TURKISH ENDOMETRIOSIS & ADENOMYOSIS SOCIETY 2009

11th year 2009-2020

ENDOMETRIOSIS BULLETIN

OCTOBER 2020 / ISSUE XV

WE WOULD LIKE TO EXPRESS OUR GRATITUDE TO ALL OUR HEALTHCARE PROFESSIONALS AND COLLEAGUES WORKING ON THE FRONT LINES.

1 in 10 Women are Affected by Endometriosis

www.endometriozis.org

PREFACE

Hello,

We are here with you again with our 15th issue.

While the COVID-19 pandemic persists all around the world, scientific research advances in the world of endometriosis. During this period, in order to support our patients and answer their questions on endometriosis, we continued organizing our "instagram live sessions" under coordination of young colleagues from our society and with the cooperation of experts from the field of endometriosis.

On Friday September 20, 2020 we were delighted to organize our 12th EndoAcademy Meeting. Co-chairs of this EndoAcademy, where the focus was on Infertility and Pain, were **Yucel Karaman** and **Pinar Yalcin Bahat**. **Antonio Simone Laganà** from Italy, who has numerous publications in the field of endometriosis, also participated with his presentations. Our colleagues showed great interest in this meeting. Especially the case discussions at the end drew a lot of attention.

European Endometriosis League, of which **Engin Oral**, our founding president, is the president, continued the webinar series with valuable presentations of **Sebastian Schafer**, **Hans Rudolf Tinneberg**, **Atilla Bokor** and **Engin Oral**.

The president of our association, **Taner Usta**, has received the title of Professor on September 9, 2020 from Mehmet Ali Aydınlar University Faculty of Health Sciences.

Secretary General of our society, **Ahmet Kale**, was appointed as the chief of the Department of Obstetrics and Gynecology of the University of Health Sciences Faculty of Medicine.

In our next issue we hope to share with you good news from Turkey and the world.

Best regards,

Board Members of Turkish Endometriosis & Adenomyosis Society

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Endometriosis e-bulletin is prepared by Turkish Endometriosis & Adenomyosis Society. If there are any topics that you would like us to include in the bulletin or any questions you would like to ask, you can contact us via e-mail at dr_pinaryalcin@hotmail.com or baharyl86@gmail.com.

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A SELECTED ARTICLES

1 Postoperative medical therapies for the prevention of endometrioma recurrence–do we now have the final answer?

Saridogan, E. BJOG: An International Journal of Obstetrics &Gynaecology.on press

Summary
Endometriomas are frequently used for diagnosis and as a marker of recurrence because of their easy recognition on imaging. In this issue of BJOG, Wattanayingcharoenchai et al. present their systematic review and network meta-analysis on the efficacy of postoperative medical therapies in reducing endometrioma recurrence with some mixed messages.

In this review, it's concluded that evidence from RCTs does not support the use of postoperative hormonal therapies, whereas data from cohort studies indicate a significant protective effect of the levonorgestrel intrauterine system (LNG-IUS) followed by dienogest, GnRH agonists + LNG-IUS, continuous and cyclical oral contraceptives .

Direct meta-analysis of RCTs in the Wattanayingcharoenchai et al. article indicates an approximately 40–50% reduction with OC but this remained statistically non-significant. This finding is in contrast to an earlier meta-analysis (Vercellini et al), which concluded that postoperative OC use dramatically reduced the risk of endometrioma recurrence, and international guidelines that recommend use of hormonal contraceptives for the secondary prevention of endometrioma (Dunselman et al.).
There is a wide variation in the design of studies on which meta-analyses and the current network meta-analysis are based in terms of inclusion criteria, duration of treatment and definition of recurrence.

