Te Linde’s Chapter 22: Endometriosis

**CREOG Learning objectives:**

1. Perform pertinent history and evaluation, including diagnostic procedures, consult subspecialists when appropriate, counsel, and manage medically and surgery for pelvic pain secondary to endometriosis

2. Understand how to ablate and excise endometriosis implants

3. Be able to perform a diagnostic/operative laparoscopy for the treatment of endometriosis

**Practice Questions:**

1. A 23-year-old nulligravid woman presents for treatment of her cyclic pelvic pain. She has severe pain just before and at the start of her menses. She has a history of irritable bowel syndrome, which also worsens during her cycle. Her medical history is significant for deep vein thrombosis. She has had a diagnostic laparoscopy with a biopsy-confirmed stage 1 endometriosis. She has used NSAIDs without improvement. She is sexually active but does not plan to get pregnant for the next 3-4 years. The best next step in management is:

A. continued NSAIDs

B. extended cycle combined oral contraceptives

C. levonorgestrel intrauterine device

D. linaclotide

E. oxycodone/acetaminophen

Source: GYN prolog 8th edition #56

2. A 25 year old nulligravid woman has been attempting to become pregnant for 2 years. She was asymptomatic when she was taking combination oral contraceptives. Since she stopped taking oral contraceptives, she has experienced progressively worsening dysmenorrhea, dyspareunia, and pelvic pain, which significantly interfere with her daily life. Bimanual examination reveals evidence of right adnexal fullness and tenderness. Transvaginal ultrasonography shows a normal uterus and a 5-cm right ovarian cyst with a homogenous “ground glass” appearance suggestive of an endometrioma. The best surgical treatment to improve her fertility and decrease her pain is

A. cauterization of cyst wall

B. right oophorectomy

C. drainage of endometrioma

D. resection of endometrioma cyst wall

Source: REI prolog 7th edition #14

3. A 25-year-old nulligravid woman presents with a 2-year history of infertility. An evaluation, which included hysterosalpingography (HSG) and a semen analysis of her partner, was normal. Her anti-mullerian hormone concentration was 0.8 ng/mL. She had two previous laparoscopies for treatment of stage III endometriosis. Pelvic ultrasonography reveals a right-sided ovarian mass measuring 2 cm x2cm, which is identified as a probable endometrioma. The treatment option most effective to help this patient achieve pregnancy is

A. GnRH agonist

B. GnRH antagonist

C. in vitro fertilization

D. operative laparoscopy

E. ovulation induction with intrauterine insemination

Source: REI prolog 8th edition #20

4. You are performing a diagnostic laparoscopy today on a 32-year-old G1P1 patient. She has a known history of endometriosis, which was diagnosed 2 years ago during her first diagnostic laparoscopy. The operative report from that surgery states that she had Stage 1 endometriosis at the time and all lesions were ablated. She had relief after surgery but her pain has returned. Repeat laparoscopy is notable for: filmy adhesions of the right over that enclose < 1/3 of the ovary, a superficial lesion on the right ovary measuring 2 cm, a superficial lesion of the left ovary measuring 4 cm, and a deep lesion of the peritoneum measuring 3 cm. According to the American Society of Reproductive Medicine (ASRM), what stage of endometriosis does this patient have?

A. stage I

B. stage II

C. Stage III

D. Stage IV

E. Stage V

Source: True Learn

High-Yield Resources:

1. Practice Bulletin #114: Management of Endometriosis

2. Committee Opinion # 760: Dysmenorrhea and Endometriosis

3. Pearls of Exxcellence: Surgical Management of Endometriosis <https://www.exxcellence.org/list-of-pearls/surgical-management-of-endometriosis/?categoryName=&searchTerms=endometriosis&featured=False&bookmarked=False&sortColumn=date&sortDirection=Descending>

Answers:

1. C 2. D 3. E 4. B