

Extra-pelvic endometriosis sites

Patient Information Series – What you should know.

What is Endometriosis?

Endometriosis is a chronic benign gynecological disease affecting 1 in 10 women of reproductive age. It is considered the main cause of chronic pelvic pain (50-90%) and female infertility (up to 50%). It is defined as the presence of endometrial-like tissue (internal uterine lining) outside the uterus, causing inflammatory reactions and fibrosis. The most common locations of endometriosis are in the pelvic cavity and includes the ovaries, the area located behind the cervix (retrocervical space), the vagina, the bladder, large bowel, and the ureters.

What are the symptoms of endometriosis and the most typical sites of endometriosis?

The main symptoms are chronic pelvic pain, painful intercourse, heavy menstrual cramps, and infertility.

The most typical sites of endometriosis are the retrocervical space, ovaries, rectosigmoid colon, vesicouterine peritoneum, and round ligaments, among others.

What are the symptoms of extra-pelvic endometriosis and the most common sites?

Atypical endometriosis most often affects the gastrointestinal tract (appendix and small bowel), umbilicus, inguinal area, cesarean scar, diaphragm, and pelvic nerves.

Clinical symptoms of umbilical, cesarean, and inguinal endometriosis may include a painful nodule, swelling, and bleeding in the affected area concurrent with the menstrual cycle.

Thoracic endometriosis can cause stabbing chest pain, shortness of breath, right shoulder pain, right upper abdominal pain, coughing up of blood during the menstrual cycle, and pneumothorax.

Pelvic nerves endometriosis clinical symptoms are directly related to the nerve involved. Sciatic nerve endometriosis manifests initially with gluteal pain and foot locomotor deficits. Patients with neural involvement of the obturator nerve manifest weakness in thigh adduction and difficulty ambulating.

How is extra-pelvic endometriosis diagnosed?

The diagnosis of extra-pelvic endometriosis is challenging, and symptoms can raise suspicion mainly when there is a cyclical pattern. Imaging methods such as ultrasound and magnetic resonance imaging can be used to assess suspected lesions, especially resonance.

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