Also, some studies do not take preop cyst size and bilaterality into account and furthermore the definition of a recurrent cyst varies from no cyst to endometrioma of >1cm or >3cm. This heterogeneity compromises the validity of any meta-analysis. There is also a conceptual difference between using medical treatment for 3–6 months postoperatively and continuing with therapy in the long term and assessing the recurrence rates at 1–5 years. The ESHRE guideline (Dunselman et al.) proposed a distinction between postoperative adjunctive treatment of <6 months that aims to improve the outcome of surgery and longer treatments with the intention to reduce recurrences (secondary prevention). The former may have a significant adverse effect profile whereas the latter have a good safety record.

The current literature is too heterogeneous and fragmented. Properly designed large-scale studies with the required power are still required. The Pre-Empt trial, which is currently ongoing in the UK, may give some of the answers

2 Prevalence of occult microscopic endometriosis in clinically negative peritoneum during laparoscopy for chronic pelvic pain.

Gubbels, A. L., Li, R., Kreher, D., Mehandru, N., Castellanos, M., Desai, N. A.,Hibner, M. International Journal of Gynecology & Obstetrics.2020 on press

Abstract

Objective: To determine the prevalence of occult microscopic endometriosis in patients with chronic pelvic pain and negative laparoscopy.

Methods: A retrospective cross-sectional study included women who underwent laparoscopic evaluation for chronic pelvic pain by three fellowship-trained gynecologic surgeons at a community hospital from January 2011 to December 2016. The aim was to evaluate the prevalence of microscopic endometriosis in this population.

Results: In 142 patients with clinically negative peritoneum on laparoscopy, 39% had occult microscopic endometriosis. Cramping pain score during menses was found to be lower in the positive biopsy group (6.9 vs 8.0, P=0.046). No differences were appreciated in age of menarche, pain during various parts of the menstrual cycle, or duration of symptoms. The biopsy-positive group had a younger age at time of evaluation, although not

statistically significant (P=0.179). Current use of hormones affected neither biopsy results nor menstrual or pain characteristics. Detection was similar between robotic and laparoscopic cases and operative morbidity was minimal.

Conclusion: Occult microscopic endometriosis may be present in approximately 39% of patients with clinically negative appearing peritoneum undergoing laparoscopy for chronic pelvic pain. Given this, biopsies should be performed in patients undergoing laparoscopy who do not have visible lesions.

3 Obesity does not alter endometrial gene expression in women with endometriosis.

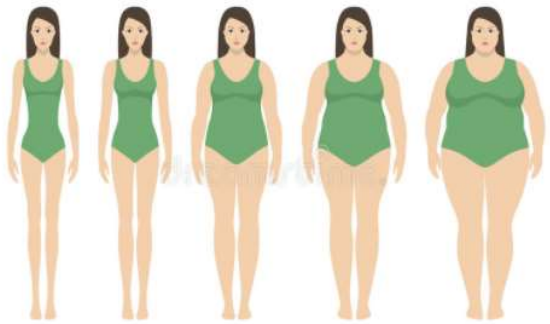
Holdsworth-Carson, S. J., Chung, J., Sloggett, C., Mortlock, S., Fung, J. N., Montgomery, G. W.,Girling, J. E.ReproductiveBioMedicine Online, 2020.

Abstract

Research question: Does obesity affect endometrial gene expression in women with endometriosis, specifically women with stage I disease?

Design: Differential gene expression analysis was conducted on endometrium from women with and without endometriosis (n = 169). Women were diagnosed after surgical visualization and staged according to the revised American Society for Reproductive Medicine (stage I-IV). Women were grouped by body mass index (BMI) (kg/m2) as underweight, normal, pre-obese or obese. After accounting for menstrual cycle stage, endometrial gene expression was analysed by BMI (continuous and grouped) in women with endometriosis, and in non-endometriosis controls.

Results: No significant interaction effect was found between BMI and endometriosis status on endometrial gene expression. We have previously reported that obese women with endometriosis have a reduced incidence of stage I disease; however, stratifying our analysis into stage I endometriosis versus combined II, III and IV endometriosis failed to reveal any differentially expressed endometrial genes between normal, pre-obese and obese patients.



