

Correlation of symptoms of infertile patients with endometriosis with the classification of the American Society for Reproductive Medicine

Review Article

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Abstract

Background: Endometriosis is a common gynecological disease associated with pelvic pain and infertility. There are discrepancies between the clinical presentation and the degree of the disease, suggesting the necessity of a better understanding of the pathophysiological mechanisms of endometriosis, besides highlighting the lack of a classification that considers the clinical picture of this disease. So, profiling the infertile patients with endometriosis in relation to their symptomatology becomes fundamental in the advancement of knowledge.

Methodology: Retrospective cross-sectional study of 450 medical records of infertile women with endometriosis. Symptoms were correlated with the degree of endometriosis and it with personal and obstetric history.

Results: The prevalence of dysmenorrhea was higher in more severe forms of the disease. Being in grades I, II, III and IV, respectively, 101 (74.3%), 56 (81.2%), 82 (87%) and 140 (92.7%), with $P = 0.001$. The intestinal disorders were more common with increasing grades of the disease: the grades I, II, III and IV, respectively, 60 (44.1%), 32 (46.4%), 56 (59.6%) and 97 (64.2%) $P = 0.002$. Family history of endometriosis was associated with grade III ($P = 0.017$), while depression, with grade I ($P = 0.032$).

Conclusion: Dysmenorrhea, intestinal disorders and the presence of a family history of endometriosis were associated with higher degrees of endometriosis. In contrast, depression interestingly presented significant correlation with the grade I. Understanding the correlation of infertility with endometriosis and the impact on the symptoms of these patients could help in designing a new and more comprehensive classification for endometriosis

Keywords: Depression; Pain; Endometriosis; Family History; Grades.

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Introduction

Endometriosis is a common gynecological disease that affects 6-10% of women of reproductive age, which 30-50% are infertile. In addition, endometriosis induces a chronic inflammatory

reaction that can distort the female pelvis, justifying the association with infertility and pain [1, 2].

It affects in general, ovaries, fallopian tubes and uterine ligaments, peritoneum and vaginal septum; and less common, bladder, kidney, herniation sacs and intestine [3, 4]. It affects rarely pericardium, pleura and central nervous system. However, it is worth noting that 16% of patients are asymptomatic [5].

Being that 40% of symptomatic women cases are related with pelvic pain [6]. While 40 to 60% of affected women have dysmenorrhea and dyspareunia [7, 8].

A study with Brazilian patients identified an average time between onset symptoms and diagnosis of 3.5 years, which was lower when compared to international data [9]. Even so, the delay in diagnosis seems to stem from a false idea of a physiological dysmenorrhea, especially when there is a family history. This could retard the diagnosis by some professionals that minimize such complains. Consequently, psychological losses can occur, such as depression and decreased wellness [10].

The grade of endometriosis is established through surgery, as recommended by the American Society for Reproductive Medicine (ASRM) [11]. Although being the most widely used classification,