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,