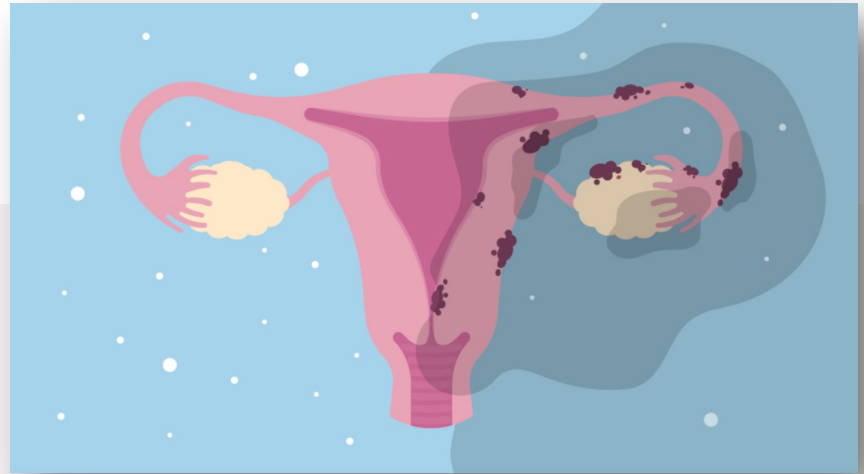




Diagnóstico clínico da Endometriose en Atención Primaria



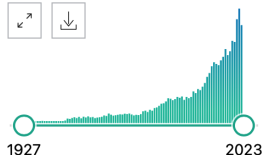


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32,373 results

Page 1 of 3,238

RESULTS BY YEAR



TEXT AVAILABILITY

- Abstract
- Free full text
- Full text

ARTICLE ATTRIBUTE

- Associated data

ARTICLE TYPE

Endometriosis still a challenge.

1 Mehedintu C, Plotogea MN, Ionescu S, Antonovici M.

Cite J Med Life. 2014 Sep 15;7(3):349-57. Epub 2014 Sep 25.

PMID: 25408753 [Free PMC article.](#) [Review.](#)

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Endometriosis is a debilitating disease with features of chronic inflammation. ...There is no blood test available for the diagnosis of **endometriosis**. Up to this point, there is no single very successful option for the treatment of **endometriosis**. ...

Update on endometriosis pathogenesis.

2 Czyzyk A, Podfigurna A, Szeliga A, Meczekalski B.

Cite Minerva Ginecol. 2017 Oct;69(5):447-461. doi: 10.23736/S0026-4784.17.04048-5. Epub 2017 Mar 7.


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PMID: 28271702 [Review.](#)


Endometriosis is a chronic, inflammatory, condition of high incidence and serious reproductive and general health consequences. Understanding the pathogenesis of **endometriosis** is crucial for proper diagnostic and ordering the most effective treatment. ...

Pathogenesis and pathophysiology of endometriosis.



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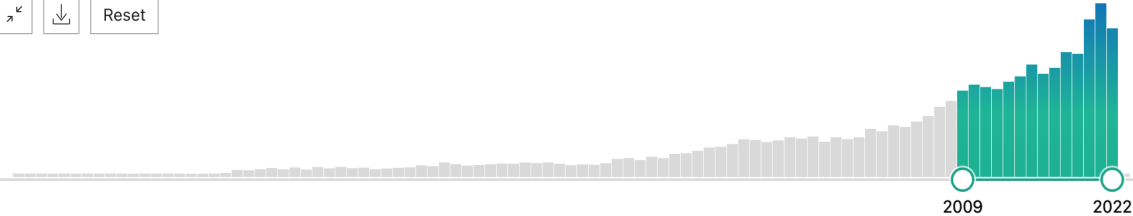
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RESULTS BY YEAR

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Page 1 of 1,675



2009 2022

TEXT AVAILABILITY

Abstract

Free full text

Full text

ARTICLE ATTRIBUTE

Associated data

ARTICLE TYPE

[Update on endometriosis pathogenesis.](#)

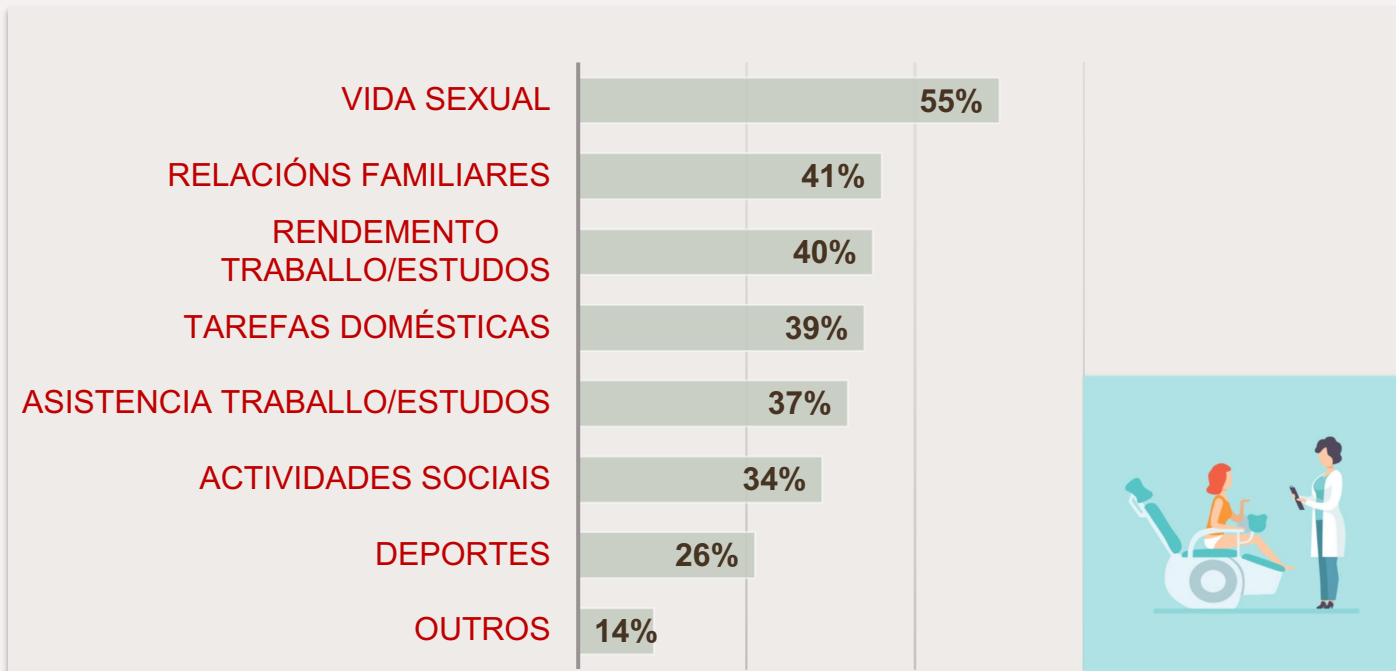
2 Czyzyk A, Podfigurna A, Szeliga A, Meczekalski B.
Cite Minerva Ginecol. 2017 Oct;69(5):447-461. doi: 10.23736/S0026-4784.17.04048-5. Epub 2017 Mar 7.
Share PMID: 28271702 [Review.](#)

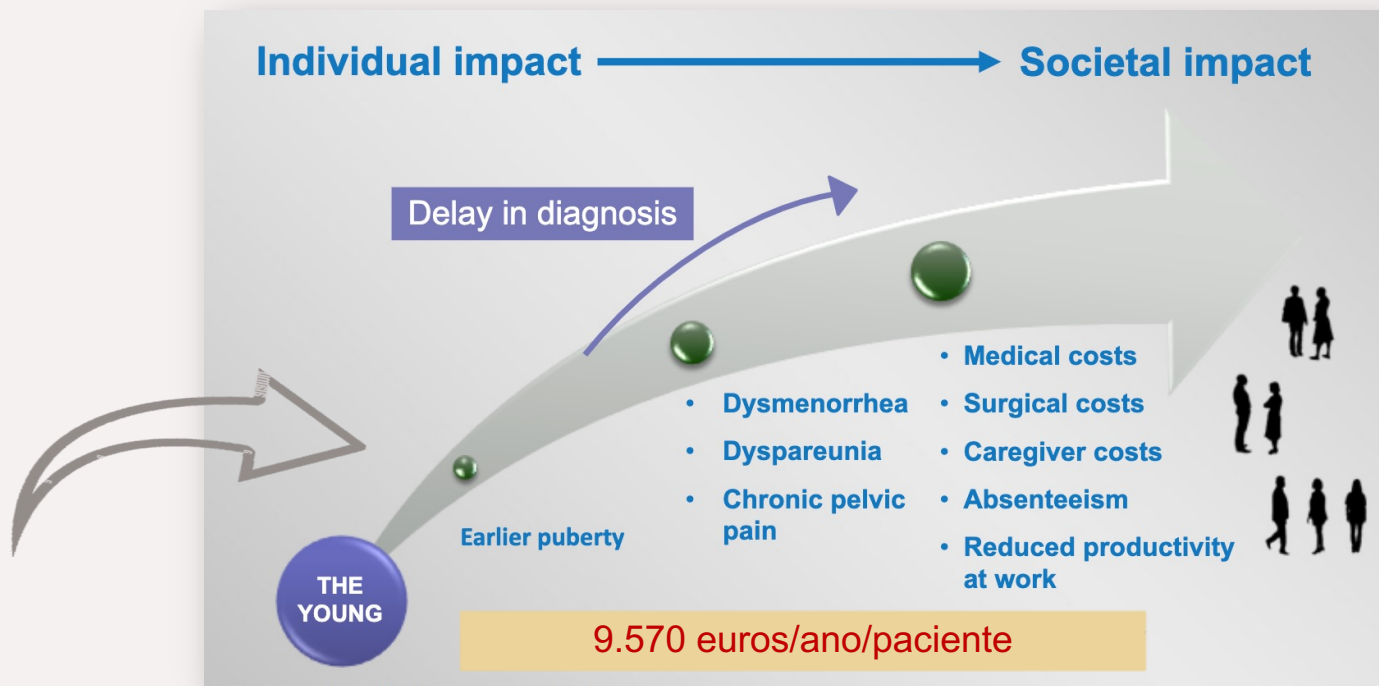
Endometriosis is a chronic, inflammatory, condition of high incidence and serious reproductive and general health consequences. Understanding the pathogenesis of **endometriosis** is crucial for proper diagnostic and ordering the most effective treatment. ...

