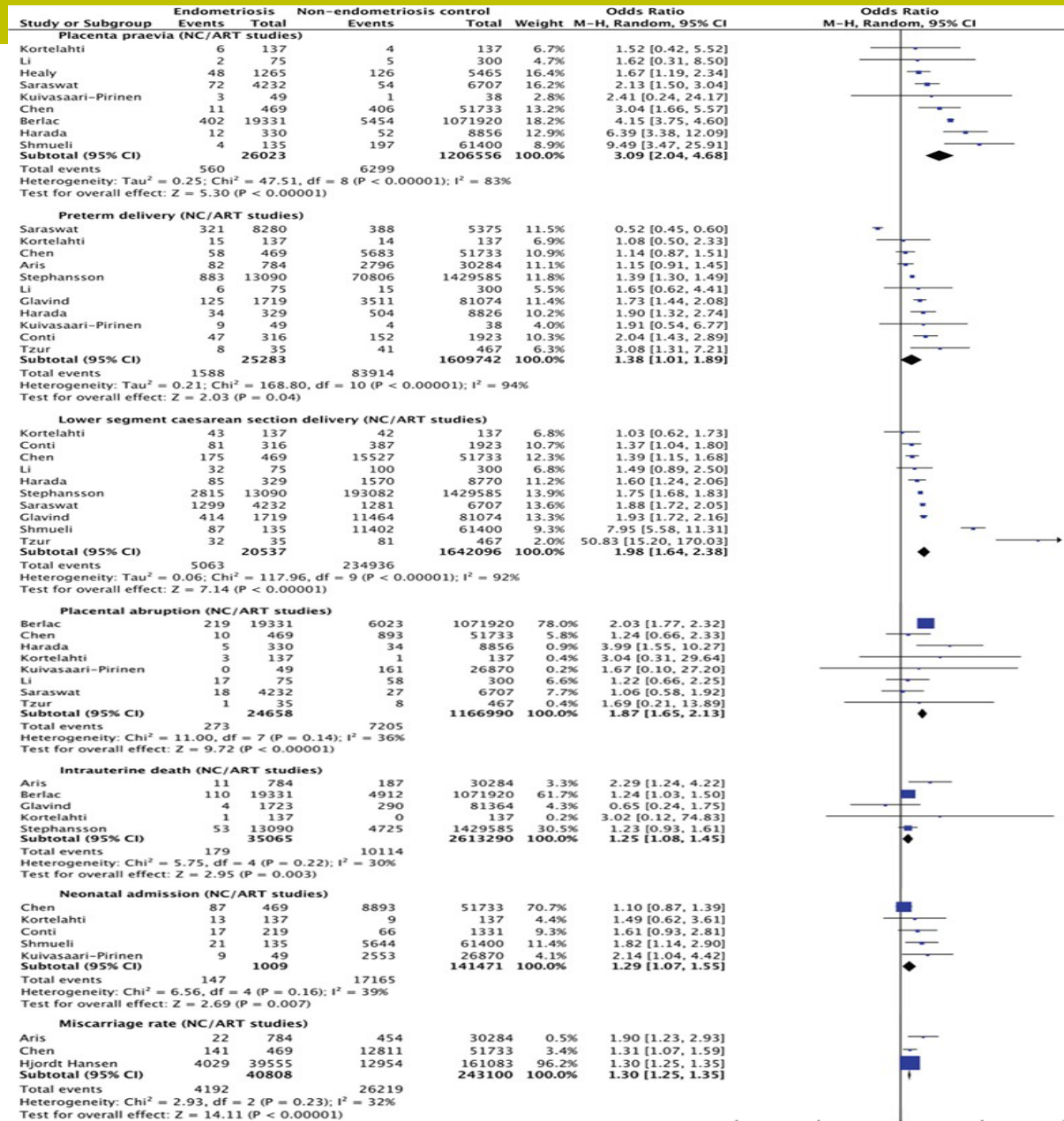
# Inhoud

- Definitie
- Classificatie
- Prevalentie
- Pathofysiologie
- Diagnostiek
- Behandeling
- **Lange termijn impact**
- Preventie

