

# CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

RESEARCH

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## DETERMINATION OF THE NUMBER OF WOMEN WITH ENDOMETRIOSIS IN PRIVATE MEDICAL OFFICES IN THE COUNTY OF CRUZ ALTA – RS

*Determinação do número de mulheres com endometriose em consultórios médicos particulares no município de Cruz Alta-RS*

*Determinando el número de mujeres con endometriosis en consultores médicos privados en Cruz Alta-RS*

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### ABSTRACT

**Objective:** to determine the number of patients diagnosed with endometrioses in private medical consultancies in the municipality of Cruz Alta – RS. Method: cross-sectional, prospective and descriptive, with five gynecologist doctors who will answer a question about the forms of diagnosis and treatment of endometriose. **Results:** the results showed that by means of women with endometrium, there were four patients per doctor (total of 20 patients). The most commonly used form of diagnosis was videolaparoscopy, reported by 80% of doctors, and the main forms of treatment were by two Gonadotrophin Analogs (GnRH), such as Gosserelin and progestogens such as Dienogest®. **Conclusion:** it was verified that there was a high number of patients diagnosed with endometrioses in private clinics in municipal Cruz Alta.

**Descriptors:** Endometriosis; Symptoms; Combined therapy; Occurrence; Infertility.

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## RESUMO

**Objetivo:** determinar o número de mulheres diagnosticadas com endometriose em consultórios médicos particulares do município de Cruz Alta – RS. **Método:** transversal, prospectivo e descritivo, com cinco médicos ginecologistas que responderam à um questionário sobre as formas de diagnóstico e tratamento da endometriose. **Resultados:** os resultados demonstraram que a média de mulheres com endometriose foi de quatro pacientes por médico (total de 20 pacientes). A forma de diagnóstico mais utilizada foi a videolaparoscopia, relatada por 80% dos médicos, e as principais formas de tratamento foram por meio dos Análogos do Gonadotrofina (GnRH), como a Gosserrelina e os progestogénos como o Dienogest®. **Conclusão:** verifica-se que houve um número elevado de mulheres diagnosticadas com endometriose em consultórios particulares no município de Cruz Alta.

**Descritores:** Endometriose; Sintomas; Terapia combinada; Ocorrência; Infertilidade.

## RESUMEN

**Objetivo:** determinar el número de mujeres diagnosticadas con endometriose en consultas médicas particulares del municipio de Cruz Alta – RS. **Método:** transversal, prospectivo y descriptivo, con cinco médicos ginecologistas que responden a un cuestionario sobre formas de diagnóstico y tratamiento de la endometriosis. Resultados: los resultados demostraron que un medio de mujeres con endometriosis de cuarto pacientes por médico (total de 20 pacientes). Una forma de diagnóstico más precisa para una videolaparoscopia, relatada por 80% de dos médicos, y como formas principales de tratamiento de forma por medio de Análogos do Gonadotrofina (GnRH), como Gosserrelina y os progestogénos como o Dienogest®. **Conclusión:** verifique que tiene un número elevado de multas diagnosticadas con endometrio en consultas particulares no municipales de Cruz Alta.

**Descritores:** Endometriosis; Síntomas Terapia combinada; Ocurrencia; Infertilidad

## INTRODUCTION

Endometriosis is a chronic, nontransmissible, benign, estrogen-dependent, multifactorial gynecological disease. It is characterized by the presence of tissue similar to the gland and/or endometrial stroma outside the uterus, with predominance in the female pelvis.<sup>1</sup>

It affects mainly women of reproductive age, the reported prevalence is variable, but it is estimated that endometriosis affects 6 to 10% of all women, 25 to 50% of infertile women and 75 to 80% in women with chronic pelvic pain.<sup>2</sup>

Dysmenorrhea, dyspareunia, pelvic pain, intestinal and urinary changes are characteristic symptoms and also have a great impact on women's quality of life. It is a disease of difficult pathophysiological understanding, and presents different theories based on clinical and experimental evidence.<sup>1,3</sup> Pelvic and transvaginal ultrasound with intestinal preparation and magnetic resonance imaging with specific protocols are the main imaging methods for detection and staging of endometriosis. The diagnosis is confirmed by anatomopathological examination.<sup>4</sup>