[Pathogenesis and pathophysiology of endometriosis.](#)



Global Study of Women's Health (GSWH)







Clinical diagnosis of endometriosis: a call to action

Sanjay K. Agarwal, MD; Charles Chapron, MD; Linda C. Giudice, MD, PhD; Marc R. Laufer, MD; Nicholas Leyland, MD; Stacey A. Missmer, ScD; Sukhbir S. Singh, MD; Hugh S. Taylor, MD

Rethinking mechanisms, diagnosis and management of endometriosis

[Charles Chapron](#) , [Louis Marcellin](#), [Bruno Borghese](#) & [Pietro Santulli](#)

Reimagining Endometriosis

[Hugh S Taylor](#) ¹



“

Ce n'est pas un problème des femmes, c'est un problème de la société.

Emmanuel Macron





Prevalencia

10% das mulleres en idade reproductiva



>170 mill. a nivel mundial

En España: 1.700.000 (1-2 millóns)

425.000 con formas severas





Prevalencia

10% das mulleres en idade reproductiva



>170 mill. a nivel mundial

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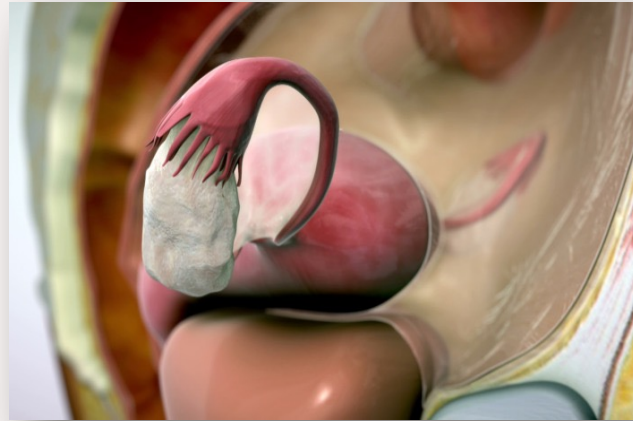
25-50% das ♀ con **infertilidade**

30-80% das ♀ con **dor pélvica crónica**



Definição

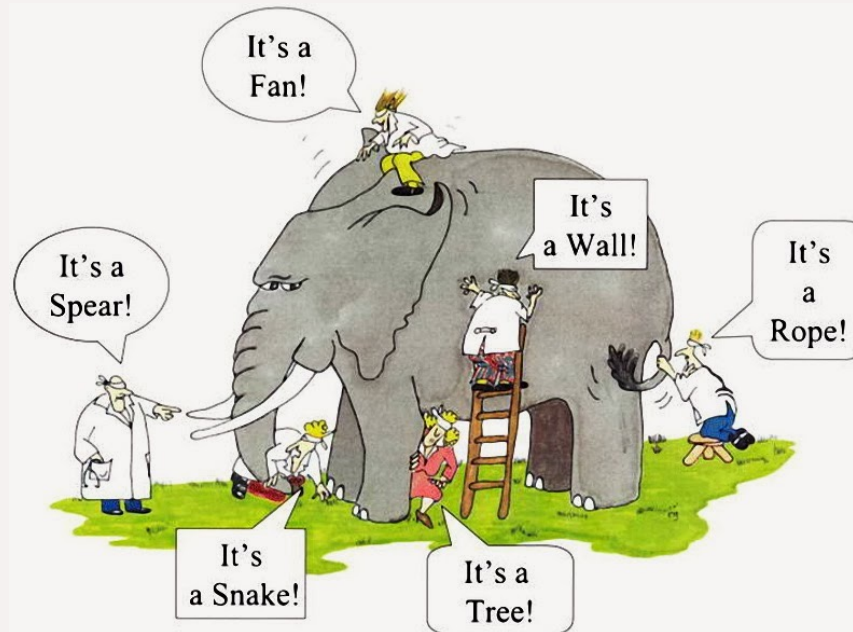
Enfermidade **inflamatória**, crónica, **estrógeno-dependente**, na que o tecido endometrial prolifera fóra da cavidade uterina, fundamentalmente a través da menstruação retrógrada.





Definición

Enfermidade **inflamatoria**, crónica, **estróxeno-dependente**, na que o tecido endometrial prolifera fóra da cavidade uterina, fundamentalmente a través da menstruación retrógrada.





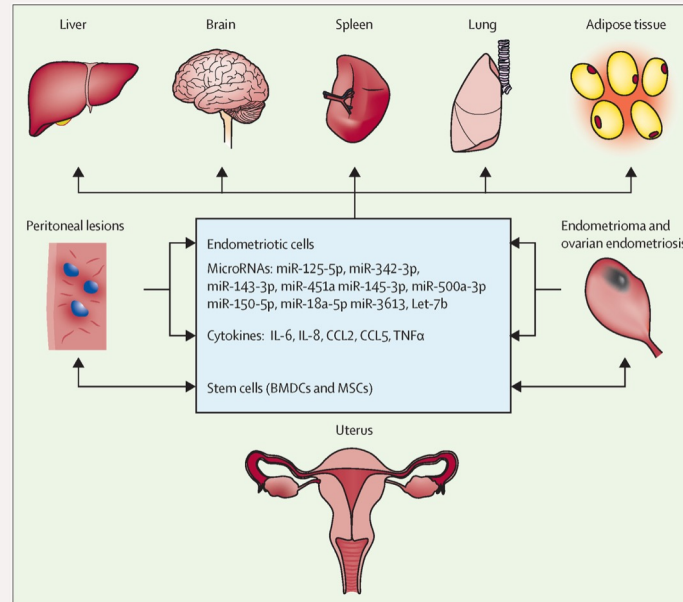
Endometriosis is a chronic systemic disease: clinical challenges and novel innovations

Hugh S Taylor, Alexander M Kotlyar, Valerie A Flores

THE LANCET

*Hugh Taylor first wrote the review
one year based on an analysis of the
UK National Health Service (NHS)
data and got his colleagues to
re-analyse their historical period and
the national dataset.

Enf. inflamatória
sistémica





The Systemic Effects of Endometriosis

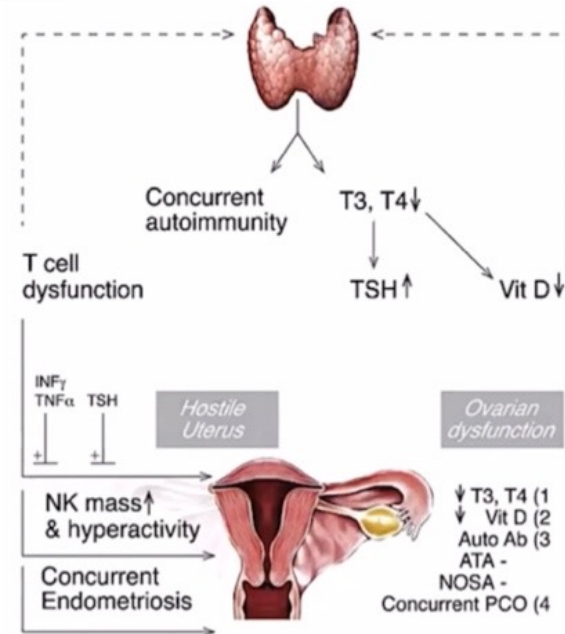
Myles H. Alderman III ^{*}, Nicole Yoder ^{*}, Hugh S. Taylor



Endometriosis and Risk of Coronary Heart Disease

Fan Mu, ScD¹, Janet Rich-Edwards, ScD^{1,2}, Eric B. Rimm, ScD^{1,3,4}, Donna Spiegelman, ScD^{1,3,5}, and Stacey A. Missmer, ScD^{1,4,6}

- Fibromialgia
- Fatiga crónica
- Sd. intestino irritable
- Migraña
- Sd. das pernas inquietas
- Sensibilidade química múltipla
- Esclerose Múltipla
- Enf. Autoimunes
 - Lupus Eritematoso Sistémico
 - Artrite Reumatoide
 - Sd. de Sjogren
- Enf. tiroidea





Clasificación

American Society of Reproductive Medicine. ASRM

EXAMPLES & GUIDELINES

STAGE I (MINIMAL)

PERITONEUM
Superficial Endo - 1-3cm -2
R. OVARY
Superficial Endo - < 1cm -1
Filmy Adhesions - < 1/3 -1
TOTAL POINTS -4

STAGE II (MILD)

PERITONEUM
Deep Endo - > 3cm -6
R. OVARY
Superficial Endo - < 1cm -1
Filmy Adhesions - < 1/3 -1
L. OVARY
Superficial Endo - < 1cm -1
TOTAL POINTS -9

STAGE III (MODERATE)

PERITONEUM
Deep Endo - > 3cm -6
CULDESAC
Partial Obliteration
L. OVARY
Deep Endo - 1-3cm -16
TOTAL POINTS -20

STAGE III (MODERATE)

PERITONEUM
Superficial Endo - > 3cm -4
R. TUBE
Filmy Adhesions - < 1/3 -1
L. TUBE
Dense Adhesions - < 1/3 -16
L. OVARY
Deep Endo - < 1cm -4
Dense Adhesions - < 1/3 -4
TOTAL POINTS -30

STAGE IV (SEVERE)

PERITONEUM
Superficial Endo - > 3cm -4
L. OVARY
Deep Endo - 1-3cm -32
Dense Adhesions - < 1/3 -8
L. TUBE
Dense Adhesions - < 1/3 -8
TOTAL POINTS -52

STAGE IV (SEVERE)

PERITONEUM
Deep Endo - > 3cm -6
CULDESAC
Complete Obliteration -40
R. OVARY
Deep Endo - 1-3cm -16
Dense Adhesions - < 1/3 -4
L. TUBE
Dense Adhesions - > 2/3 -16
L. OVARY
Deep Endo - 1-3cm -16
Dense Adhesions - > 2/3 -16
TOTAL POINTS -114

*Point assignment changed to 16
**Point assignment doubled

(a) REVISED AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE CLASSIFICATION OF ENDOMETRIOSIS 1985

Patient's Name _____ Date: _____

Stage I (Minimal) 1-5 Laparoscopy _____ Laparotomy _____ Photography _____

Stage II (Mild) 6-15 Recommended Treatment _____

Stage III (Moderate) 16-40 _____

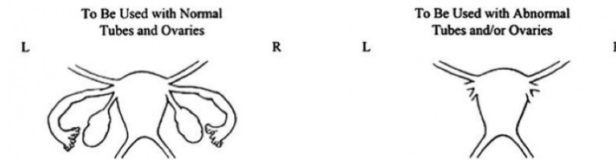
Stage IV (Severe) >40 _____

Total _____ Prognosis _____

Peritoneum	ENDOMETRIOSIS	< 1 cm	1 - 3 cm	> 3 cm
		Superficial	1	2
	Deep	2	4	6
Ovary	R Superficial	1	2	4
	Deep	4	16	20
	L Superficial	1	2	4
	Deep	4	16	20
POSTERIOR CULDESAC OBLITERATION		Partial 4		Complete 40
Ovary	ADHESIONS	< 1/3 Enclosure	1/3-2/3 Enclosure	> 2/3 Enclosure
	R Filmy	1	2	4
	Dense	4	8	16
	L Filmy	1	2	4
	Dense	4	8	16
	R Filmy	1	2	4
Tube	Dense	4	8	16
	L Filmy	1	2	4
	Dense	4*	8*	16

*If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16.

