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Endometriosis as a Cause of Infertility from Iatrogenic Aetiology. An African Perspective

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Endometriosis is one of the proven causes of infertility in developed countries but it has not been widely reported as such in the tropics. The incidence of endometriosis as a cause of infertility in Nigerian females based on gynaecological practice at Ife University Teaching Hospital Complex (IUTHC), Ile-Ife, Nigeria was investigated. A retrospective study from August 1981 to May 1986 on infertility cases that had laparoscopy was carried out. Of these cases that had laparoscopy, 104/130 (80%) were for infertility, 10/130 (7.7%) for pelvic masses, 2/130 (1.5%) for suspected ectopic pregnancy, 4/130 (3%) for pelvic inflammatory disease, 7/130 (5.4%) for bilateral tubal ligation, 1/130 (0.77%) for ambiguous genitalia and 2/130 (1.54%) for suspected endometriosis. Paradoxically, the 3 cases being reported were infertile females who developed endometriosis after genital tract surgery. Our study confirms the rarity of endometriosis as an aetiological factor in infertility among black Africans. The reproductive performance of these reported cases is the subject of further investigation.

Laparoscopic Findings in Patients with Pelvic Pain and Unexplained Infertility

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This report presents our experience with laparoscopy in establishing a definite diagnosis in patients with pelvic pain and unexplained infertility. From January 1983 to August 1986 we reviewed 220 diagnostic laparoscopic procedures. Ninety-four laparoscopies were performed due to pelvic pain and 126 due to unexplained infertility. In 74 patients with unexplained infertility, fluid from the pouch of Douglas was aspirated and cytologic analysis was done.

A definitive diagnosis was obtained with laparoscopy in 88% of the patients with pelvic pain. Endometriosis was found in 95% of the total cases while in the cases with unexplained infertility endometriosis was found in 35%. Fluid cytology showed endometrial cells in 98.8% of the patients with macroscopic findings of endometriosis and in

28.38% of the cases without macroscopic findings.

In both patient groups laparoscopy provided us with unsuspected information as well as important and sufficient data to establish diagnosis and plan treatment.

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Endometriosis in Norwegian Women at Interval Sterilization

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The prevalence of endometriosis was investigated in 108 Norwegian women admitted for interval tubal sterilization. Mean age of the patients was 37 years. Endometriosis was detected in 19 (18%) of the women. About one half of these had no symptoms from the disease. A positive correlation was found between a retroversion of the uterus and endometriosis. The women with endometriosis showed a longer period of uninterrupted menstrual cycles prior to the time of sterilization as compared to the controls (89 unaffected women). Sisters and mothers of patients with endometriosis displayed a higher frequency of benign gynecological disorders than the corresponding relatives of the control group. The prevalence of endometriosis appeared to be independent of following clinical parameters: onset of menarche, age at first pregnancy, number of pregnancies, previous use of hormonal contraceptives or IUD and actual age at the time of the sterilization.

Self-Help and Endometriosis

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Founded 5 years ago, the society provides emotional support and information to women suffering from endometriosis and their families. Run by a small core of trustees, there is now a network of some 60 local self-help groups, and we have been contacted by over 12,000 women. A variety of leaflets we produce on all aspects of the disease and its treatments are in great demand, both orthodox and alternative. Local and national publicity is increasing awareness of the disease. Workshops for members are run in London and bi-monthly news letters produced. With so many contacts it has been possible to provide participants for research into drug therapy, and our own survey into 800 case histories to monitor trends in treatment, rare conditions and side-effects. We also sponsor a research fund, at St. Thomas's Hospital, London.

Use of Danazol to Treat External Moderate or Severe Endometriosis in Black African Women and One Case of

Uterine Adenomyosis

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Four Black African women with Pelvic endometriosis were treated with danazol 400 mg/day for 6-9 months. Pain relief was immediate; clinical examination showed reduction but not elimination of endometriosis sites. Side effects were secondary amenorrhea,

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weight gain of 5-10 kg, severe leg cramps. One normal birth was obtained after 8 years sterility.

One White French woman presenting uterine adenomyosis with menometrorrhagia and severe chronic anemia was given danazol 600 then 300 mg/day. The spectacular improvement enabled hysterectomy previously envisaged to be avoided.

Comments on AFS classification of external endometriosis, the advantages of laparoscopy, the high cost of danazol, which although more efficient than progestins and estroprogestins must therefore be reserved for cases where these drugs have failed.

