Introduction

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This supplement presents the informative lectures and discussions featured at the 5th Japan Conference on Endometriosis held in Hakone, Japan, on May 18, 2002. The topic of this year's conference, sponsored by Takeda Chemical Industries, Ltd., was the management of endometriosis. There are many unanswered questions regarding this common disease. In an effort to promote a better understanding of endometriosis, a panel of experts in the field reviewed leading research concerning etiology, diagnosis, and treatment.

Noting that medical therapy alone is relatively ineffective for the treatment of endometriosis-associated infertility and pelvic pain, Professor Jacques Donnez (Université Catholique de Louvain) reviewed the literature to determine whether combined laparoscopic surgery consisting of laser vaporization, coagulation, or excision combined with adjuvant medical therapy with gonadotropin-releasing hormone agonists would be more effective. In a second presentation, Professor Donnez summarized current thinking on the histogenesis of endometriosis. He reviewed the probable stages in the development of peritoneal endometriosis and the prevailing theories concerning the source of the cells responsible for the development of ovarian and rectovaginal endometriosis. This supplement also includes an article by Professor Donnez's colleague, Dr. Jean Squifflet, on the diagnosis and imaging of adenomyotic disease of the retroperitoneal space.

Uterosacral nerve ablation is useful for some patients with dysmenorrhea whose pain is not relieved by nonsteroidal anti-inflammatory drugs. Dr. Miho Fujii of Sapporo Medical University reports on her group's histological localization of the nerves associated with the pain of dysmenorrhea. They also investigated the optimal site and cutting depth for uterosacral nerve ablation.

Dr. Mikio Momoeda of the University of Tokyo studied the findings of a nation-wide, multicenter cross-sectional survey of over 1,000 women with endometriosis to

discover whether pain was actually associated with this diagnosis, and if so, to determine any links between disease stage and type of pain.

Treatment of ovarian endometrioma remains a matter of some debate. Dr. Souichi Yoshida of Tottori University assessed the effects of laparoscopic surgery on the symptoms of this common lesion and evaluated whether serum levels of IL-6 can be useful as a clinical indicator in the management of endometrioma.

Dr. Naoyuki Takuma of Asahikawa Medical College evaluated the utility of laparoscopic surgery for the treatment of infertile women by retrospective review of diagnostic and surgical laparoscopic records from Asahikawa Medical College Hospital from 1989 to 1998. Dr. Takuma used these data to help define the optimal procedure for treatment of endometriosis, including ovarian endometrioma.

Endometriosis can present special problems for young women who require assisted reproductive technology. It is known that the presence of an ovarian endometrial cyst adversely affects oocyte quality. However, resection of the cyst reduces the ovarian reserve available for exogenous hormone stimulation, and can be an unacceptable alternative to young women wishing to conceive. Dr. Nobuhiko Suganuma of Toyohashi Municipal Hospital analyzed the outcomes of women undergoing in vitro fertilization with or without cystectomy or aspiration of the ovarian cyst to determine the optimal pretreatment for in vitro fertilization and embryo transfer.

Fortunately, there have been many breakthroughs in the treatment of the pain and infertility associated with endometriosis. Recent advances in surgical techniques have provided physicians with new methods for the management of this chronic condition. We invite the reader to share in the wealth of new information on endometriosis included in this supplement, and hope that this knowledge will extend the available therapeutic options for women with this common, painful disease.