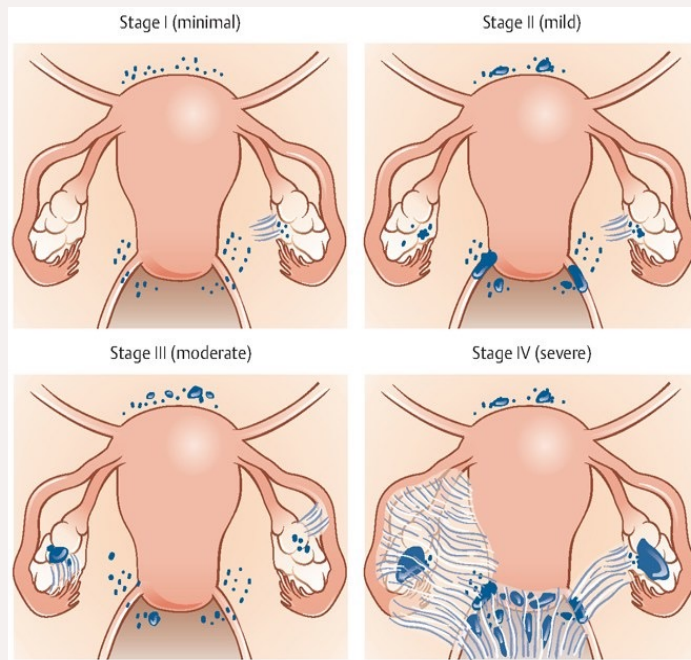
Additional Endometriosis: _____ Associated Pathology: _____

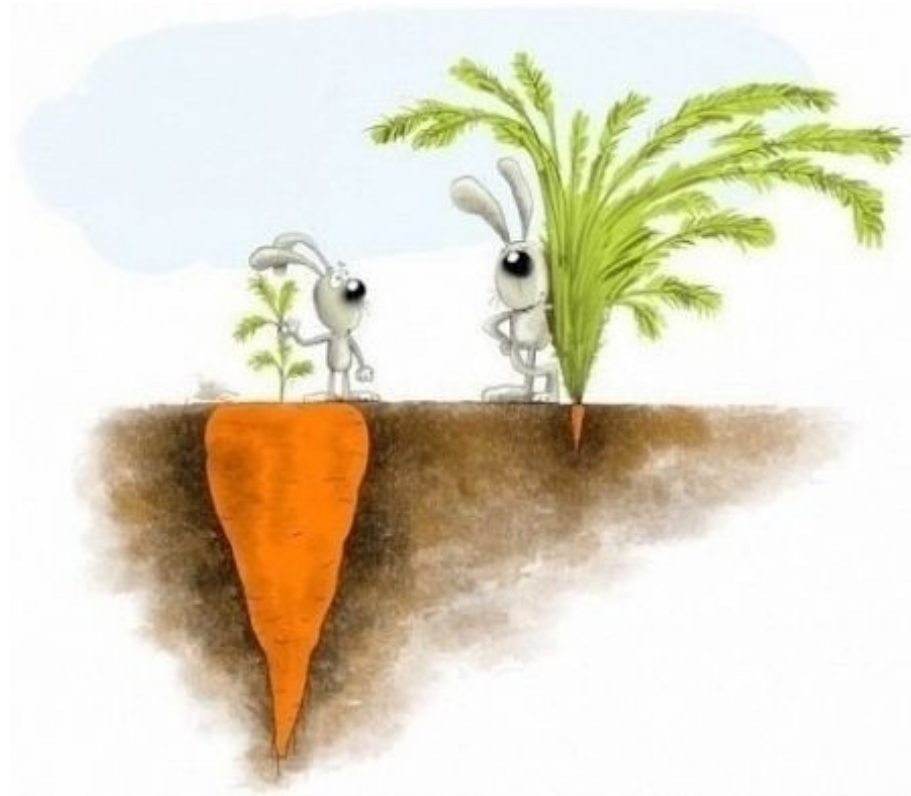




Clasificación

- ❑ American Society of Reproductive Medicine. ASRM

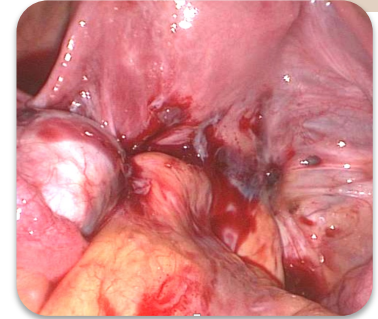
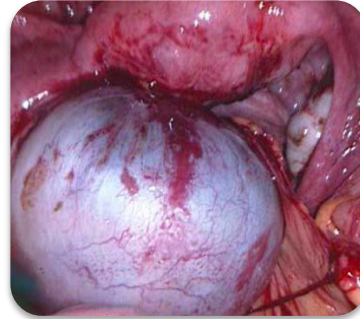
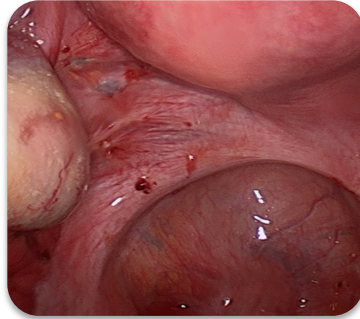






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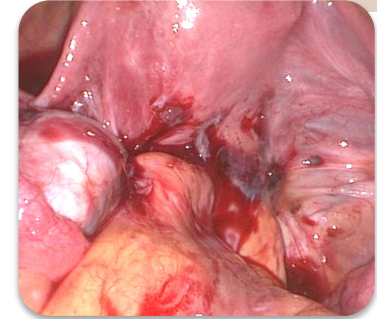
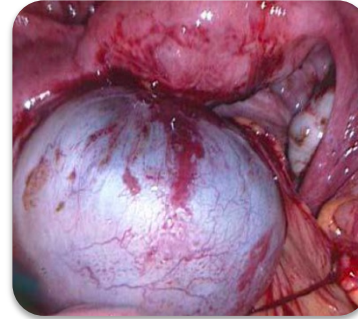
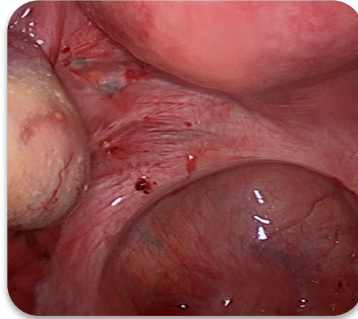
1. ENDO Peritoneal
2. ENDO Ovárica
3. ENDO Profunda





Clasificación

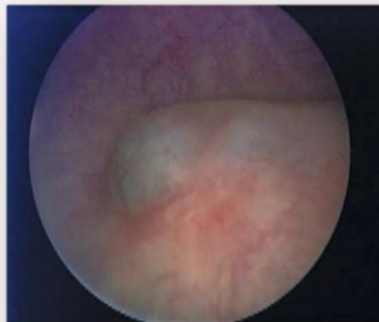
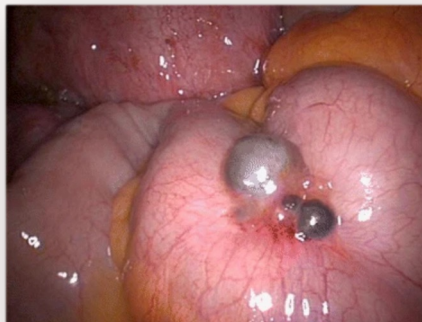
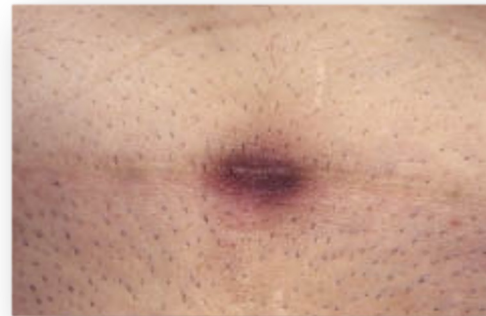
1. ENDO Peritoneal
2. ENDO Ovárica
3. ENDO Profunda



■ Adenomióse

- Difusa ou localizada
- Síntomas semellantes:
Dor
Regras abundantes
Dispareunia
Esterilidade/Infertilidade