Clinical Presentation of Endometriosis

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According to a study on patients at the University of Kebangsaan, Malaysia, it was noted that endometriosis did not present as described before in textbooks. The study was carried out on 50 cases. All the cases were either confirmed histologically or by direct visualisation. Among the interesting cases were a case of endometroid carcinoma and a case of endometriosis of the bladder.

Only 40% of the cases were diagnosed pre-operatively. Most of these cases were moderate to extensive and required major surgery.

Endometriosis: An Exceptional Etiology of Incidentally Discovered Adrenal Mass

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A 38-year-old female with a history of hysterectomy (for a uterine fibroma) is referred for investigation of an incidentally discovered right adrenal mass. This hypoechogenic tumor had been found after abdominal ultrasonography motivated by three iterative pain episodes of the right upper quadrant. There is no clinical and biological evidence for hormonal adrenal hypersecretion nor primitive neoplasia. Abdominal CT scan and digitalized angiography confirm the existence of an avascular polycyclic tumor. Lobotomy is decided permitting a right adrenalectomy. Pathological analysis shows a normal adrenal gland pushed back by a lesion 2 cm in diameter, within a hematoma from endometriotic origin. This etiology of incidentally discovered adrenal mass has not yet been described. Two pathophysiological hypotheses can be relevant with this ectopic localization of endometriosis: venous and/or lymphatic metastasis and, more likely, because of the contiguity with the peritoneal serosa and the embryological origin of the adrenal glands, celomic metaplasia.

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Videolaseroscopy,
New Modality for the Treatment of Endometriosis

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Recent advances in endoscopic surgery have enabled the gynecologic surgeon to treat an increased number of diseases of the reproductive organs with use of the laser. To avoid significant back strain and fatigue associated with directly operating through the laparoscope, we have introduced a new modality called videolaseroscopy. This method involves the development and refinement of a new laser videomonitoring technique incorporating the use of a videocamera, videorecorder and high-resolution videomonitor in conjunction with the laser laparoscope. This permits the surgeon to operate in a more comfortable upright position directly from the videomonitor and thus reduces the fatigue associated with direct visual contact through the laparoscope during long complicated procedures. In the present study a total of 631 patients will be presented who underwent videolaseroscopy for the treatment of endometriosis (stages I-IV American Fertility Society). Details about these 631 patients will be discussed at the presentation. No major complications were reported in any patients undergoing the procedure and minor complications included those normally associated with laparoscopic procedures such as incisional pain or shoulder pain secondary to trapped carbon dioxide gas. All patients were discharged within 24 h. By decreasing fatigue of the operator while at the same time providing the patient with a safe, cosmetically esthetic, efficacious therapeutic modality, videolaseroscopy has established itself as a new advancement in endoscopic treatment of diseases of the reproductive organs. In addition, videolaseroscopy is associated with a much shorter hospitalization and convalescent period than is open laparotomy and also

provides the opportunity for operating room personnel to actively participate and therefore better assist by viewing the procedure through the monitor. Additional benefits are the zooming effect of camera, possibility of operating at all angles by rotating camera and resistance of camera's eye (lens) to the smoke. In our opinion, videolaseroscopy is the best available treatment for endometriosis.

Evaluation of Possible Safety Hazards from Smoke Produced during Laser Laparoscopic Treatment of Endometriosis with Suggestions for Control

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Increasingly the carbon dioxide laser is being used in the surgical treatment of endometriosis. Growing concerns among laser surgeons are the possible hazards associated with the malodorous smoke or plume that is created during the laser vaporization of

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tissue. Adapting a technique widely used for the analysis of hazardous aerosols, we have collected the smoke from carbon dioxide videolaser surgery of 30 patients presenting with varying stages of endometriosis. The smoke consists of particles of protoplasm having a geometric mean diameter ranging from 0.2 to 1.0 μm . The geometric standard deviation is remarkably constant at 1.8 μm . Whole cells including cancer cells, the most frequently mentioned laser plume hazard in the literature, are not present in the smoke. However, hardy viruses could possibly be transported in the particles, which because of their small size easily penetrate surgical face masks. Even if the particles are free of infectious agents, the particles are of such size that in sufficient quantity, they represent a respirable dust hazard. Smoke particles can be effectively controlled during laser laparoscopic procedures. To accomplish this task, we have developed a technique of irrigating the pelvis with heparinized lactated Ringer's solution following each laser ablation of the endometrial implants and removing the irrigant with standard wall suction.