

Does Having Fewer Babies and Conceiving Later in Life Cause Endometriosis?

Endometriosis is dependent on the cyclicity of the menstrual cycle.

Dr Loi explains that besides having more babies and conceiving them earlier in life, women two to three generations ago also mainly breastfed their babies.

"While pregnant and breastfeeding, their menstruation cycles were temporarily put on hold and they had no periods. This meant there was less opportunity for a back flow of menstrual blood to cause endometriosis. Today many women put off babies until their thirties so they may have 15 or 20 years with an uninterrupted menstrual cycle which increases their exposure to the risk of back flow of menstrual blood and developing endometriosis," says Dr Loi.

How Does Endometriosis Affect Fertility?

Dr Fong outlines a few mechanisms by which endometriosis can affect a woman's fertility:

+ Inflammatory Reaction

Endometriosis induces an inflammatory reaction with chemicals released that causes an unfavourable environment for both sperm and egg in the pelvis.

+ Anatomical Distortion

Endometriosis causes anatomical distortion of the fallopian tubes, pelvic space and ovaries. This is caused by the adhesions (sticking of tissues) and fibrosis (hardening of tissues) as a result of the inflammation. This can result in blocked and swollen fallopian tubes

(hydrosalpinx) and ovaries that are buried or encased within adhesions.

+ Ovarian Quality and Reserve

Recent evidence showed that endometriosis can affect both the quality and the ovarian reserve especially when there is endometrioma (chocolate/blood cyst) within the ovary.

How is Endometriosis Diagnosed?

Dr Loi illustrates diagnosis of endometriosis in three steps:

+ Pelvic Exam

The doctor palpates (manually feels) areas in the patient's pelvis for abnormalities, such as cysts on your reproductive organs or adhesions (scar tissue) behind your uterus. However, it is often not possible to feel small areas of endometriosis unless they have caused a cyst to form.

+ Ultrasound Scan

The doctor captures images of the patient's reproductive organs using either a transducer pressed against the abdomen or inserted into the vagina (transvaginal ultrasound). Ultrasound imaging would not definitively tell the doctor whether endometriosis is present, but it can identify ovarian cysts (endometriomas) and large growths in other areas.

+ Laparoscopy

A laparoscopy requires general anaesthesia. While the patient is under anaesthesia, a tiny incision is made near the navel and a slender viewing instrument, the laparoscope, is inserted to look for endometrial tissue outside the uterus. Samples of suspected endometriosis tissue may be taken for biopsy. Laparoscopy can provide information about the location, extent and size of the endometrial growths to help

determine the best treatment options.

How is Endometriosis Treated?

Dr Fong explains that the treatment of endometriosis is tailored to the needs of the patient according to age, marital status, desire for fertility and severity of symptoms and condition.

+ Hormonal Suppression

Early endometriosis and those who are not considering fertility can often be treated with hormonal suppression. This aims to suppress ovarian activity and lower the oestrogen level in the body so that there is less stimulation of the endometriosis and avoid the cyclicity of menstruation which activates the endometriosis.

+ Surgery

Surgery might be required for the more severe endometriosis, especially when there is an endometriotic cyst in the ovary; or deep-seated endometriosis that invades the ligaments, bladder or rectum. It is important that the first surgery should involve an endometriosis specialist who has the overview of the various needs and aspects of the condition, so as to avoid multiple surgeries subsequently.

Both Dr Fong and Dr Loi reiterate the rhetoric of early diagnosis and treatment being the best way to increase the chances of a successful outcome. Dr Fong and Dr Loi advocate treating endometriosis as early as possible before it has a chance to progress and cause irreversible damage. Dr Fong assures, "Often through a combination of careful history taking, clinical examination and the relevant investigations, we are able to identify those at risk for endometriosis and initiate treatment even without surgery. The key to early diagnosis is awareness."

If you are experiencing period and/or pelvic pain or having difficulty conceiving, consult your gynaecologist. [👉](#)