THE STUDY OF CLINICAL AND ANAMNESTIC FEATURES IN WOMEN WITH ADENOMYOSIS AND INFERTILITY.

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Introduction.

Endometriosis, which affects up to 10% of women of reproductive age, is the presence of endometrial tissue outside the uterine cavity. It is more common in women with pelvic pain or infertility. Some women have asymptomatic endometriosis, while others show symptoms such as debilitating pelvic pain, dysmenorrhea, dyspareunia, and lack of pregnancy. The data on epidemiology, risk factors, clinical picture, diagnosis formulation and modern methods of diagnosis and treatment of endometriosis in the domestic and foreign literature were studied. Patients with endometriosis are more likely to have risk factors such as early menarche, late menopause, shortening of the menstrual cycle, absence of childbirth, and a short period of breastfeeding. The clinical picture of endometriosis is variable and ranges from debilitating pelvic pain and infertility to an asymptomatic course.

The purpose of the study – to conduct a comparative assessment of the clinical and anamnestic characteristics of women with endometriosis-associated and tubo-peritoneal infertility.

Materials and methods.

This case-control retrospective study examined the clinical and anamnestic characteristics of 67 women, comparing women with endometriosis-related infertility (n=47) and women with tubo-peritoneal infertility (n=20). The study showed that women with infertility associated with endometriosis were older and more likely to experience pelvic pain, dysmenorrhea, dyspareunia, and abnormal uterine bleeding. Diagnosis of endometriosis was often delayed for about 3 years after the onset of symptoms. The authors conclude that women with infertility associated with endometriosis have distinct clinical features compared to women with tubo-peritoneal infertility, and suggest that surgical treatment may be effective for these patients, which requires further research on the need and timing of laparoscopy.

Results.

Patients with endometriosis-associated infertility were older than women with tubo-peritoneal infertility (31 and 29 years old, p = 0.002), they were more likely to experience pelvic pain (41.3%), dysmenorrhea (29.3%), dyspareunia (31.3%), abnormal uterine bleeding (12.7%) were only in participants with Endometriosis is associated with infertility (in all cases, p = 0.001). The foci of endometriosis in these patients were localized mainly on the pelvic peritoneum, ligamentous apparatus of the uterus and ovaries. Stages I—II of endometriosis were registered in 57% of patients with endometriosis-associated infertility, stages III and IV — in 43%, while the relationship between the stages of the disease and its clinical manifestations has not been established. The minimum preserved function in patients with endometriosis-associated infertility averaged 12.8 ± 5.6 points, EFI — 6.7 ± 2.6 points. Diagnosis of endometriosis with verification of the diagnosis was delayed, on average 3 years after the onset of symptoms of the disease.

Conclusion.

Women with infertility associated with endometriosis have distinct clinical features compared to women with tubo-peritoneal infertility. Despite the fact that the diagnosis of endometriosis with verification of the diagnosis was carried out on average 3 years after the onset of symptoms of the disease, based on EFI, it can be assumed that the effectiveness of surgical treatment of infertility in these patients will be quite high. Further studies are required to assess the need and timing of laparoscopy in this category of patients.

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