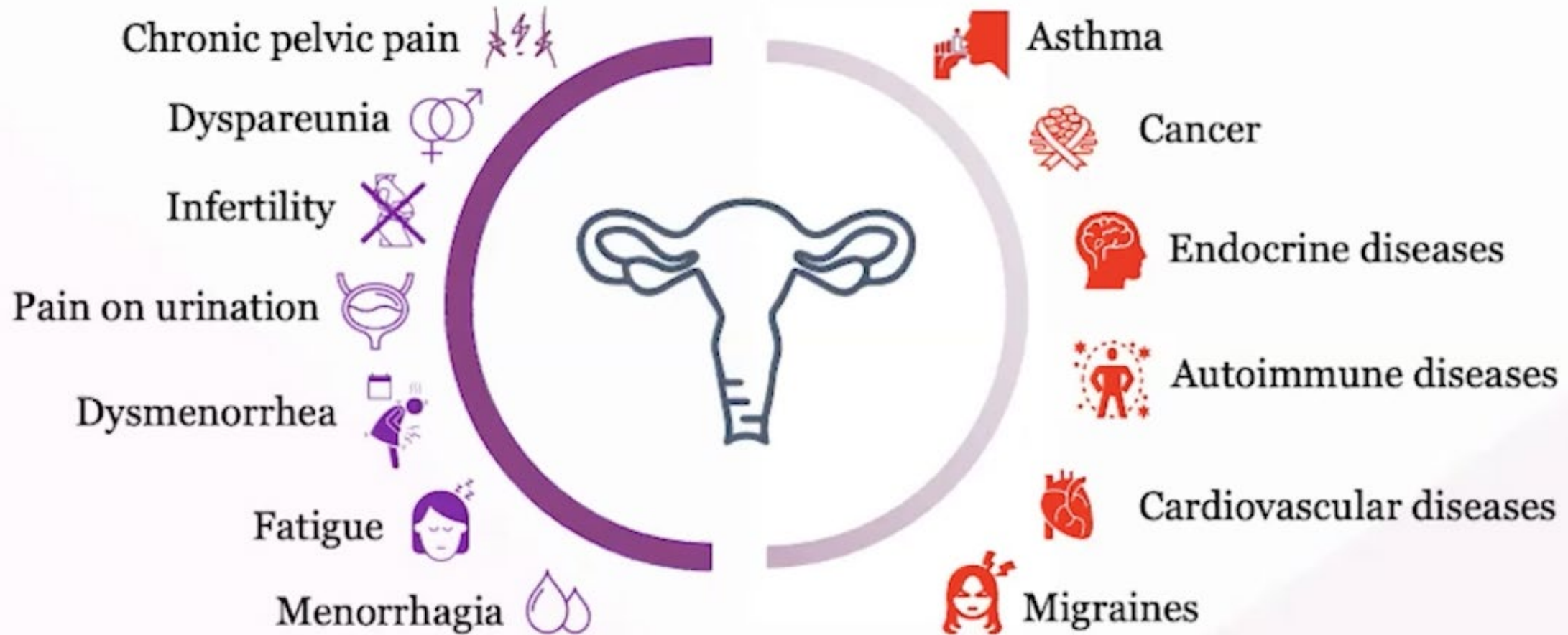
# Obstetrische gevolgen



# Obstetrische gevolgen

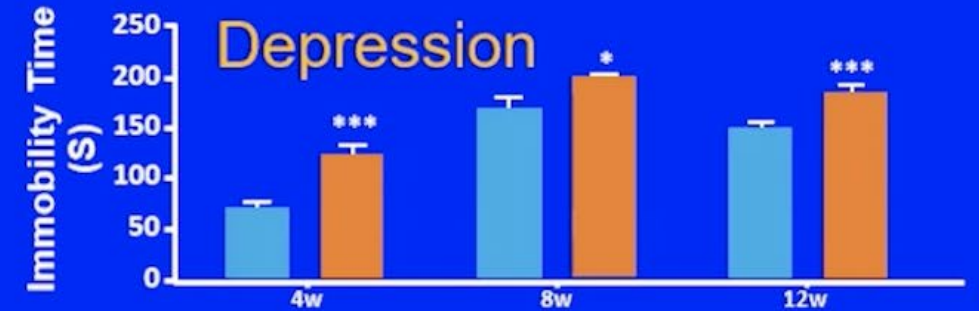