Because of its chronicity, endometriosis must be followed during the reproductive life of the woman, at which time the main symptoms manifest themselves. Clinical treatment is effective in controlling pelvic pain and should be the choice in situations where there are no absolute indications for surgery.<sup>5</sup> The continuous use of progestogens leads to ovulatory blockage and is effective in the treatment of pelvic pain resulting from endometriosis.<sup>6,7</sup>

Thus, endometriosis is a pathology that affects the quality of life of affected women, causing pelvic pain, besides influencing sexuality, sleep, work and fertility. Thus, this study aimed to determine the number of women with endometriosis diagnosed in

private practices in the city of Cruz Alta -RS, by obtaining data regarding the etiology of the disease, the number of patients affected and the relationship between endometriosis and infertility.

## METHODS

The study was characterized as transversal, prospective and descriptive, and participated in the study, gynecologists from the city of Cruz Alta, Rio Grande do Sul, who perform services in private offices, also covering health plans.

This work was approved by the Comitê de Ética em Pesquisa (CEP) of the University of Cruz Alta – UNICRUZ, by means of the consolidated opinion number 1,547,153.23.

The sample corresponded to patients diagnosed with endometriosis in medical offices. For this, the doctors answered a questionnaire regarding the diagnosis of endometriosis in their patients from July to September 2016. In this questionnaire open questions regarding endometriosis were addressed, being them: diagnosis, treatment, risk factors, age group most affected and infertility.

All data regarding patients and physicians were kept confidential, according to the confidentiality term signed by the researchers.

The study included gynecologists working at the city of Cruz Alta – RS with private offices, with or without agreement. Gynecologists who did not attend the doctor's offices were excluded.

It is not possible to diagnose endometriosis through the Sistema Único de Saúde (SUS).

For the presentation of the categorical variables relative and absolute frequency was used and for the quantitative variables, mean and standard deviation ( $\pm$ ).

## RESULTS

Five gynecological doctors who met the inclusion criteria participated in the study and answered open questions about endometriosis in their patients. The average of women who were diagnosed with endometriosis from July to September 2016 was four patients per participating physician, totaling 20 patients.

All physicians reported that the age group most affected by the disease was 20 to 35 years and the main symptom reported by patients with endometriosis was dysmenorrhea, in 80% (16) of the cases, followed by dyspareunia in 20% (four) of the patients.

The main form of diagnosis reported by 80% (four) of the physicians was videolaparoscopy. However, 20% (one) of doctors considered magnetic resonance imaging the main form of diagnosis. In 100% (20) of the cases the most frequent grade of endometriosis was grade II.

The most used drug treatment is performed with gonadotropin analogues, by 80% (four) of the physicians, and with Dienogest®, by 60% (three) of the participants.

None of the doctors indicated the presence of risk factors associated with endometriosis. The relationship between endometriosis and infertility observed in this study is demonstrated in Figure 1.

In 100% (20) of the cases, the cause of infertility in women with endometriosis was the interference in the transport of the egg through the tubes, related to inflammatory reactions caused by the pathology or the presence of adhesions, and also the hormonal influence in the process of ovulation and implantation of the embryo and the difficulties in the release of the egg from the ovaries towards the tubes.

Depression was considered the main emotional difficulty faced by the patients, being observed by 80% (four) of doctors, followed by anxiety, in 60% (three). Only 20% (one) of the doctors did not observe any emotional difficulty in their patients.

