



CLINICAL FEATURES AND QUALITY OF LIFE IN PATIENTS WITH ENDOMETRIOSIS BEFORE AND AFTER MENOPAUSE



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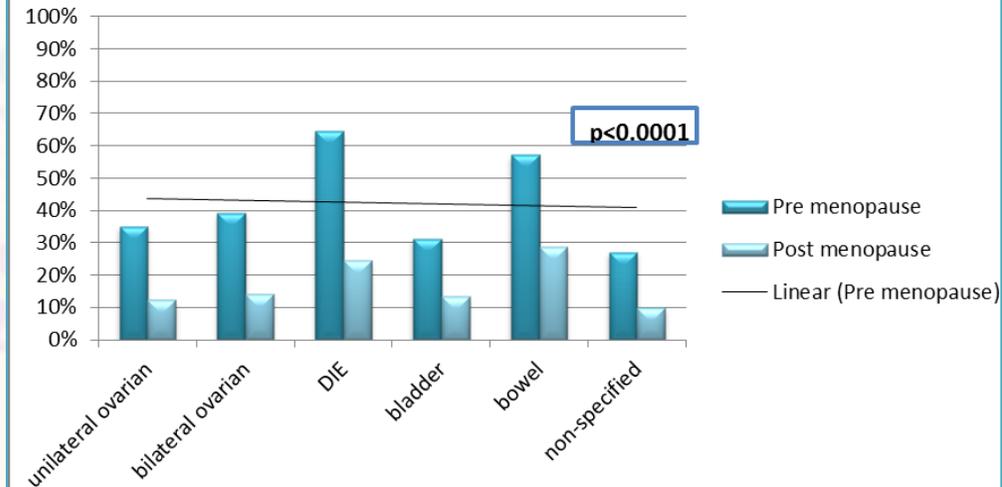
INTRODUCTION

Endometriosis is a chronic, estrogen-dependent, inflammatory disease. Although there is no definitive cure, all conditions that trigger hypoestrogenism proved to be viable alternatives to control endometriosis-related pain. In most cases, menopause-induced hypoestrogenism results in the reduction of lesions and in the improvement of symptoms. However, it is possible that some foci of disease remain active, causing persistent pain. The primary endpoint of this study was to evaluate the clinical characteristics and quality of life (QoL) of patients with endometriosis before and after menopause. The secondary endpoint was to analyze the frequency of Hormone Replacement Therapy (HRT) use and its effects on both disease and symptoms.

MATERIALS AND METHODS

Data from 163 patients were analyzed through the revised means of a specific validated questionnaire (EHP-30), administered to patients with endometriosis in menopause referred to the Endometriosis and Pelvic Pain outpatient service of Policlinico Umberto I University Hospital in Rome. The questionnaire investigated all items related to QoL, endometriosis-related pain (presence and relative intensity of dysmenorrhea, dyspareunia and chronic pelvic pain (CPP)), all symptoms associated to menopause (vaginal dryness, hot flashes, weight gain, mood alterations, decreased libido, etc.) and any therapy used before or after menopause, with particular attention to analgesics intake and HRT.

LESIONS SITE AND FREQUENCY



RESULTS

A significant reduction of all types of endometriotic lesions after menopause was reported ($p < 0.0001$). The average size of ovarian endometriomas reduced from $43 \text{ mm} \pm 29.1 \text{ mm}$ to $39.6 \text{ mm} \pm 24.5 \text{ mm}$ ($p = 0.001$). After menopause, patients reported an overall improvement of pain symptoms, especially CPP, whose VAS score reduced from 5.02 ± 3.49 to 4.19 ± 3.2 ($p = 0.001$), while superficial dyspareunia increased, with average VAS score raised from 7.23 ± 2.91 to 7.99 ± 2.46 ($p = 0.03$). Analgesics intake significantly reduced from 92% to 39.3% ($p < 0.0001$). HRT was taken by 32.5% of patients for 3.86 ± 3.5 years, with significant improvement of QoL. Further significant improvement was observed in most of the means of EHP-30 ($p < 0.0001$).

CONCLUSIONS

There is a significant improvement of endometriotic lesions, pain and QoL after menopause in patients with a history of endometriosis, despite the persistence of dyspareunia. Moreover, HRT seems to improve health-related QoL.