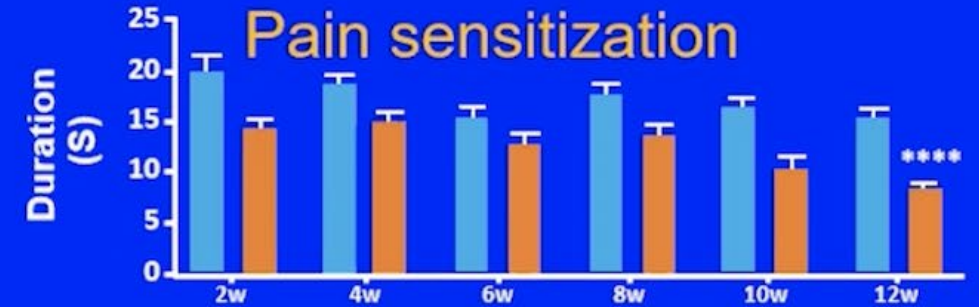
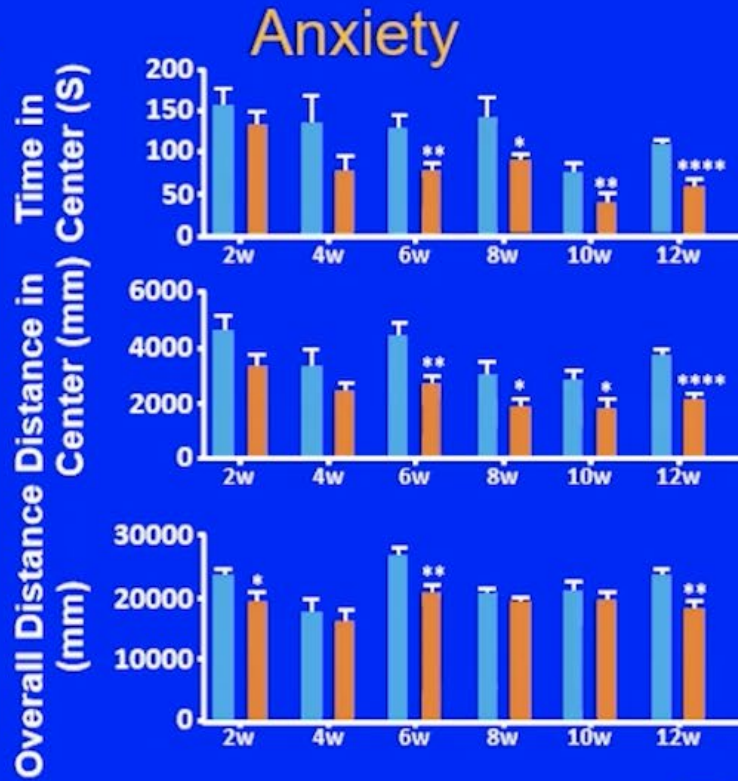
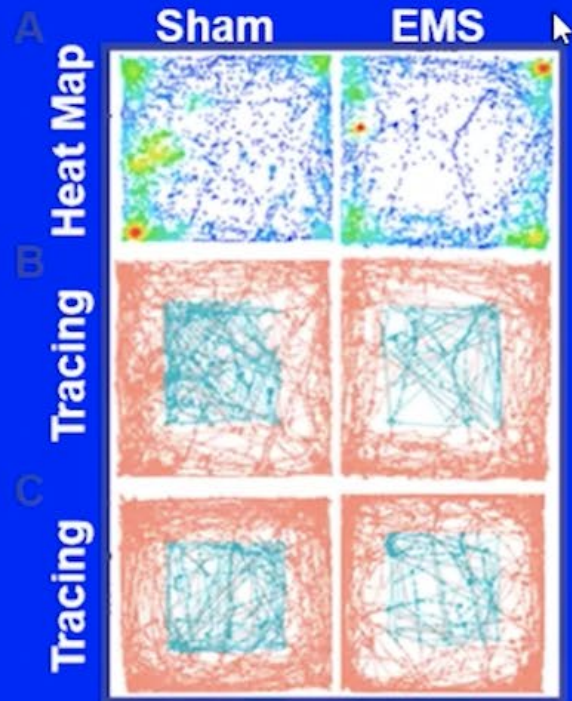