Conclusions: Despite obesity having deleterious effects on endometrial gene expression in other gynaecological pathologies, e.g. endometrial cancer and polycystic ovary syndrome, our results do not support an association between BMI and altered endometrial gene expression in women with or without endometriosis.

Keywords: Body mass index; Endometriosis; Endometrium; Gene expression; Obesity.

4 Novel Technology to Capture Objective Data from Patients' Recovery from Laparoscopic Endometriosis Surgery.

Loring, M., Kabelac, Z., Munir, U., Shichao, Y. U. E., Ephraim, H. Y., Rahul, H., Katabi, D. Journal ofMinimally Invasive Gynecology,2020

Abstract

Study objective: To assess the feasibility of a noncontact radio sensor as an objective measurement tool to study postoperative recovery from endometriosis surgery.

Design: Prospective cohort pilot study.

Setting: Center for minimally invasive gynecologic surgery at an academically affiliated community hospital in conjunction with in-home monitoring.

Patients: Patients aged above 18 years who sleep independently and were scheduled to have laparoscopy for the diagnosis and treatment of suspected endometriosis.

Interventions: A wireless, noncontact sensor, Emerald, was installed in the subjects' home and used to capture physiologic signals without body contact. The device captured objective data about the patients' movement and sleep in their home for 5 weeks before surgery and approximately 5 weeks postoperatively. The subjects were concurrently asked to complete a daily pain assessment using a numeric rating scale and a free text survey about their daily symptoms.

Measurements and main results: Three women aged 23 years to 39 years and with mild to moderate endometriosis participated in the study. Emerald-derived sleep and wake times were contextualized and corroborated by select participant comments from retrospective surveys. In addition, self-reported pain levels and 1 sleep variable, sleep onset to deep sleep time, showed a significant ($p < .01$), positive correlation with next-day-pain scores in all 3 subjects: $r = 0.45$, 0.50, and 0.55. In other words, the longer it took the subject to go from sleep onset to deep sleep, the higher their pain score the following day.

Conclusion: A patient's experience with pain is challenging to meaningfully quantify. This study highlights Emerald's unique ability to capture objective data in both preoperative functioning and postoperative recovery in an endometriosis population. The utility of this uniquely objective data for the clinician-patient relationship is just beginning to be explored.

Keywords: Digital; Machine learning; Pain; Remote sensing; Sleep.

5 Early maternal separation accelerates the progression of endometriosis in adult mice.

Long, Q., Liu, X., & Guo, S. W. Reproductive Biology and Endocrinology, 18(1), 1-11,2020

Abstract

Background: A large body of research highlights the importance of early-life environmental impact on the health outcome in adulthood. However, whether early-life adversity (ELA) has any impact on the development of endometriosis is completely unclear. In this study, we tested the hypothesis that ELA, as manifested by neonatal separation, can accelerate the progression of endometriosis in mouse through activation of the adrenergic receptor β2 (ADRB2) signaling pathway, leading to increased angiogenesis and progression of endometriotic lesions.

Methods: Eight female Balb/C mice, in late pregnancy, were used used for this study, which later gave birth to 22 female newborn pubs. Eleven additional female Balb/C mice were also used as donors of uterine tissues. The 22 newborn pubs were randomly divided into 2 equal-sized groups, maternal separation (MS) and no separation (NS). Pubs in the MS group were separated from their dams for 3 h/day from postnatal day (PND) 1 to 21, while those in the NS control remained in the home cage with their dams. In adulthood (8-week old), 3 mice in each group were randomly selected to undergo a battery of behavior tests. The remaining 8 mice in each group were induced with endometriosis by intraperitoneal injection of uterine fragments from donor mice. Four weeks after the induction, all mice were sacrificed and their endometriotic lesions were excised for quantification and then prepared for immunohistochemistry analysis.

