

Not having been breastfed may be a potential protective factor against developing deep infiltrating endometriosis among Chinese women: results from a subgroup analysis of the FEELING study

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Introduction

As a disease of unknown origin, endometriosis can cause prolonged suffering, disability, and reduced health-related quality of life to women of reproductive age. The international FEELING study was initiated to identify potential factors associated with different phenotypes of endometriosis, conducted in a group of women from China, Russia and France. Previous history of hormonal treatment, surgery for endometriosis and living or working in a city or by a busy area were found to be risk factors associated with deep infiltrating endometriosis (DIE) or ovarian endometrioma (OMA). It has long been established that perinatal exposures and environmental factors may be involved in its pathogenesis, with possible association of breastfeeding and endometriosis among American and Australian women. This subgroup analysis is the first, to our knowledge, focusing on the potential involvement of having been breastfed in subtypes of endometriosis among Chinese women only.

Materials /Patients and methods

Females aged 18–41 years who had undergone surgery (laparoscopy or laparotomy) for a benign gynecological indication in the last 3 months were screened for eligibility. Women with histologically confirmed DIE or OMA were selected as case group, while women with superficial peritoneal endometriosis (SUP) or no endometriosis (non-EM) as control. This subgroup analysis included 546 patients from China. Univariate logistic regression analyses were initially conducted to screen potentially associated factors with the more severe form of endometriosis, followed by a step-wise logistic regression. Odds ratios (OR) with 95% confidence intervals (CI) were calculated using the logistic model.

Results

Patients enrolled between 26 May 2011 and 30 April 2013 were divided into OMA or DIE group (OMA=156/DIE=78) and SUP or no endometriosis group (SUP=156, non-EM=156). Univariate analysis showed that not having been breastfed is a significantly associated factor with DIE/OMA VS SUP/non-EM (OR=0.48, 95%CI 0.26; 0.88, P<0.05). Multivariate analysis confirms this association (OR=0.33, 95%CI 0.16; 0.69, P<0.05). Not having been breastfed is also found to be a significantly associated factor when the comparison is between DIE VS non-EM (univariate analysis: OR=0.18, 95%CI 0.04;0.77, P<0.05; multivariate analysis: OR=0.13, 95%CI 0.02;0.88, P<0.05) and DIE VS OMA/SUP (univariate analysis: OR=0.21, 95%CI 0.05;0.89, P<0.05; multivariate analysis: OR=0.19, 95%CI 0.04;0.85, P<0.05), but not between OMA VS non-EM or OMA VS SUP.

Conclusion

This study showed that among Chinese women, not having been breastfed may be a potential protection factor against DIE, both when compared with women without endometriosis and those with other subtypes of endometriosis. Our findings may warrant further studies in the potential involvement of not having been breastfed in the pathogenesis of DIE.

Keywords : Being breastfed, deep infiltrating endometriosis, protection factor, China

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