Clínica



Asintomáticas 15-30%

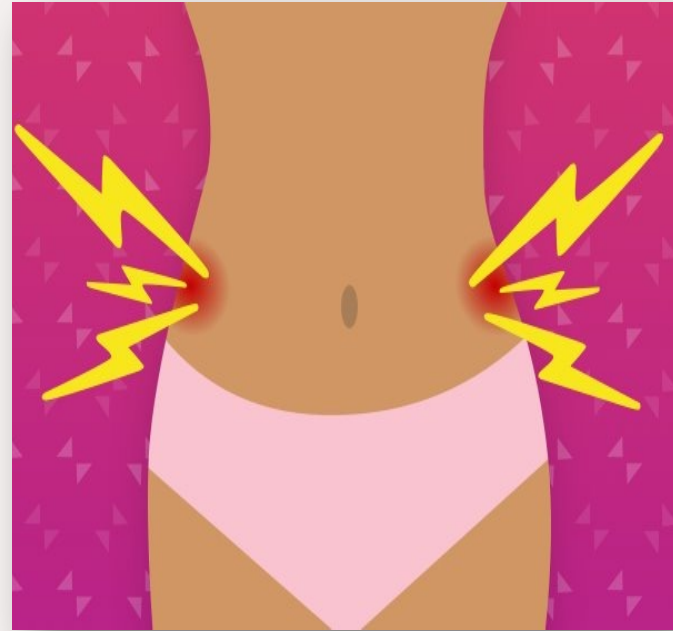
DOR

INFERTILIDADE



Clínica: Dor

- Dismenorrea 75%
- DPC (cíclica e non cíclica) 70%
- Dispareunia 44%
- Disquecia
- Disuria





Outros síntomas

- ❑ **Sangrado uterino anormal**
- ❑ **Síntomas intestinais:** Diarrea/estreñimento, rectorraxias. Suboclusión, cólicos, vómitos.
- ❑ **Síntomas urinarios:** hematuria, ITUS, nefropatía.
- ❑ **Síntomas respiratorios:** dor e disnea, pneumotórax, hemotórax, hemoptise catameniais.
- ❑ **Fatiga crónica**
- ❑ **Depresión. Ansiedade**





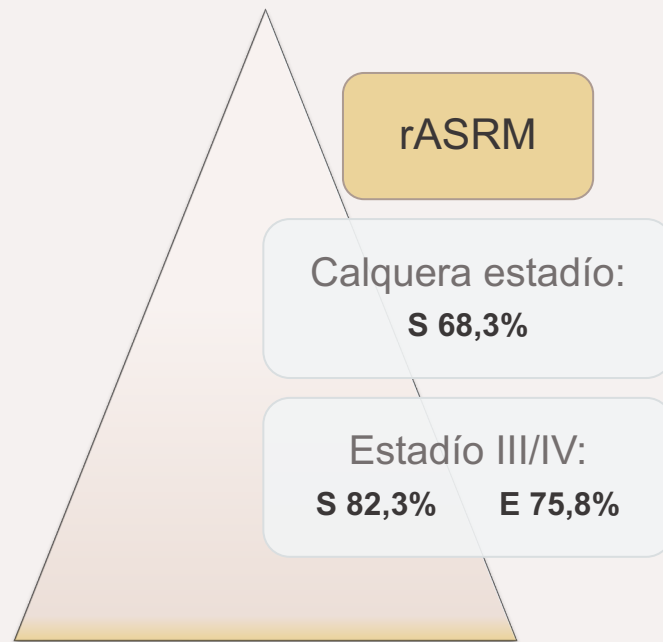
❑ DOR

- Dismenorrea **75%**
- DPC (cíclica e non cíclica) **70%**
- Dispareunia **44%**
- Disquecia
- Disuria

❑ INFERTILIDADE

❑ Outros

- Sangrado uterino anormal
- **Síntomas intestinais:** diarreia/estreñimento, rectorraxias, suboclusión, cólicos, vómitos.
- **Síntomas urinarios:** hematuria, ITUS, nefropatía
- **Síntomas respiratorios:** dor e disnea, pneumotórax, hemotórax, hemoptise catameniais
- **Fatiga crónica**
- **Depresión. Ansiedade**





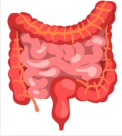
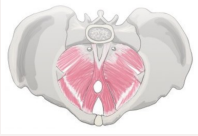
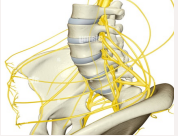
Eskenazi, *et al.*, 2001

Nnoaham, *et al.*, 2012



Causas de dor pelviana crónica e dor abdominal



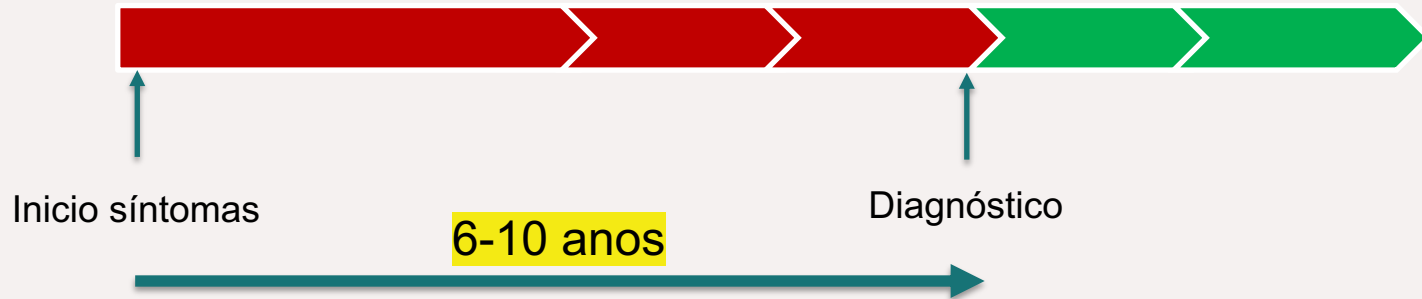
	Xinecológicas	Urológicas	Gastrointestinais	Musculoesqueléticas	Nervios periféricos
					
	Endometriose Adenomiose Dismenorrea 1ª Miomas Conxestión pélvica Ovario remanente	Cistite intersticial Sd. ureteral ITUs de repetición Pedras vesicais	Sd. intestino irritable Disfunción intestinal Hernias Divertículos	Sd. miofascial Puntos gatillo Lumbalxia Discopatía Dor articular Coccigodinia	Lesión nervios periféricos
Dor pélvica	✓ SI	✓ SI	✓ SI	✓ SI	✓ SI
Exacerb. catamenial	✓ SI	✓ SI	✓ SI	✓ SI	
Dispareunia	✓ SI	✓ SI		✓ SI	
Disfunción intestinal	✓ SI		✓ SI	✓ SI	✓ SI
Disquecia	✓ SI		✓ SI	✓ SI	
Disfunción urinaria	✓ SI	✓ SI		✓ SI	✓ SI
Disuria	✓ SI	✓ SI		✓ SI	



Infertilidade

- Distorsión anatómica. Disfunción/obstrucción tubárica
- Peor calidade ovocitaria
- Dificuldade na implantación embrionaria (alteracións a nivel endometrial)
- Entre o 20-25% das doentes con endometriose requiren TRA
- A FIV NON aumenta a tasa de recurrencia
- **Peor pronóstico reproductivo cantas máis ciruxías**