Results: We confirmed that MS during infancy resulted in anxiety and depression-like behaviors as previously reported. We also found that in MS mice the lesion weight was increased by over 2. folds and generalized hyperalgesia was also significantly increased as compared with NS mice. Immunostaining analysis demonstrated that MS accelerated the development of endometriosis likely through decreased dopamine receptor D2 (DRD2) expression and activation of the ADRB2/cAMP-response element binding protein (CREB) signaling pathway, leading to increased angiogenesis and progression of endometriotic lesions

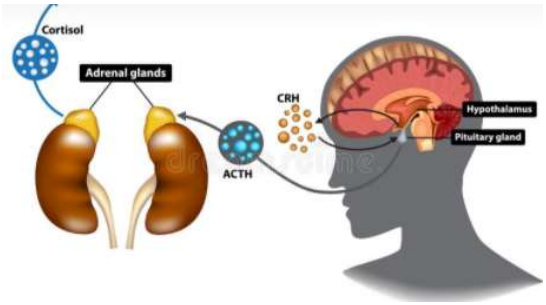
Conclusions: Exposure of female mouse pups to ELA such as MS during their infancy period accelerates the progression of endometriosis, possibly through altered neuronal wiring and hyperactivity of the hypothalamic-pituitary-adrenal axis.

6 Hypothalamic-Pituitary-Adrenal Axis Responses in Women with Endometriosis - Related Chronic Pelvic Pain.

Oriz, R., Gemmill, J. A. L., Sinaii, N., Stegmann, B., Khachikyan, I., Chrousos, G., Stratton, P Reproductive Sciences, 1-9,2020.

Abstract

Some chronic pain conditions and comorbidities suppress the hypothalamic-pituitary-adrenal (HPA) axis and response to dynamic testing. We measured HPA axis responses to corticotropin-releasing hormone (CRH) administration in relation to chronic pelvic pain and endometriosis. In a cross-sectional study of women (n = 54) with endometriosis-associated chronic pelvic pain (n = 22), chronic pelvic pain alone (n = 12), or healthy volunteers (n = 20), adrenocorticotropic-releasing hormone (ACTH) and cortisol levels were measured at 0, 15, 30, and 45 min after intravenous ovine CRH administration. ACTH and cortisol delta (peak-baseline) and area under the curve (AUC) were compared by study group and assessed for association with race and menstrual and non-menstrual pain severity. HPA axis responses did not differ among the racially diverse groups or in those with pain compared with healthy volunteers. However, when stratified by race, ACTH delta (129.9 ± 130.7 vs. 52.5 ± 66.0 pg/mL; p = 0.003), ACTH AUC (4813 ± 4707 vs. 2290 ± 2900 min*pg/mL; p = 0.013), and cortisol delta (26.3 ± 21.5 vs. 13.2 ± 9.7 µg/mL; p = 0.005) were significantly higher in black (n = 10) than predominately white (non-black) subjects (n = 44; 39/44 white). In analyses among primarily white (non-black) women,



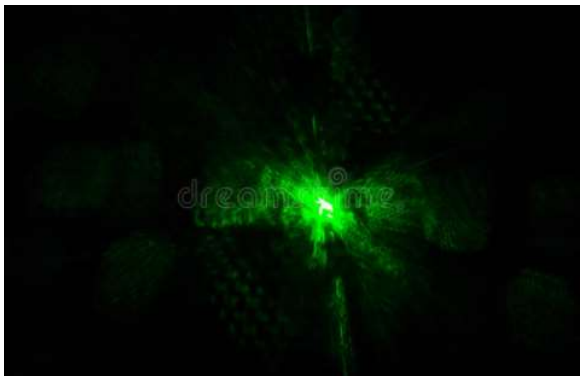
greater menstrual pain severity was associated with blunted ACTH delta (p = 0.015) and cortisol delta (p = 0.023), and greater non-menstrual pain severity with blunted cortisol delta (p = 0.017). Neuroendocrine abnormalities in women with chronic pelvic pain may differ by pain manifestations and may vary by race. The higher HPA axis response in black women merits investigation in pelvic pain studies stratified by race. In white (non-black) women experiencing pain, a blunted response was related to pain severity suggesting pain affects women independently of endometriosis lesions.

