

# Endometriosis

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Endometriosis Endometriosis Endometriosis entails a painful and a chronic illness that affects females across the globe, but mostly manifests itself in US and Canada. It occurs when a tissue similar to endometrium is found outside the lining of uterus, specifically in the abdomen on the fallopian tubes, the ovaries and the uterus ligaments supporting the uterus. Therefore, it affects the tissues between the rectum and vagina, as well as the pelvic cavities are affected by this growth. Other sites entail the bowel, cervix, vagina, vulva, the bladder and in the abdominal surgical scars (Watson, 2007).

However, the growth is less likely to be found in other areas such as the lungs. The misplaced tissues develop into growths that respond to the menstrual periods in a similar way as the uterine lining. Consequently, this allows blood to flow from these endometrial growths but cannot leave the body. Such an aspect subjects the person to internal bleeding, tissue breakdown and inflammations that can even cause infertility and bowel problems (Watson, 2007).

#### Endometriosis and Endometritis

Endometriosis differs from endometritis in various ways ranging from its causal effect, and the pathophysiology and its presentation on the affected organs. For instance, endometritis is an infection that occurs in the endometrium lining that may occur during a prolonged labor pains, uterine instrumentation or even a C-Section. It can be also be caused by sexually transmitted diseases such as gonorrhoea, chlamydia or a mix of the vaginal bacteria. These aspects make it differ from endometriosis that occurs as a response to hormones for tissue growth on the peritoneal cavity (Burrage and BSMO, 2013).

The causal factor of endometriosis has remained unknown, however, for the endometritis it is caused by infections on the uterus. An individual with endometriosis may feel pain in their intestines, pelvic or even at their lower back. Additionally, they may experience pain during and after sexual play at the inner vaginal walls that may appear swollen. On the other hand, they may experience heavy menstrual cycles, or bleeding or spot between periods. This differs from endometritis in that the individual experiences abnormal vaginal discharges, with discomfort, swelling of their abdomen and pain in the pelvic region (Burrage and BSMO, 2013).

#### Medication for endometriosis

While there is cure for endometritis that is subjected to antibiotics, endometriosis has no cure but there different treatments. The treatment for this female victim depends on the age and the intense of the pain associated with the endometriosis. If the patient wants to get pregnant, and has low intense pain, then the medics may allow a trial period between 6-12 months of unprotected sex. If pregnancy does not occur, the patient may be subjected to pain medication if the pain is mild among other symptoms (Watson, 2007).

The patient may expect over the counter remedies or even strong drugs that are described by the medics. Additionally, the person may be subjected to hormone therapy if the pain is minimal. The patient may expect injections or pills or even a nasal spray. Birth control pills, progesterone, danocrine and GnRH hormone are part of the drugs to expect. If these do not work, the patient may expect a surgery.

The surgical treatment may work well if the patient's endometriosis is

extensive and has severe pain. Accordingly, if it is not that intensive the patient may expect a minor surgical treatment or procedures, however, if it is intensive a major surgical treatment is administered. However, the patient may suspect endometriosis work up that includes a few lab tests for a valuable diagnosis of the intensity of the endometriosis and ruling its conditions. The patient may also undergo some routine radiographs and computed tomography scanning as well as, a magnetic resonance imaging. Additionally, conscious pain mapping will be a technique that will help locating the specific areas causing the pain (Abbas et al. 2012).

#### References

Abbas, S., Ihle, P., Köster, I., & Schubert, I. (2012). Prevalence and incidence of diagnosed endometriosis and risk of endometriosis in patients with endometriosis-related symptoms: findings from a statutory health insurance-based cohort in Germany. *European Journal of Obstetrics, Gynecology, and Reproductive Biology*, 160, 1, 79-83.

Burrage, W. L., & Boston Society for Medical Observation. (2013). *Treatment of chronic endometritis by curetting and gauze drainage: With a synopsis of twenty-seven cases*. Boston: Damrell & Upham.

Watson, S. (2007). *Endometriosis*. New York: Rosen Pub. Group.