# Pelvic disease → Systemic disease





# Pelvic disease → Systemic disease



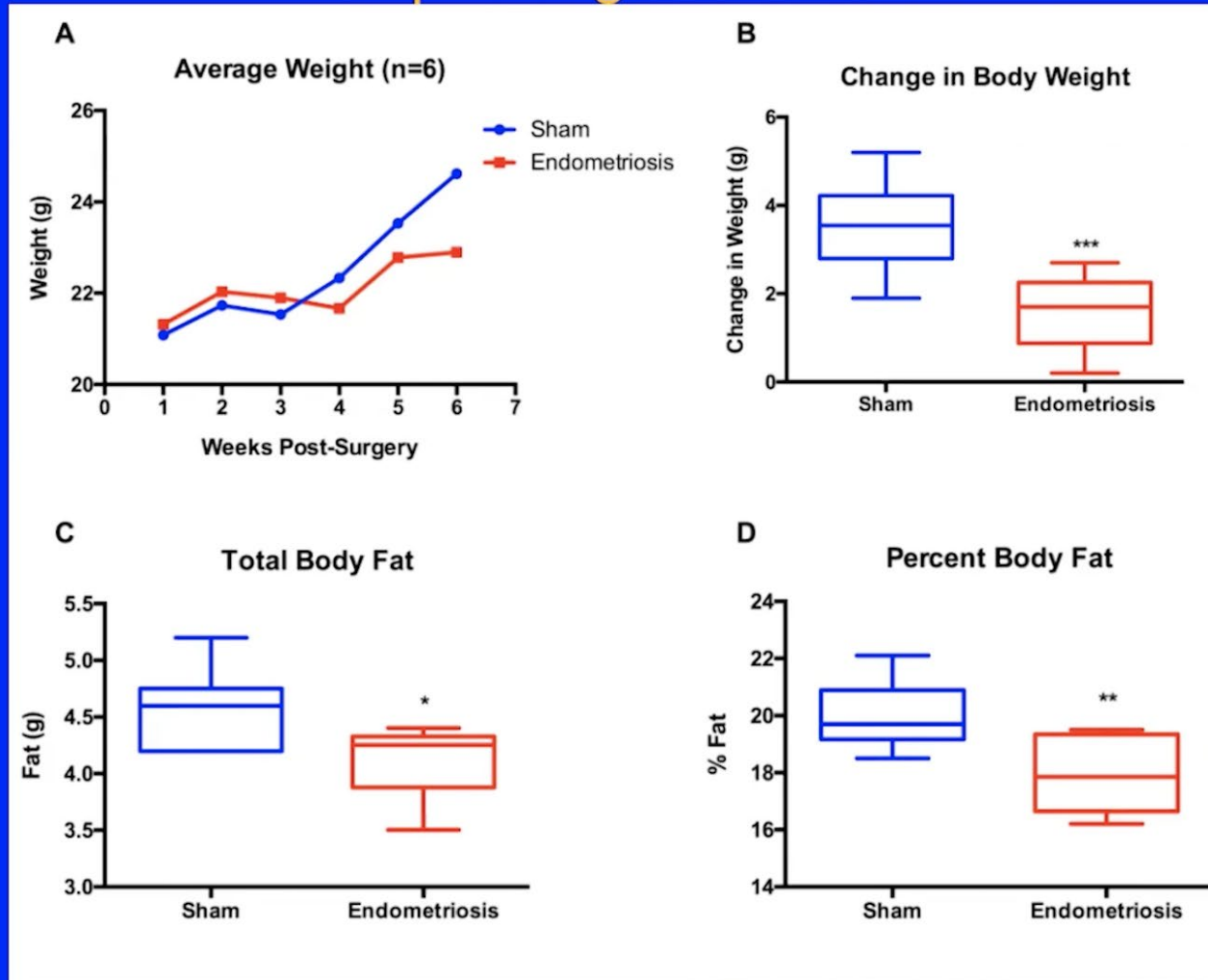
Li T et al. Biol Reprod. 2018.