7 Indocyanine green in deep infiltrating endometriosis: a preliminary feasibility study to examine vascularization after rectal shaving.

Bourdel, N., Jaillet, L., Bar-Shavit, Y., Comptour, A., Pereira, B., Canis, M., Chauvet, P Fertility andSterility,2020,on press

Abstract

Objective: To evaluate the feasibility of using indocyanine green (ICG) to estimate the vascularization of the resected zone during a laparoscopic rectal shaving.
Design: Indocyanine green can highlight blood vascularization when injected intravenously. There is no relevant, objective, intraoperative method to assess the vascularity of the resected zone during a laparoscopic rectal shaving for deep infiltrating endometriosis (DIE) to prevent fistula. We conducted a registered clinical trial examining the feasibility of the use of ICG to evaluate the bowel vascularization after endometriosis rectal shaving (Institutional Review Board number 2016-002773-35).
Setting: Tertiary university hospital.
Patient(s): Twenty-one patients underwent laparoscopic surgery for DIE with a rectal shaving.
Intervention(s): Patients undergoing laparoscopic surgery for DIE received ICG intravenously at the end of the endometriosis resection.
Main outcome measure(s): The main evaluation criteria was the fluorescence degree in the operated rectal area and in the vaginal suture. We used a visual assessment with a Likert-type scale from 0 to 4 (0 = no fluorescence; 4 = very good fluorescence).



Result(s): No adverse reaction was recorded. Most of the patients (81%) showed very good fluorescence levels at the rectal shaving area. The protocol did not increase the operating time. In one patient we changed the surgical strategy making two stitches to bring the rectal muscularis closer together, which improved the degree of fluorescence. There was no case of digestive fistula.
Conclusion: Indocyanine green fluorescent imaging is feasible in endometriosis surgery and may be considered as a potential candidate to further enhance patient safety in endometriosis bowel surgery.
Keywords: Deep infiltrating endometriosis; fistula; indocyanine green (ICG); rectal shaving.

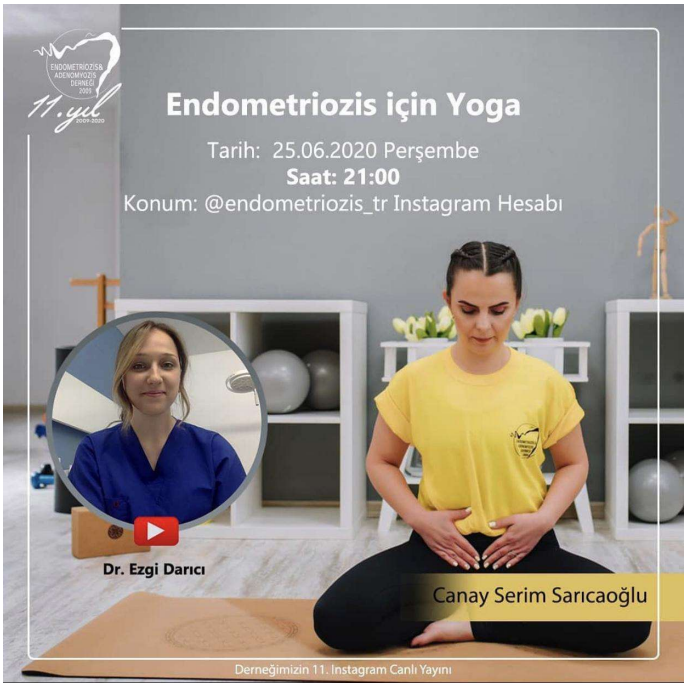
B NEWS FROM OUR SOCIETY

PAST ACTIVITIES

During these days, while we are waiting for the day when our fight against COVID-19 will end, at our homes we started our live broadcasts on Instagram in April to meet with our esteemed followers and provide information about endometriosis with our expert professors and answer the questions of our patients. After the June newsletter, we held the following live broadcasts.