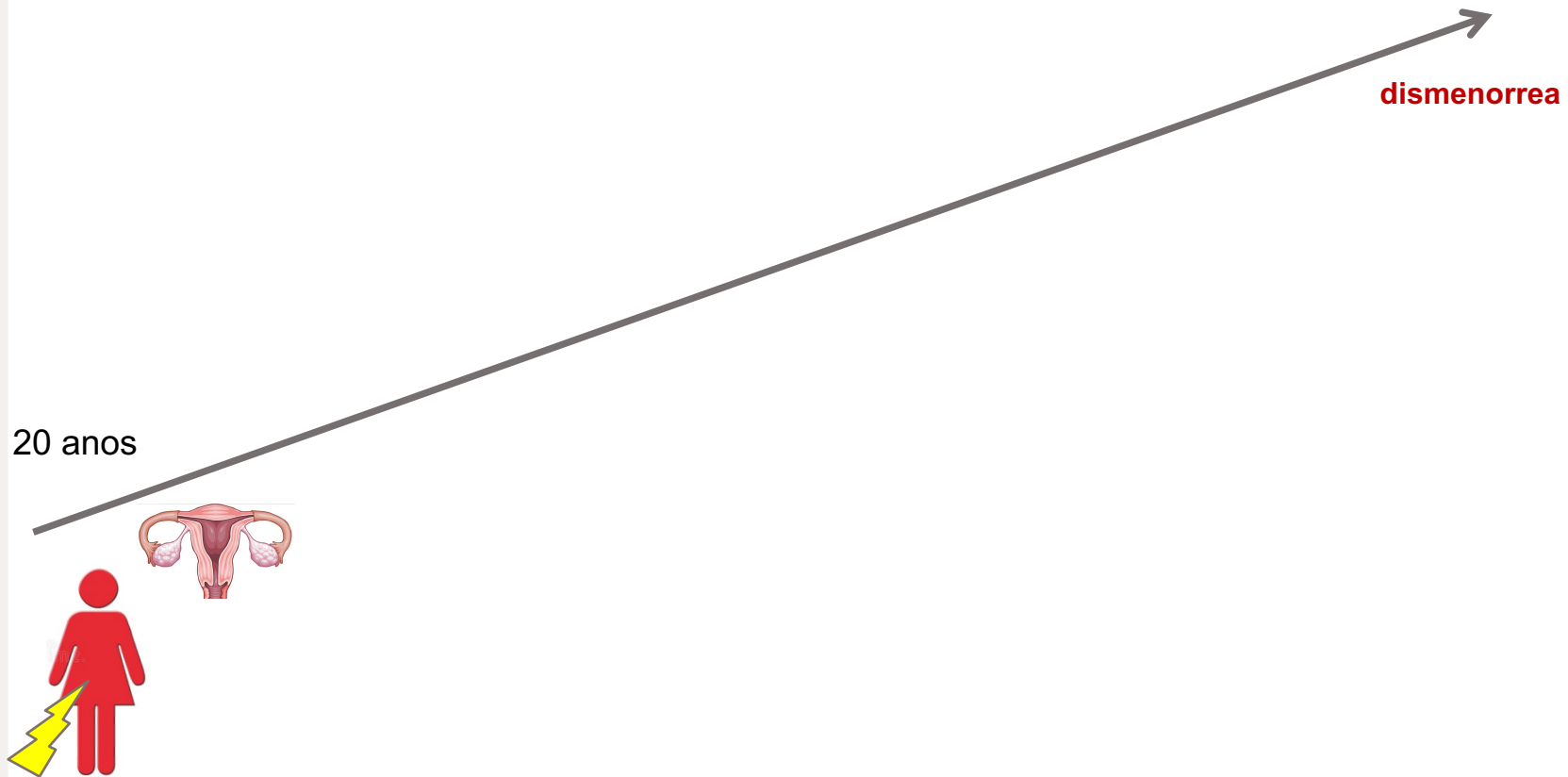


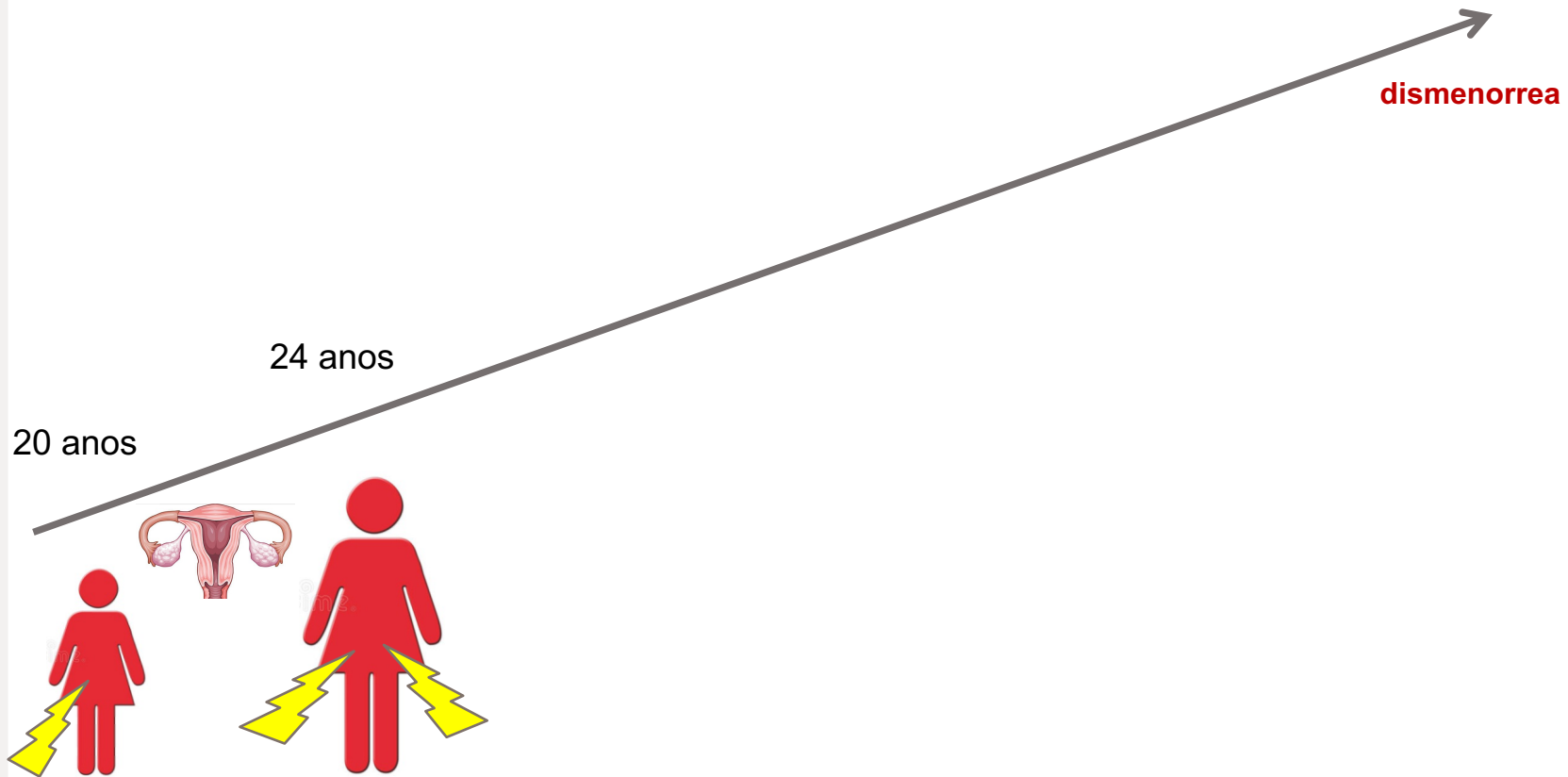
- Non síntomas específicos
- Estigma. Normalización dos síntomas
- Falta de coñecemento
- Non marcadores específicos

65% diagnosticadas doutra patoloxía

46% tres ou máis médicos antes do diagnóstico

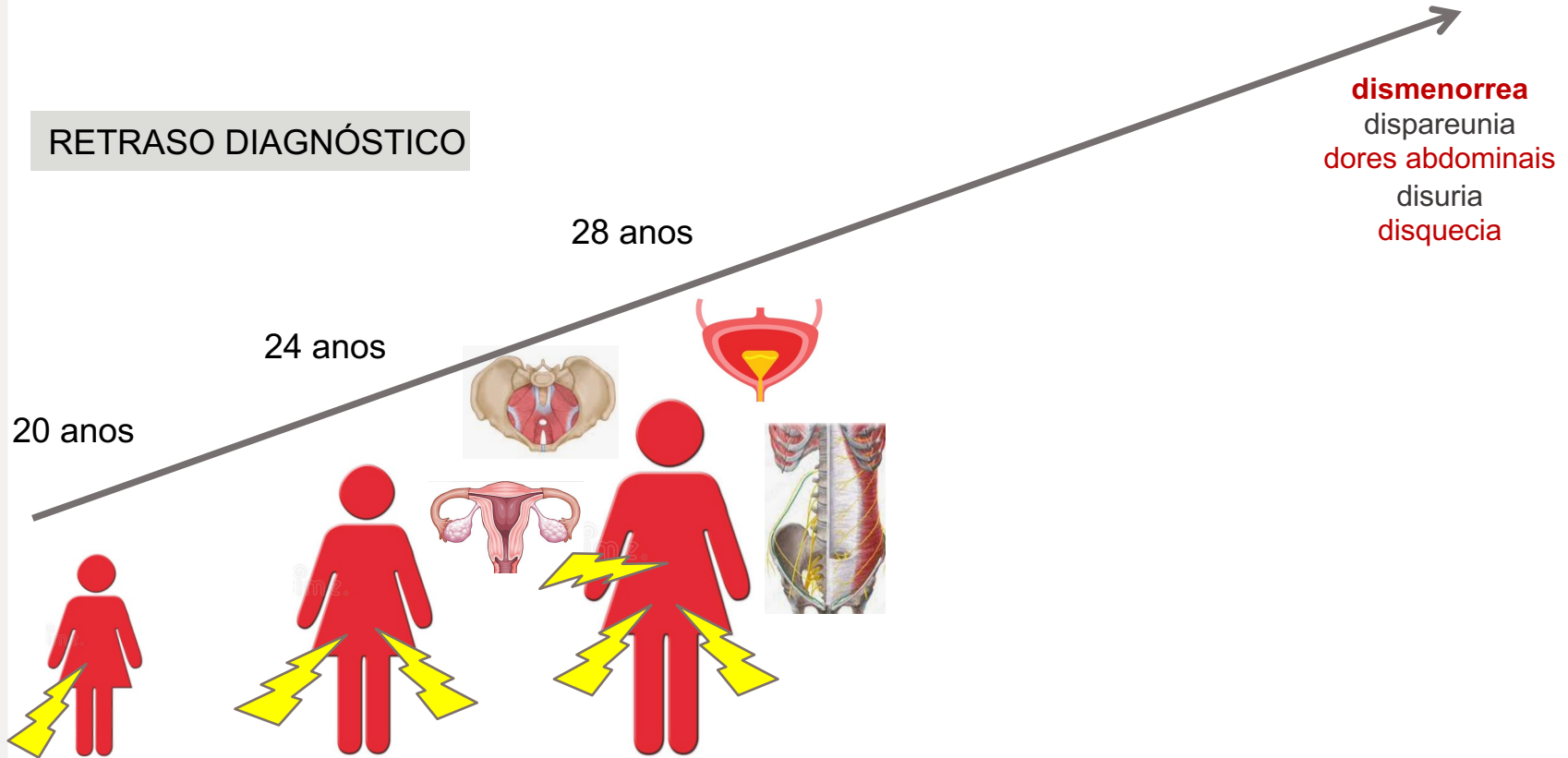
(European Endometriosis Alliance)