■ Sham ■ EMS

\*P<0.05; \*\*P<0.01; \*\*\*P<0.005

# Pelvic disease → Systemic disease

## The Metabolic Phenotype of endometriosis: Explaining Low BMI



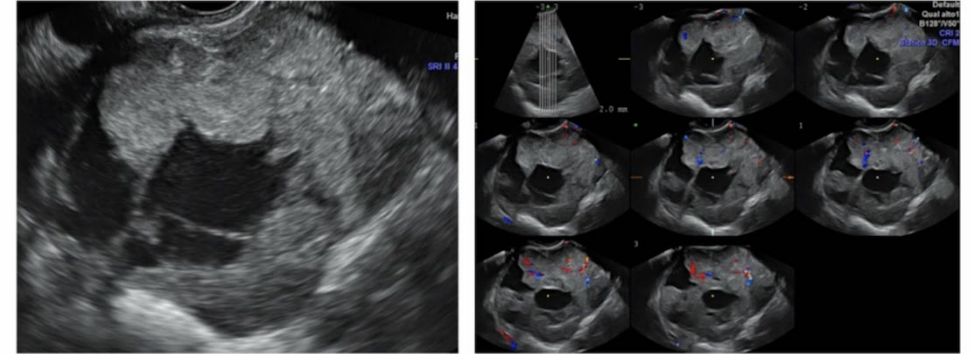
# Maligne transformatie



## Maligne transformatie endometriomata

Zeldzaam: 0,3 – 0,8%

Meestal > 45 jaar



Absolute risk of developing cancer in a woman's lifetime

Increase in risk in women with endometriosis

	All women	Women with endometriosis	
<i>Ovarian cancer</i>	1.3 %	2.5 %	+1.2 %
<i>Breast cancer</i>	12.8 %	13.3 %	+0.5 %
<i>Thyroid cancer</i>	1.3 %	1.8 %	+0.5 %

# OAC and cancer risk



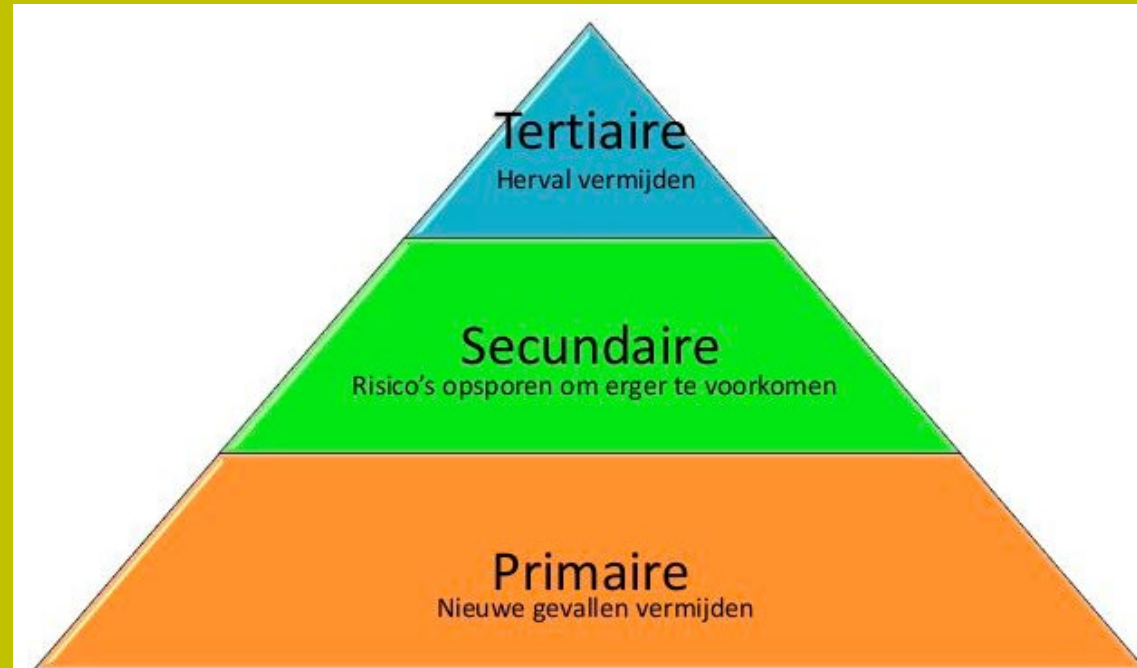
Malignancy	Incidence rate ratio (99% CI)
Colon / rectum	0,81 (0,66 – 0,99)
Borst	1,04 (0,91 – 1,17)
Cervix	1,31 (0,84 - 2,04)
Endometrium	0,66 (0,48 – 0,89)
Ovary	0,67 (0,50 – 0,89)
Any cancer	0,96 (0,90 – 1,03)

