

Repeat Laparoscopies and Severe Disease: How Can We Slow Rapid Recurrence of Endometriosis Symptoms?

Author: Elizabeth Forsyth Affiliation: Gold Coast University Hospital, Southport, QLD, Australia

Introduction

- Endometriosis occurs when endometrial-like tissue is present outside the uterus.
- In Australia, diagnoses requires tissue histology. Underappreciation of prevalence and symptoms means time to diagnosis has been prolonged even for severe cases.
- 11.4% of women have endometriosis, representing an economic burden of \$9.5 billion annually ⁽¹⁾. Endometriosis is far less funded relative to similar prevalence conditions.
- International variation still exists in rudimentary diagnostic criteria and management protocol.
- Moderate quality, limited research suggests a potential cluster of symptoms associated with severe disease. Further investigation is required to identify risk factors for the most intractable cases.

Aim

To investigate repeat laparoscopies for recurrence of endometriosis symptoms and association between severity of disease at repeat laparoscopy, symptom type and medical management.

Methods

All repeat laparoscopies between 2019 to 2023 were examined. Histological evidence of endometriosis was required for case inclusion and planned staged procedures were excluded.

Results

Mean time to repeat laparoscopy was 4.2 years.

Uniform history taking on proposed risk factors such as body mass and physical activity was not present, limiting analysis of other risk factors

Rapid symptom recurrence and repeat laparoscopy within 12 months of a primary laparoscopy occurred in 22% of cases.

Pharmacological management for consistent with the recognized role of NSAIDs.

Hormonal management was not routinely used prior to laparoscopy, commonly due to patient's non-consenting to hormonal treatment.

Discussion

Disease severity may correlate to specific symptomology, but uniform documentation of broader symptom presentations is required to facilitate data collection, especially when rapid recurrence represents a small data cohort.

Quantifying lifestyle modification in endometriosis similarly requires uniform documentation.

Understanding of these broader lifestyle risk factors, like BMI and physical activity may help to identify disease modulating factors and how these vary between asymptomatic and severely impacted patients.

Further research focused on severe endometriosis and rapidly recurring disease holds significant benefit to patients most debilitated by endometriosis.

Identifying treatment modalities and risk factors associated with rapid recurrent will similarly aid provision of services alike.