Q&A 4: Everything about endometriosis
Prof. Turan Cetin, MD.
Gulfem Basol, MD.

Q&A 5: Everything about endometriosis
Prof. Hulusi Zeyneloglu, MD.
Assoc. Prof. Tolga Karacan, MD.



Yoga for Endometriosis
Ezgi Darici, MD.
Canan Serim Saricaoglu (Yoga Instructor)

Q&A 6: Everything about endometriosis
Prof. Koray Elter, MD.
Elif Goknur Topcu, MD.

Q&A 7: Everything about endometriosis
Prof. Berna Dilbaz, MD.
Aysegul Mut, MD.

Q&A 8: Everything about endometriosis
Prof. Recai Pabuccu, MD.
Nura Fitnat Topbas Selcuki, MD.

Q&A 9: Everything about endometriosis
Prof. Ertan Saridogan, MD.
Sebnem Alanya Tosun, MD.

WEBINARS

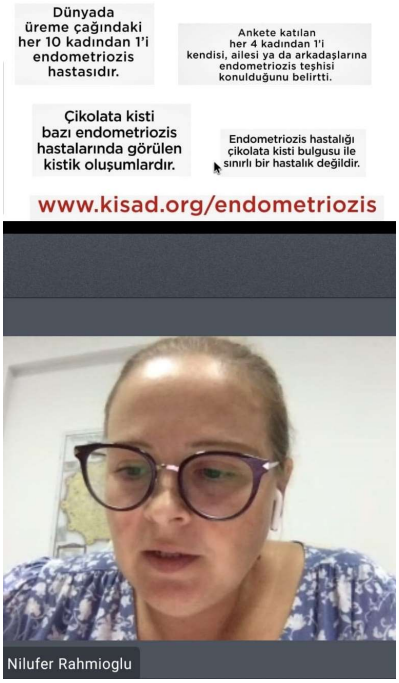
As Turkish Endometriosis&Adenomyosis Society, we held our first webinar on June 7th with the title "Endometriosis: Current Situation in 2020-I". Moderated by **Engin Oral**, the founding president of our association, the webinar was attended by our president **Taner Usta** and our board member **Ahmet Kale**. In addition, international endometriosis experts **Ceana Nezhat (USA), Caterina Exacoustos (Italy)** and **Michael Hibner (USA)** joined the webinar with their presentations.

Our second webinar titled as **'Endometriosis and its Association with Cancer'** took place on the 27th of October. The webinar was chaired by **Taner Usta** and **Hale Goksever Celik**. **Fuat Demirkıran** and **Peter Oppelt (AT)** joined with their presentations.

12th EndoAcademy

As the Turkish Endometriosis and Adenomyosis Society, we also emphasize on the importance of social distance and staying at home as a part of the COVID-19 measures. We successfully held the EndoAcademy webinar on September 20th, 2020. While **Antonio Simone Laganà** from Italy conveyed his presentation about **"Approach to Difficult Endometriosis Cases"** in our meeting, which attracted great attention from our colleagues; our esteemed instructors held their presentations on **"Endometriosis & Pain" and "Endometriosis & Infertility"**. Finally, in the panel where controversial issues on endometriosis were discussed, instructors shared their knowledge and experiences, and the questions and contributions of the participants were also included.

Nilufer Rahmioglu and the Results of COHERE Initiative



Nilufer Rahmioglu shared the results of menstrual perception questionnaire from **'Cyprus Women's Health Research Initiative'** with our society.

PLANNED ACTIVITIES

Our next Webinar will take place on the 24th of November. This webinar will cover the topic **'Recurrent Endometriosis'**. The webinar will be chaired by **Ahmet Kale** and **Cihan Kaya**. **Ertan Saridogan (UK)** and **Alysson Zanatta (BRA)** will be joining with their presentations. You can join our webinar free of charge.