Lifetime cancer risk and combined oral contraceptives: the Royal College of General Practitioners' Oral Contraception Study  
*Iversen, 2017*



# Inhoud

- Definitie
- Classificatie
- Prevalentie
- Pathofysiologie
- Diagnostiek
- Behandeling
- Lange termijn impact
- **Preventie**



# Vroegtijdige opsporing: Adolescenten



- **Adolescenten** met chronische pelvische pijn of dysmenorree: **2/3**
- **Diagnostiek:** anamnese – KOZ – Echo – MRI – Laparoscopie

*Janssen 2013*

Gynecologic and  
Obstetric Investigation

## Original Article

Gynecol Obstet Invest 2017;82:322–328  
DOI: 10.1159/000452098

Received: December 29, 2015  
Accepted after revision: September 26, 2016  
Published online: November 5, 2016

## Detecting Endometriosis in Adolescents: Why Not Start from Self-Report Screening Questionnaires for Adult Women?

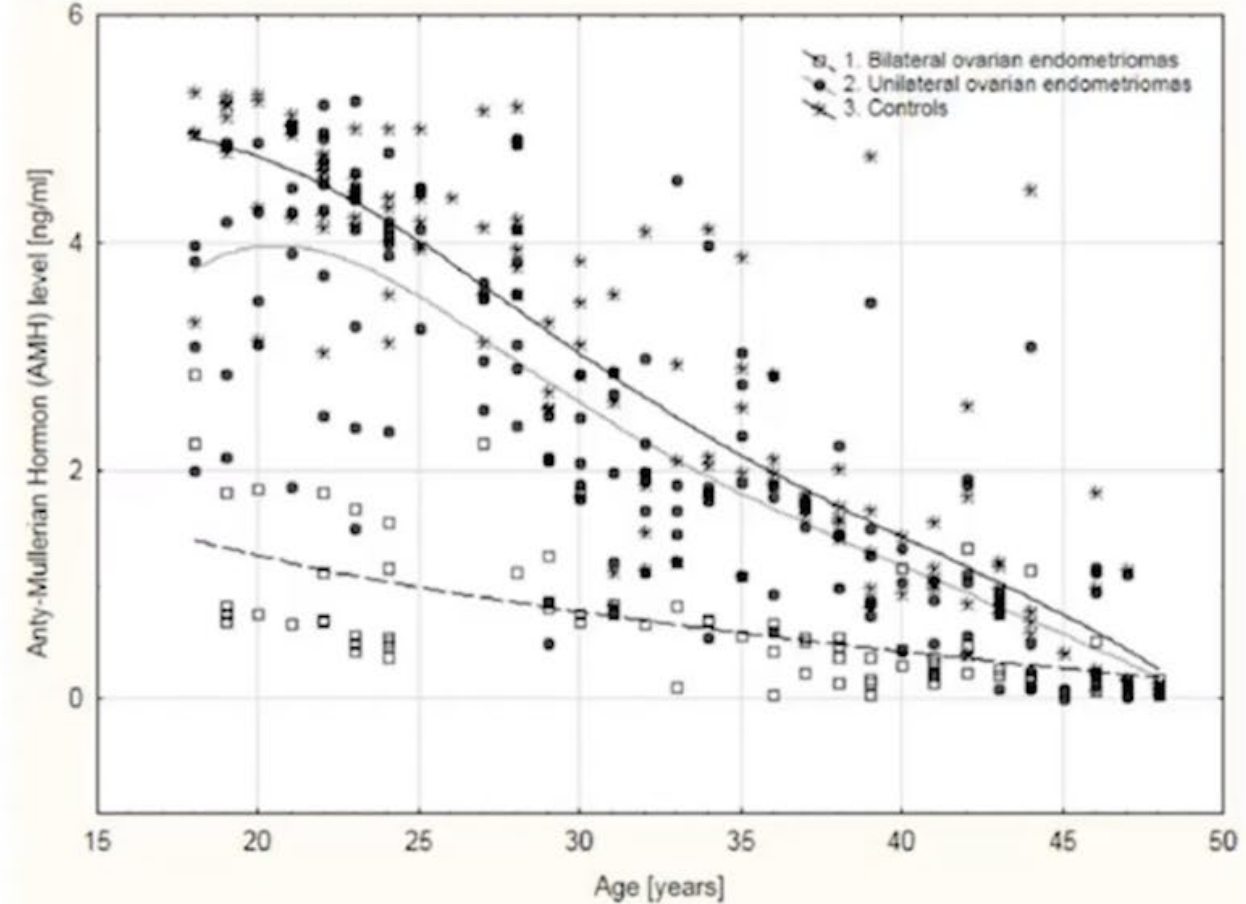
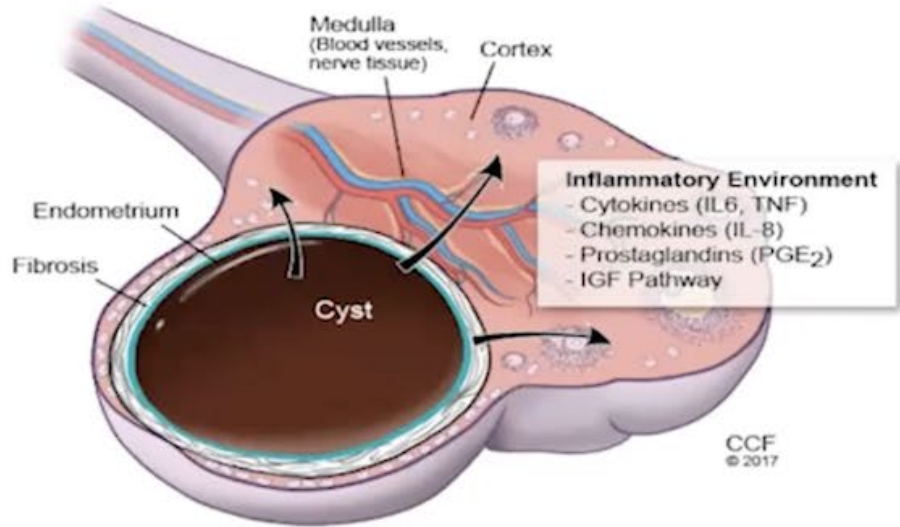
Brecht Geysenbergh<sup>a, b</sup> Eline A.F. Dancet<sup>a</sup> Thomas D'Hooghe<sup>a</sup>

<sup>a</sup>Leuven University Hospital, Leuven University Fertility Centre, Leuven, and <sup>b</sup>GZA Hospitals, Vruchtbaarheidskliniek Campus Sint-Augustinus, Wilrijk, Belgium

- **Behandeling:** Analgetica – OAC – POP - Chirurgie



# Secundaire preventie: egg freezing



## Decreased Ovarian Reserve-intrinsic to Endometriomas

Age-related trends in anti-Mullerian hormone serum level in women with unilateral and bilateral ovarian endometriomas prior to surgery Dorota Nieweglowska et al Reproductive Biology and Endocrinology (2015) 13:128

# Secundaire preventie: egg freezing



## Number needed to freeze: cumulative live birth rate after fertility preservation in women with endometriosis

Ana Cobo<sup>1,\*</sup>, Aila Coello<sup>1</sup>, María José de los Santos<sup>1</sup>, Juan Giles<sup>1</sup>, Antonio Pellicer<sup>1</sup>, José Remohí<sup>1</sup>, Juan A. García-Velasco<sup>2</sup>