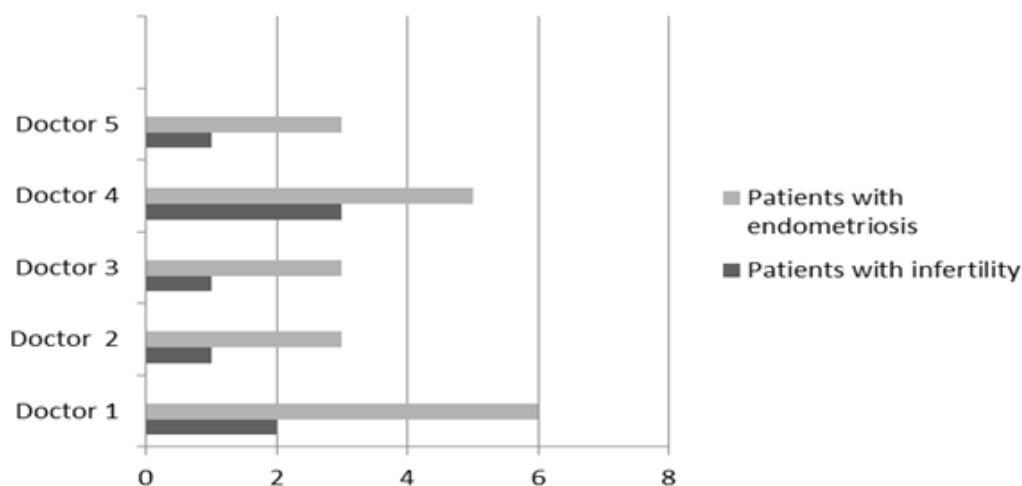
## DISCUSSION

Endometriosis is a chronic, inflammatory and estrogen-dependent disease characterized by the implantation and growth of endometrial tissue outside the uterine cavity. The incidence and prevalence rates of endometriosis are variable. The affected patients present a variable clinical picture and their quality of life is influenced because the symptoms affect their family, social, affective, sexual and professional life.<sup>8</sup>

Regarding the number of women diagnosed with endometriosis from July to September 2016, in the city of Cruz Alta, an average of four patients were observed for each gynecologist participating in the study, representing a prevalence of 19%. This is a significant rate, which is in line with other studies conducted in which the prevalence varies from 5 to 15% of women in the reproductive period and around 3% in post-menopause. In infertile women, it can range from 20 to 50%.<sup>9-13</sup>

The age group most affected by the disease was from 20 to 35 years, with an average of  $26.25 \pm 4.98$  years of age. In a study carried out at the Hospital das Clínicas of the Medical School of the University of São Paulo (HCFMUSP), the mean age of patients diagnosed with endometriosis was between 30 and 34 years.<sup>9</sup> According to Karul et al. the incidence of endometriosis varies between 30 and 45 years.<sup>14</sup>

The main symptoms reported by patients were dysmenorrhea and dyspareunia, which are the most common complaints. Dyspareunia consists of pain during sexual intercourse, which may indicate the presence of deep disease, as it probably affects the retrocervical or rectovaginal region.<sup>9,15</sup> The term dysmenorrhea is used to conceptualize painful menstrual cramps before or during menstruation, comprises signs and symptoms ranging from nausea, vomiting and diarrhea, to fatigue, low back pain, nervousness, headache and dizziness. It can be classified as primary, when there is absence of organic lesions,



**Figure 1** – Number of patients who presented endometriosis in relation to the number of patients who presented infertility reported by gynecologists. Cruz Alta, RS, Brazil, 2016  
Source: The authors, 2020.

and secondary, when there is presence of organic lesions, as in endometriosis.<sup>16</sup>

Oliveira et al., in a cross-sectional study, evaluated 450 medical records of infertile women with endometriosis who sought assisted reproduction treatment, analyzing symptoms such as dysmenorrhea and pain intensity, and found that dysmenorrhea was the most prevalent symptom, reaching 84.2% of patients and dyspareunia was observed in 36.9% of women.<sup>17</sup>

The main form of diagnosis reported by doctors was videolaparoscopy, which allows, by direct visualization of the suspected lesion, the performance of a directed biopsy, confirming the diagnosis through anatomicopathological examination.<sup>18</sup> Besides diagnosis, videolaparoscopy can be used as surgical treatment for patients who do not respond to drug treatment, as well as for those who wish to get pregnant spontaneously.<sup>10,15</sup>