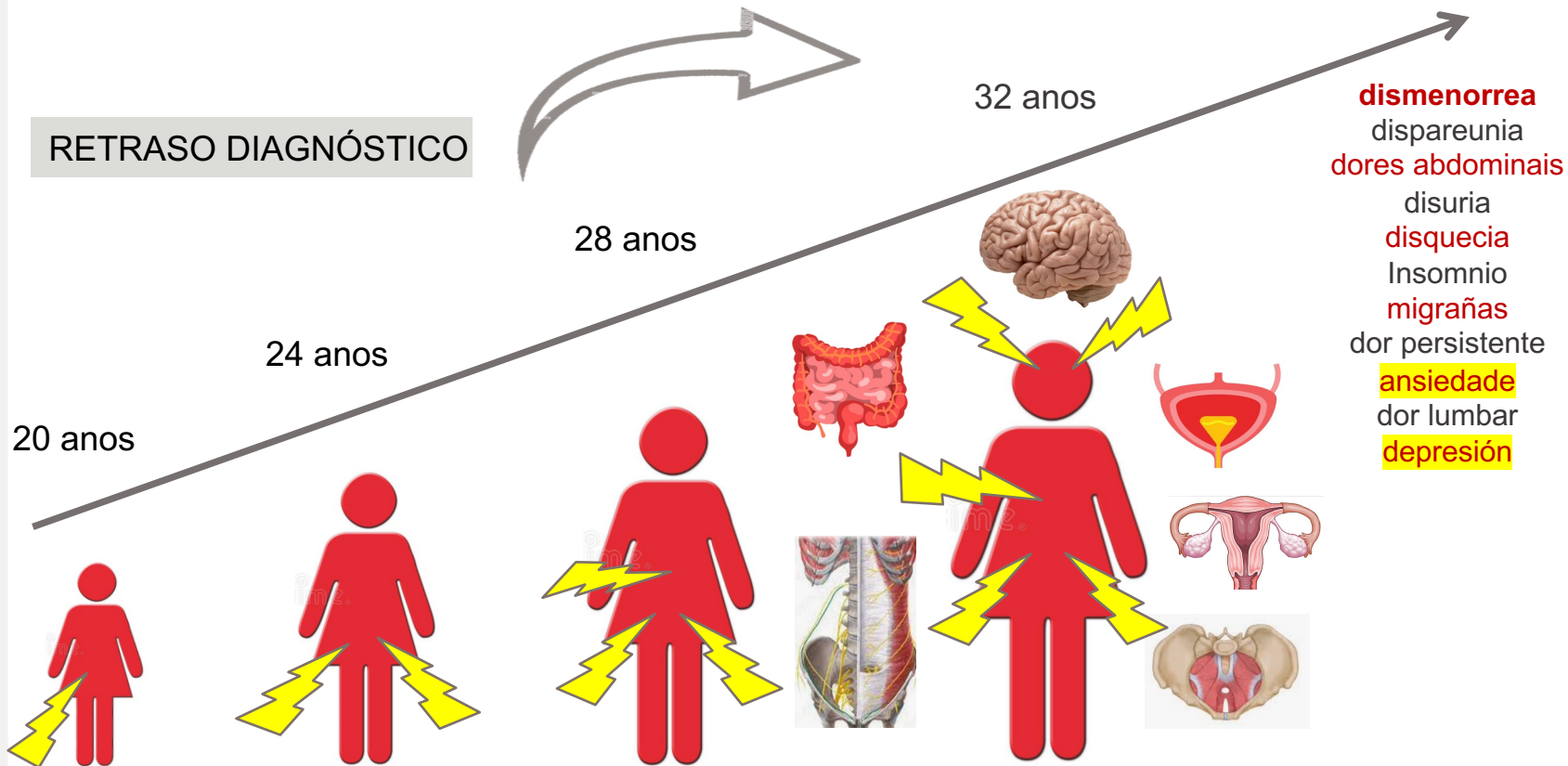






RETRASO DIAGNÓSTICO







Diagnóstico

Anamnese

Exploración física



Probos de imaxe





Diagnóstico

Síntomas

- DPC (cíclica ou persistente)
- Dismenorrea
- Dispareunia
- Disquecia
- Disuria
- Síntomas catameniais

Antecedentes pessoais

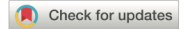
Exploración física

Probas de imaxe

Call to Action

ajog.org

Clinical diagnosis of endometriosis: a call to action



Sanjay K. Agarwal, MD; Charles Chapron, MD; Linda C. Giudice, MD, PhD; Marc R. Laufer, MD; Nicholas Leyland, MD; Stacey A. Missmer, ScD; Sukhbir S. Singh, MD; Hugh S. Taylor, MD

THE PROBLEM: Endometriosis is undiagnosed in a large proportion of affected women, resulting in ongoing and progressive symptoms with associated negative impacts on health and well-being. Current practice standards, which rely primarily on laparoscopy for a definitive diagnosis before beginning therapy, frequently result in prolonged delay between symptom onset, diagnosis, and subsequent treatment.

A SOLUTION: Enhanced use of clinical diagnostic techniques may reduce the delay in time to diagnosis and hence bring more rapid relief to affected patients. limit disease progression, and prevent sequelae.



Diagnóstico

Escoitar





Diagnóstico

Escoitar

The Endometriosis Health Profile:

- EHP-30
 - EHP-5 scale
- Short Form: SF-36

Question	No. missing	% missing data (n = 105)
Pain	6	3.1
Been unable to go to social events because of the pain?	1	0.5
Been unable to do jobs around the home because of the pain?	1	0.5
Found it difficult to stand because of the pain?	1	0.5
Found it difficult to sit because of the pain?	0	0.0
Found it difficult to walk because of the pain?	0	0.0
Found it difficult to exercise or do the leisure activities you would like to do because of the pain?	0	0.0
Lost the appetite and/or been unable to eat because of the pain?	0	0.0
Been unable to sleep properly because of the pain?	1	0.5
Had to go to bed/lie down because of the pain?	0	0.0
Been unable to do the things you want to do because of the pain?	2	1.0
Felt unable to cope with the pain?	1	0.5
Control and powerlessness	2	1.5
Generally felt unwell?	1	0.5
Felt frustrated because your symptoms not getting better?	0	0.0
Felt frustrated because you are not able to control your symptoms?	0	0.0
Felt unable to forget your symptoms?	2	1.0
Felt as though your symptoms are ruling your life?	1	0.5
Felt your symptoms are taking away your life?	0	0.0
Emotion	5	2.8
Felt depressed?	1	0.5
Felt weepy/tearful?	1	0.5
Felt miserable?	2	1.0
Had mood swings?	1	0.5
Felt bad-tempered or short-tempered?	1	0.5
Felt violent or aggressive?	0	0.0
Social support	2	1.0
Felt unable to tell people how you feel?	0	0.0
Felt others do not understand what you are going through?	1	0.5
Felt as though others think you are moaning?	0	0.0
Felt alone?	1	0.5
Self-image	0	0.0
Felt frustrated as you can not always wear the clothes you would choose?	0	0.0
Felt your appearance has been affected?	0	0.0
Lacked confidence?	0	0.0



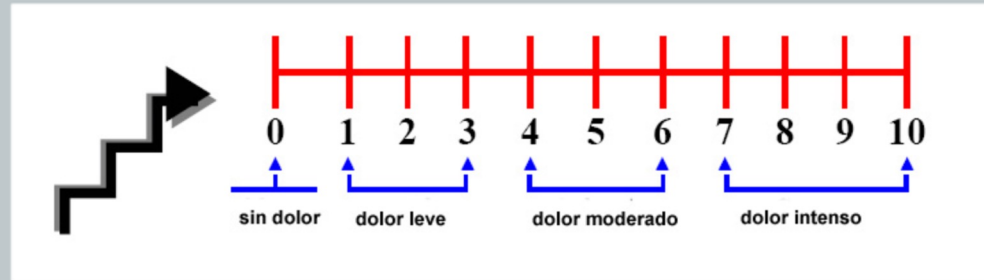
English Version		EHP-5 scale	French Version	
Range: 100-0				
PART I DURING THE LAST 4 WEEKS, HOW OFTEN BECAUSE OF YOUR ENDOMETRIOSIS HAVE YOU...			PARTIE I Au cours des quatre dernières semaines, combien de fois, du fait de votre endométriose...	
None Rarely Sometimes Often Always			Jamais Rarement Parfois Souvent Toujours	
1. Found it difficult to walk because of the pain?			Avez-vous éprouvé des difficultés à marcher à cause des douleurs ?	
2. Felt as though symptoms are ruling your life?			Avez-vous eu l'impression que vos symptômes réglaient votre vie ?	
3. Had mood swings?			Avez-vous eu des changements d'humeur ?	
4. Felt others do not understand what you are going through?			Avez-vous eu l'impression que les autres ne comprennent pas ce que vous endurez ?	
5. Felt your appearance has been affected?			Avez-vous eu l'impression que votre apparence a été changée ?	
Please check that you have ticked one box for each question before moving onto the next page.				
PART II DURING THE LAST 4 WEEKS, HOW OFTEN BECAUSE OF YOUR ENDOMETRIOSIS HAVE YOU...			PARTIE II Au cours des quatre dernières semaines, combien de fois, du fait de votre endométriose...	
None Rarely Sometimes Often Always			Jamais Rarement Parfois Souvent Toujours	
A. Been unable to carry out duties at work because of the pain?			Avez-vous été incapable d'assumer des obligations professionnelles à cause des douleurs ?	
B. Found it difficult to look after your children?			Avez-vous trouvé difficile de vous occuper de votre(s) enfant(s) ?	
C. Felt worried about having intercourse because of the pain?			Avez-vous eu le sentiment que les médicaments pouvaient que c'était dans votre intérêt ?	
D. Had difficulty because treatment is not working?			Avez-vous été déçu(e) parce que le traitement ne marchait pas ?	
E. Felt depressed at the possibility of not having children in future?			Vous êtes-vous sentie déprimée face à l'éventualité de ne pas avoir d'enfants ou d'autres enfants ?	



Diagnóstico

Escoitar

EVA





Diagnóstico

Preguntar



Historia familiar

OR 3,2

Absentismo escolar durante as menstruações

OR 1,7

ACHOS para tratar a dismenorrea antes dos 18 anos OR 4,5



Diagnóstico

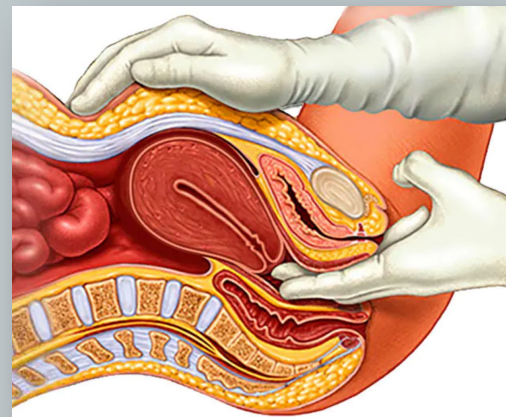
Exploración

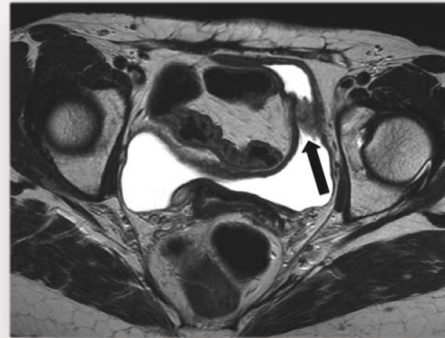
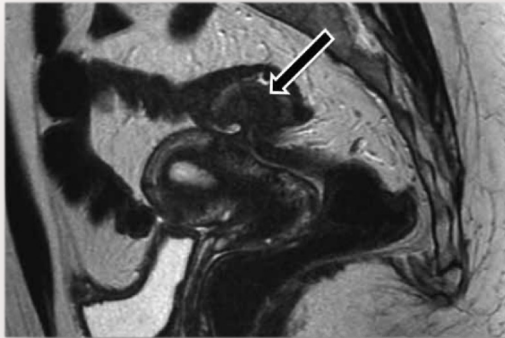
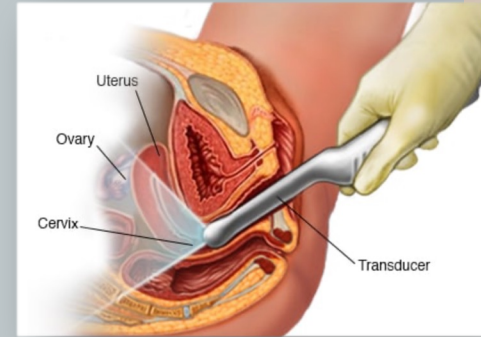
Máxima sensibilidade durante a menstruación