C NEWS FROM THE WORLD OF ENDOMETRIOSIS

EEL WEBINARS

EEL Webinar programs, prepared by European Endometriosis League (EEL) president **Engin Oral** and his team, continue.

While on June 16th, **Sebastian Schafer** held a presentation titled **"The relation of ultrasonography with surgery in advanced endometriosis"** in OCTOBER, EEL honorary president **Hans Rudolf Tinneberg** gave a presentation on "The place of complementary medicine in the treatment of endometriosis". The September webinar was **Atilla Bokor**'s presentation **'Natural Orifice Specimen Extraction during Deep Endometriosis Surgery'**. In the webinar program planned to be held monthly, international physicians experienced in endometriosis will share their knowledge on different aspects. For more information, you can visit www.endometriosis-league.eu/home or follow the European Endometriosis League or Euro Endo League accounts on social media.

WES-WCE

The 14th World Endometriosis Congress, which was planned to be held in Dubai in September, was postponed to February 24-27, 2021 due to the COVID-19 pandemic.

ESHRE 2020

36th Annual Meeting of ESHRE was held online, on 5-8th of OCTOBER, 2020. 37th Annual Meeting will be held in Paris, on 28-30th of June, 2021.

ASRM 2020

ASRM 2020 Congress will be held online due to the COVID-19 pandemic, in October 2020.

AAGL

AAGL 49th Global Congress on MIGS will be held online due to the COVID-19 pandemic on the 6-14th of November, 2020.

ISGE 2020

A meeting will be held online, on endometriosis by ISGE (International Society of Gynecologic Endoscopy) on December 5-6, 2020.

6. EMEL Conference

While the 6th EMEL (Emirates Endometriosis League) Conference on Endometriosis and Uterine Disorders is planned to take place in Dubai in October 2020, it has been postponed due to the COVID-19 pandemic.

Malzoni Meeting

Endometriosis 2021, originally meant to be held in Rome, was postponed to the 8-11th of May 2021.

ACE 2020

Endometriosis Association of Sri Lanka

Asian Society of Endometriosis and Adenomyosis

9th Asian Endometriosis Congress, planned to be hosted by both Endometriosis Association of Sri Lanka and Asian Endometriosis&Adenomyosis Society was postponed to 2021, due to the COVID-19 pandemic.

WESinars

World Endometriosis Society has started its webinars. Both clinical and scientific knowledge on endometriosis will be the topics of these 'WESinars'. First presentation, titled as **'Endometriosis and COVID-19: what have we learned?'**, was held by **Prof. Neil Johnson, MD** and was moderated by **Prof. Luk Rombauts, MD**. Second WESinar which took place on the 5th of October belonged to the WES ambassador **Prof. Sawsan As-Sanie, MD**, and it was moderated by another WES ambassador **Prof. Pamela Stratton, MD**. Presentations last a duration of 20-25 minutes followed by a half hour question and answer session.

INTERVIEW WITH AN 'ENDO SPECIALIST'

Prof. ERTAN SARIDOĞAN, MD.
Interview: Aysegul BESTEL MD

A Short Curriculum Vitae

Ertan Saridogan works as a consultant in Reproductive Medicine and Minimal Invasive Surgery at University College London. He is the former President of the British Gynecological Endoscopy Association, current President of the International Society of Reproductive Surgery, and a member of the Executive Board of the European Gynecological Endoscopy Association. He is also a member of ESHRE and ESGE / ESHRE / WES Endometriosis Guideline Development Groups. His clinical interests include laparoscopic and hysteroscopic surgery for benign gynecological conditions, reproductive surgery, endometriosis and fibroids. His research interests include noninvasive diagnosis of endometriosis, clinical outcomes following endometriosis surgery, and screening and risk reduction surgery in women with a family history of cancer.