The classification used for endometriosis is that of the American Society of Reproductive as Medicine/ASRM, which grades the disease in minimal (stage I), mild (stage II), moderate (stage III) or severe (stage IV). In our study, all patients presented in stage II, i.e., mild degree of manifestation of the disease. Endometriosis can also be classified into stages that take into consideration the size, depth and location of endometriotic implants and the severity of adhesions, being: Stage 1 (minimal disease): isolated implants and without significant adhesions; Stage 2 (mild disease): Stage 3 (moderate disease): multiple implants, evident peritubary and periovarian adhesions; Stage 4 (severe disease): multiple superficial and deep implants, including endometriomas, dense and firm adhesions.<sup>15,17</sup>

The most widely used drug treatment by physicians participating in the study was Dienogest® (DNG; Visanne, Bayer HealthCare, Berlin, Germany), (60%) and Gonadotrophin analog drugs (GnRH) such as Gossereline and Zodalex (80%). Isolated progestogens are widely used for the treatment of pain associated with endometriosis for the same reasons as estrogenogenic associations, which allows the possibility of prolonged use and has good tolerability. All presentations are for continuous use and have similar effectiveness to contraceptives in improving dysmenorrhea and dyspareunia.<sup>10,15,19</sup>

The pharmacological analogues of these conditions are combined progestins and oral contraceptives, which lead to hormonal conditions similar to those occurring during pregnancy, and androgens and GnRH, which promote endogenous estrogen suppression.<sup>12</sup> Dienogest® is a recent therapy, as it reduces endometriosis lesions, as it creates a continuous progestogenic environment with moderate reduction of circulating estrogens.<sup>20</sup>

Regarding the risk factors associated with the development of the disease, it was observed that no doctor mentioned them in the questionnaire. However, the increase in endometriosis in recent years has been related to changes in female habits, such as an increase in the age of the first pregnancy and a longer interval between pregnancies, thus promoting longer exposure to estrogen.<sup>21</sup>

Infertility has been reported in some women diagnosed with endometriosis in the period. Studies reveal that 30 to 50% of wo-

men diagnosed with endometriosis are infertile and this suggests a relationship between the disease and the etiopathogenesis of infertility. Furthermore, some studies report that the fertility rate in women with endometriosis is lower than in women with idiopathic infertility and thus endometriosis possibly causes infertility.<sup>22</sup> As the endometrial cells have the ability to implant themselves outside the uterine cavity, there is the generation of fibrosis that can cover the ovaries, preventing the release of the egg in the abdominal cavity.<sup>23</sup>

All participating physicians reported that the main cause of infertility in women with endometriosis was interference in the transport of the egg through the tube, both by inflammatory reaction proper to the disease and by adhesions. These observations are in line with the findings of other studies demonstrating the correlation of infertility with 27 inflammatory alterations present in the follicular fluid and peritoneal fluid.<sup>9,24</sup> The inflammatory reaction is also responsible for adhesions in the uterine tubes, ovaries, uterus and intestines. When this happens, there is a more serious involvement, especially when these adhesions involve uterine tubes and ovaries, bringing a real impediment to fertilization and consequently pregnancy.<sup>14</sup>

Depression was considered the main emotional difficulty faced by the patients, being observed by 80% of doctors, followed by 60% of anxiety. Women who are diagnosed with endometriosis experience a series of frustrations and emotional conflicts such as anger, anguish, anxiety and fear which are common feelings in all people who discover themselves with some chronic disease.<sup>24,25</sup>

## CONCLUSION

Considering the short time of the study, the number of women affected by endometriosis was high in the city of Cruz Alta, RS, Brazil. Dysmenorrhea and dyspareunia were the main symptoms reported by doctors, although many women are asymptomatic. Videolaparoscopy was the main form of diagnosis used by doctors. The number of women who were diagnosed with endometriosis and who presented infertility was significant. Thus, endometriosis needs to be approached not only as an isolated disease with its own pathogenesis, but as a disease that presents interconnected alterations. It is worth mentioning that endometriosis has a high cost of treatment and is not covered by the Unified Health System. In this sense, many women may spend years in suffering from the pain and anguish caused by the delay in diagnosis, affecting their quality of life.

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