Exame completo do solo pelviano e os órganos internos

Cérvix lateralizado. Lesións visibles

Tacto bimanual: **DOR**, útero fixo, puntos gatillo, masas anexiais







Tratamento

Tto sintomático
(dor, esterilidade)

INDIVIDUALIZADO

Expectante perimenopáusicas

Médico

- AINES. Antioxidantes
- Tto hormonal

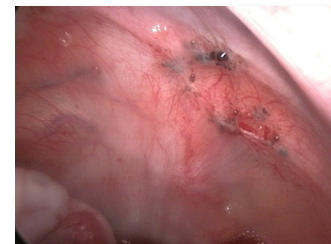
- AH combinados (E + P)
- Proxestágenos
- Análogos GnRH
- Antagonistas GnRH

Atrofia tecido endometrial

FIV

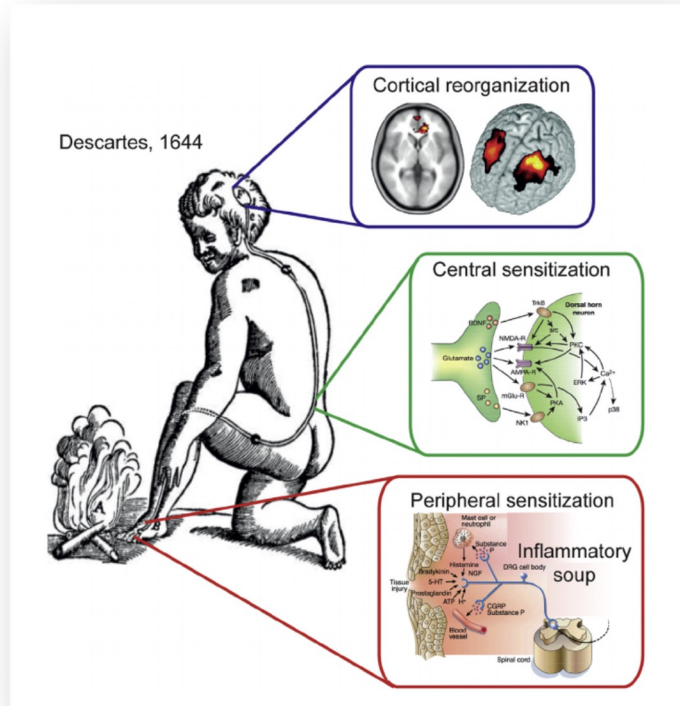
Cirúrgico

- Conservadora
- Radical





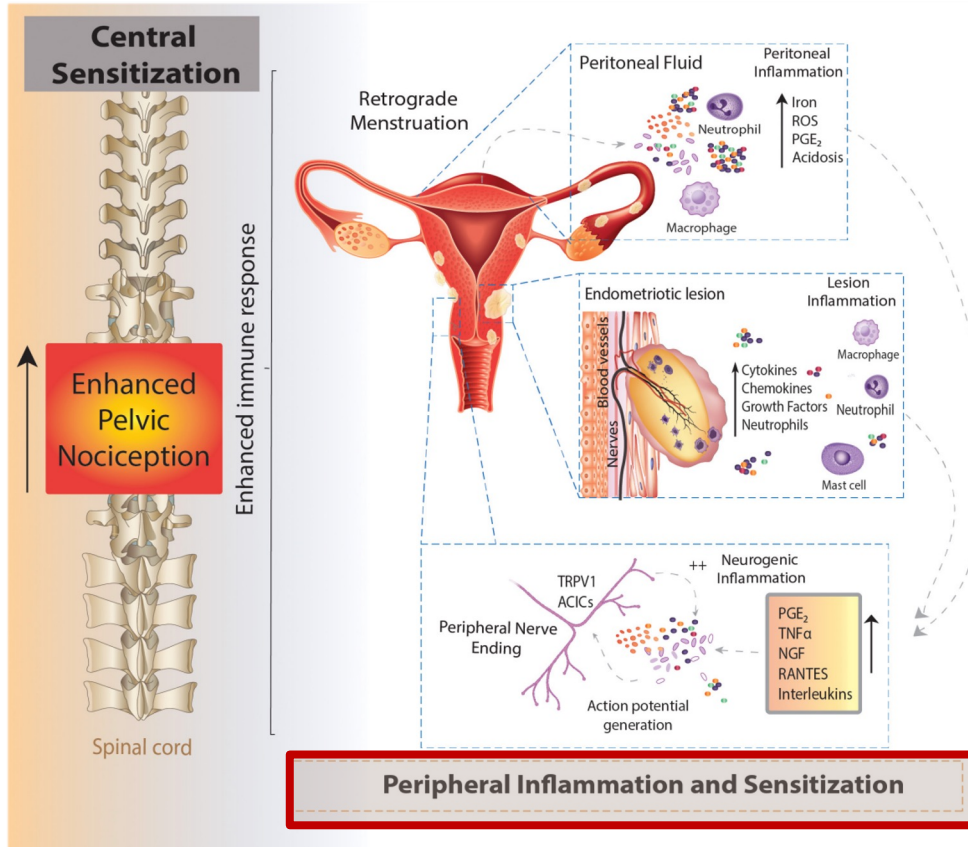
Sensibilización central e periférica



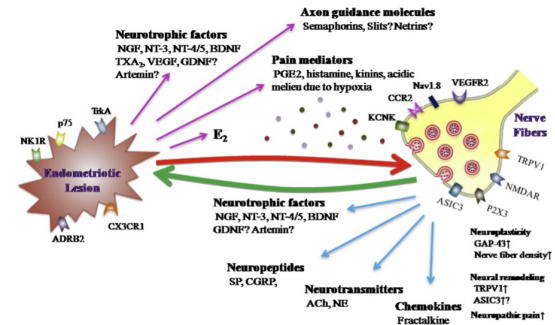
- DPC > 6 meses (normalmente anos)
- Dor xeralizada
- Fracaso aos múltiples tratamentos
- Dor desproporcionada/Disociación clínico-radiolóxica
- Asociación a outras enfermidades: Fibromialxia, fatiga crónica, colon irritable, vexiga dolorosa



Dor asociada á Endometriose



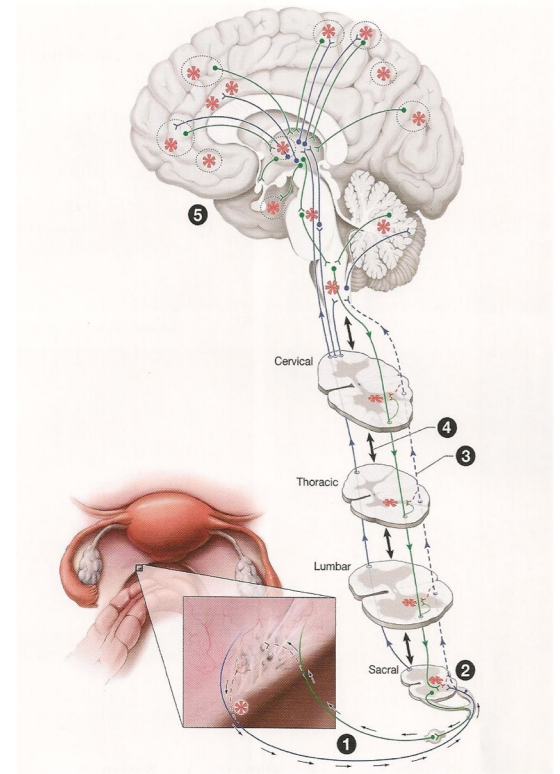
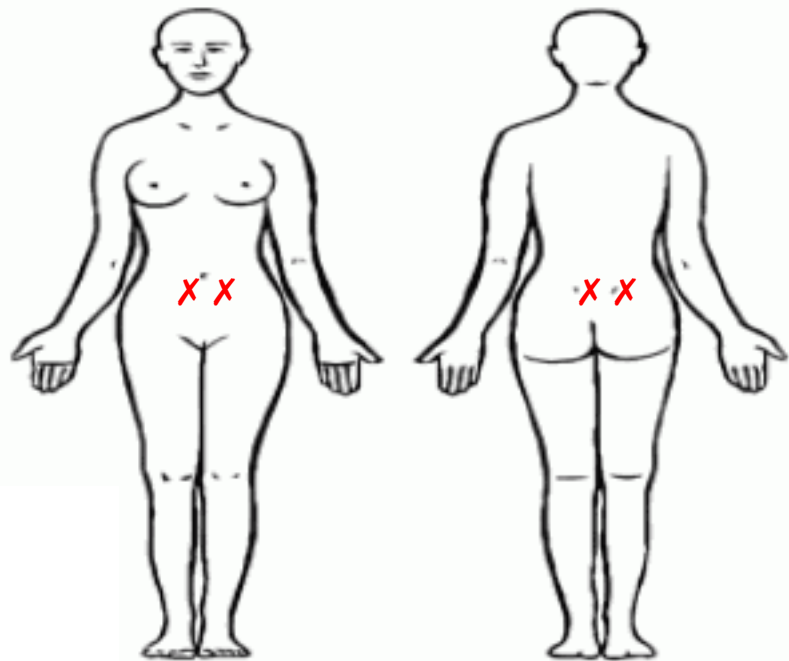
Sensibilización periférica





