Characteristics of dyspareunia in women with endometriosis - an association to particular endometriosis localizations is overrated

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INTRODUCTION Dyspareunia is a sexual pain disorder of major concern in women with endometriosis. Endometriosis is a chronic and often progressive disease and with 6-10% prevalence one of the most important benign gynecologic diseases in women in their reproductive age. Previous studies have postulated an association of dyspareunia with endometriotic lesions at the sacro-uterine ligament, the vagina or with an obliterated Douglas. The aim of our study was to investigate the characteristics of dyspareunia in women with endometriosis and to examine the association of dyspareunia with different localizations.

METHODS Retrospective data from 501 women with surgically confirmed endometriosis (WwE) and 501 age-matched control women (CW) was collected from different Swiss, German and Austrian hospitals between 2010 - 2015. Our self-administered survey to investigate quality of life in women with endometriosis was composed of several validated questionnaires, e.g. modified versions of the Index of Sexual Functioning and Global Sexual Functioning questionnaire to enquire frequency and intensity of dyspareunia and consequences on the women?s sexual well-being.

RESULTS Age (mean 37.7 years, range 18-59) and BMI (mean 23 kg/m2, range 15-41) of WwE were equal to CW (age mean 37.3 years, range 19-59; BMI mean 22.8 kg/m2, range 16-44). The rate of women living in a sexual relationship was independent of endometriosis (WwE 80.9%, 394/487 vs. CW 82.4%, 399/484) but the frequency of sexual contacts within two weeks time was significantly reduced in WwE (68.2%, 326/478) vs. CW (76.6%, 366/478; p=0.004). 46.3% of WwE scored more than 5 in a VAS (visual analog pain scale 0-10) for dyspareunia vs. 19.9% in CW, p<0.001. WwE avoided significantly more often sexual contacts because of pain (p<0.001). There was an association in the frequency of dyspareunia in women surgically treated for Douglas lesions (Chi-Square, p=0.048) but not with other endometriotic localizations (ovarian, peritoneal or at the sacro-uterine ligament) or with the ASRM stage.

CONCLUSION Dyspareunia is more frequent and more intense in WwE. Women should be asked and counseled about their quality of sex life independent of disease's stage or endometriosis' localization.

Mots clefs : endometriosis, dyspareunia, quality of sex life, Douglas lesion
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