RBMO VOLUME 42 ISSUE 4 2021

**TABLE 3** CLBR AND 95% CI ACCORDING TO THE NUMBER OF OOCYTES USED IN EACH CASE IN ENDOMETRIOSIS AND EFP PATIENTS CATEGORIZED BY AGE

	Endometriosis ≤35	EFP ≤35	Endometriosis >35	EFP >35
	n = 257	n = 123	n = 228	n = 518
No. of oocytes	CLBR (95% CI)	CLBR (95% CI)	CLBR (95% CI)	CLBR (95% CI)
3	4.7 (2.3–7.2)	5.1 (0.7–9.4)	4.8 (1.9–7.7)	5.9 (3.6–8.3)
5	11.5 (7.5–15.7)	15.8 (8.4–23.1)	10.6 (6.4–15.0)	17.3 (13.3–21.3)
8	28.1 (22.0–34.3)	32.0 (22.1–41.9)	18.7 (12.7–24.9)	17.3 (13.3–21.3)
10	41.8 (34.7–48.9)	42.8 (31.7–53.9)	24.3 (16.9–31.7)	25.2 (20.2–30.1)
15	69.4 (61.4–77.4) <sup>a</sup>	69.8 (57.4–82.2)	46.9 (34.4–59.4)	38.8 (32.0–45.6)
20	90.8 (80.4–101.2)	77.6 (64.4–90.9)	59.2 (43.4–75.2) <sup>c</sup>	49.6 (40.7–58.4)
22–24	95.4 (87.2–103.6) <sup>a</sup>	94.4 (84.3–100.4) <sup>b</sup>		

CI = confidence interval; CLBR = cumulative live birth rate; EFP = elective fertility preservation.

<sup>a</sup> CLBR (95% CI) when 22 oocytes were used.

<sup>b</sup> CLBR (95% CI) when 24 oocytes were used.

<sup>c</sup> CLBR (95% CI) when 19 oocytes were used.



# Tertiaire preventie: postoperatieve medicatie



## Analysis 2.4. Comparison 2: Postsurgical medical therapy compared with placebo or no medical therapy, Outcome 4: Disease recurrence (dichotomous)

Study or Subgroup	Postsurgical		Placebo or no treatment		Weight	Risk Ratio	Risk Ratio
	Events	Total	Events	Total		M-H, Fixed, 95% CI	M-H, Fixed, 95% CI
<b>2.4.1 Disease recurrence ≤ 12 months</b>							
Bianchi 1999	3	36	6	41	15.0%	0.57 [0.15 , 2.11]	
Busacca 2001	4	44	4	45	10.6%	1.02 [0.27 , 3.84]	
Cucinella 2013	7	107	12	30	50.2%	0.16 [0.07 , 0.38]	
Yang 2018	1	65	9	65	24.1%	0.11 [0.01 , 0.85]	
<b>Subtotal (95% CI)</b>		<b>252</b>		<b>181</b>	<b>100.0%</b>	<b>0.30 [0.17 , 0.54]</b>	
Total events:	15		31				



# Take home messages

Onderschatte prevalentie

Invaliderende symptomen → Impact QoL

Pelviene ziekte → Systemische ziekte

Diagnostisch delay      Awareness!

Risicofactoren – Anamnese – KOZ – Echo (MRI – laparoscopie)

**Behandeling:** Analgesie – Hormonaal – Chirurgie – MBV

Laserlaparoscopie

**Eerste lijnszorg → Multidisciplinaire expertisecentra**



# Multidisciplinair Endometriose Team



## Endometriosechirurgie

Dr. B. Geysenbergh, *gynaecoloog*

Dr. P. Cools, *abdominaal chirurg*

Dr. E. Vergauwe, *uroloog*

## Medische beeldvorming

Dr. F. Deckers, *radioloog*

## Fertiliteitscentrum

Dr. P. De Loecker, *gynaecoloog*

Dr. B. Geysenbergh, *gynaecoloog*

Dr. S. De Rijdt, *gynaecoloog*

## Psycholoog

J. De Vyvere

## Pijncentrum