Dor asociada á Endometriose

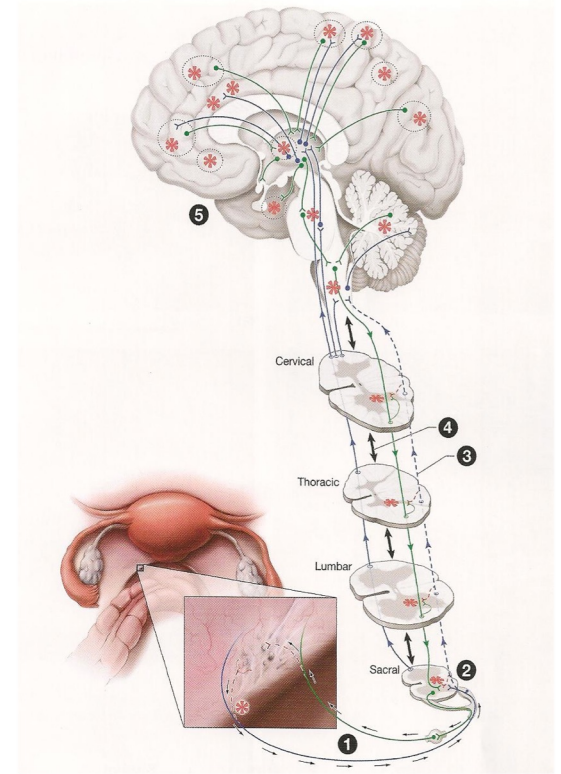
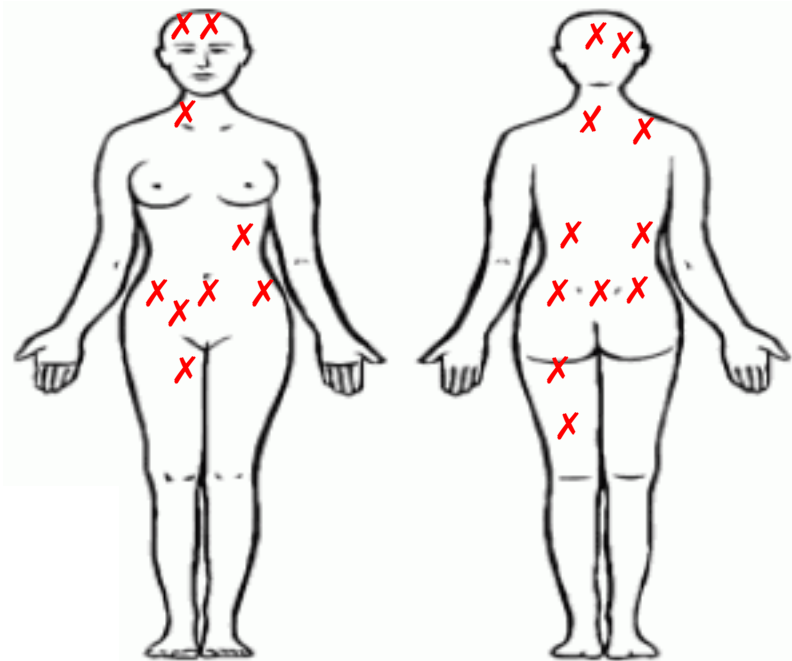
Sensibilización central





Dor asociada á Endometriose

Sensibilización central





Dor por causa orgânica observável



Síndrome de sensibilização central
“Dores funcionais”

Sd. do colon irritable

Migrañas

Vulvodinia

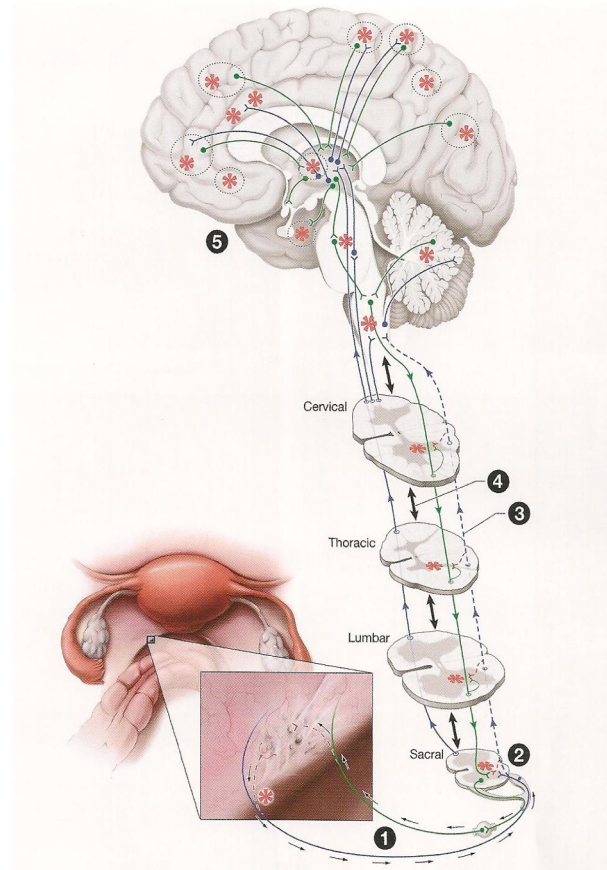
Fibromialxia

Sd. miofasciais

Dor pélvica crónica

Sd. das pernas inquietas

Vexiga dolorosa





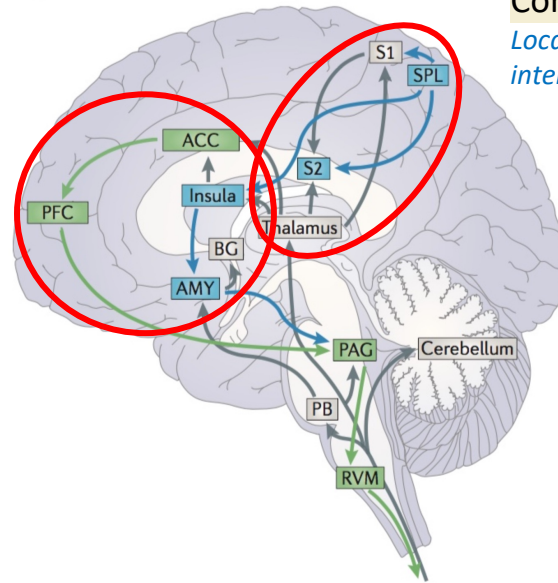
Dor asociada á Endometriose

Córtex prefrontal

Insula

Aspectos emocionais e motivacionais da dor

The pain matrix in the human brain



Córtex somatosensorial

Localización, duración, intensidade da dor

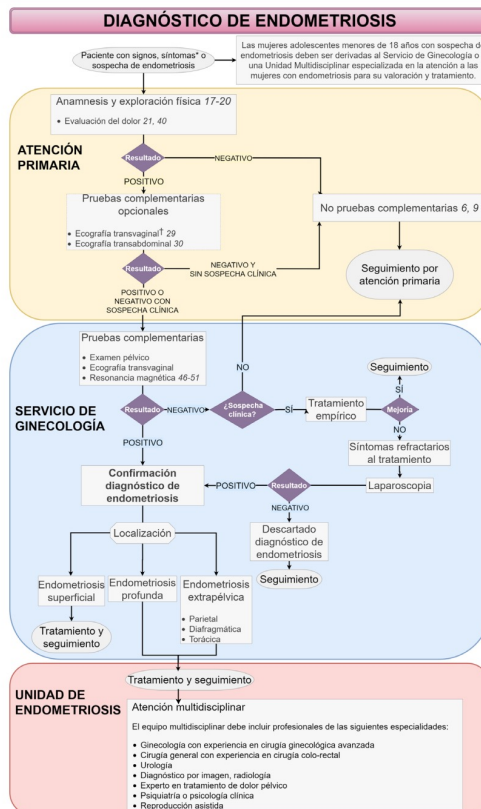


Modelo de atención a las mujeres con endometriosis. Revisión sistemática de guías de práctica clínica

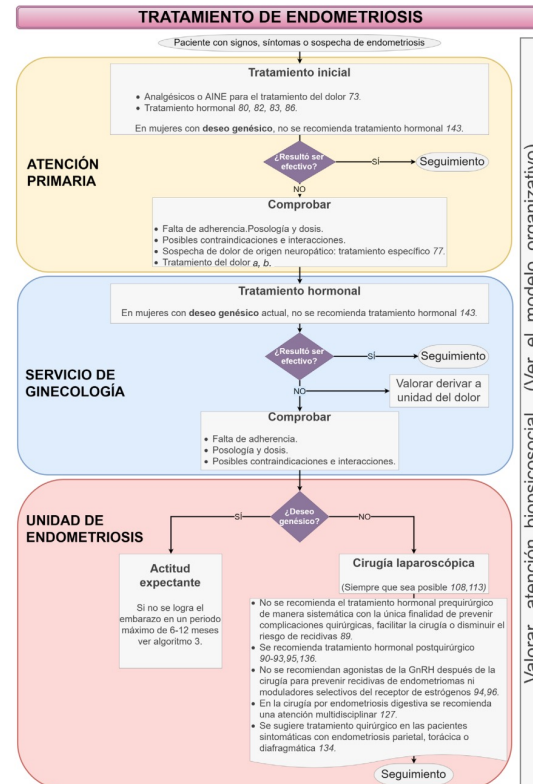
Care model for women with endometriosis. Systematic review of clinical practice guidelines

INFORME DE EVALUACIÓN DE TECNOLOGÍAS SANITARIAS
AETSA

INFORMES, ESTUDIOS E INVESTIGACIÓN



*Dolor pélvico crónico, dolor relacionado con la menstruación (dismenorea) que afecta a las actividades cotidianas y la calidad de vida, dolor con la penetración profunda durante o después de la relación sexual, síntomas gastrointestinales/urinarios cólicos o relacionados con la menstruación, en particular, dolor con la defecación (diseñación), sangra en orina (hematuria) o dolor con la micción (disuria), infertilidad asociada con al menos uno de los síntomas o signos anteriores (Recomendación 21).
† En caso de que la prueba esté disponible en el centro.



a. National Institute for Health and Care Excellence. Neuropathic pain in adults: pharmaceutical management in nonspecialist settings (NICE guideline 173). 2018. <https://www.nice.org.uk/guidance/cg173>

b. Guía de Práctica Clínica sobre el Tratamiento Farmacológico del Dolor Neuropático Periférico en Atención Primaria. 2016. <https://www.sedoc.es/grupos-de-trabajo/dolor-neuropatico/>

Valorar atención biosociosocial (Ver el modelo organizativo)



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Endometriosis

Guideline of European Society of Human
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2022
ESHRE Endometriosis Guideline Development Group