Turkish Endometriosis and Adenomyosis Society (EAD): Hello, I am Doctor Aysegul Bestel from the Turkish Endometriosis and Adenomyosis Society. First of all, thank you very much for sparing your valuable time for us. How are you?

E.S: Thank you Aysegul. I would also like to thank the Turkish Endometriosis and Adenomyosis Society for giving me this opportunity.

EAD: Sir, can we get to know you a little bit? Could you tell us briefly about yourself?

E.S: I graduated from Hacettepe Medical Faculty in 1985. After a short period of one and a half years of my mandatory service in Eastern Anatolia, I graduated from Istanbul University Cerrahpasa Faculty of Medicine Department of Obstetrics and Gynecology, in 1991. I moved to England in early 1992. I've been here ever since working in London. Now I work as a consultant gynecologist at University College London Hospital, mainly in the field of reproductive medicine and minimally invasive surgery, these are my interests in general. Apart from my work in England, we continue our education and research studies in the same way since I am in the European Society for Gynecological Endoscopy management board. In addition to that, I have been editing the official journal of ESGE, for the last 1.5 years.

EAD: When did you become interested in endometriosis, what drew your attention to this direction?

E.S: My interest in endometriosis actually goes back to the old days. I remember our residency, at that time, we recognized endometriosis only during surgery, but I always thought over earlier diagnosis of endometriosis. I gave great importance to the examination findings. We examine the patients preoperatively and then compare these pre-op findings with the surgical findings. Since then, I have thought that patients with deep endometriosis can be diagnosed before surgery. That interest continued even after I moved to London. When I came to London, I encountered laparoscopic surgery. In the beginning laser was widely used, later, we started the excisional laparoscopic surgery without laser. Of course, at first our interest was mainly on surgery, but later we learned that endometriosis is actually not only a surgical disease, but it requires a more collaborative approach. So, we started to realize that some patients are suitable for surgery but some can be treated without surgery, and sometimes neither surgery nor medical treatment are optimum. Of course, the relationship between fertility and endometriosis has been changed considerably over the last 20 years. We used to recommend surgery to patients with infertility, but we have understood during the last 10-15 years that surgery has some adverse effects. Therefore, we realized that endometriosis should be managed with a different approach in patients with a fertility plan. In other words, this is an accumulation of experience and knowledge since the 1980s. It will definitely keep changing gradually as long as our professional life continues.

EAD: How do you guide endometriosis patients in terms of medical and surgical treatment in your own clinic? What are your recommendations?

E.S: Now, of course, it is not very easy to use a single protocol because it is necessary to evaluate each patient on her own. First, it is important to evaluate the patient by considering different factors. The age of the patient whether she has a complaint or not is very important. We have to remember that endometriosis is a benign disease. Therefore, treatment may not be appropriate in patients who do not have complaints, and it is often necessary to remember. We also divide patients with complaints into two groups: pain and fertility. It isnecessary to evaluate the previous treatments. Especially in patients who have undergone surgery, it is crucial to think carefully before performing surgery again. It is also necessary to consider the acceptability and side effects of medical treatments in patients who have complaints but do not have any previous surgery or do not want to undergo surgery. We prefer avoiding surgery and proceed with medical treatment instead, but sometimes patients cannot tolerate the side effects of the drugs and do not use them even if they are prescribed. You should always talk thoroughly and enlighten the patients. It is wrong to impose medical treatment on patients who do not want to use these medications. This is the protocol, after all. In planning the treatment, it is important to actively involve the patient in the discussion. In addition, endometriosis requires a multidisciplinary approach with the help of colorectal surgeons or urologists especially when surgery is required, especially when surgery is required. In cases where pain cannot be resolved with surgery or medical treatment, pain specialists should be involved and this is very important. I do not know how widespread it is in Turkey, but I think pain specialists play important roles in the management of endometriosis. I think there is a lot significance. Because when we try everything, surgery, medical treatment, there are so many women with persisting pain. Chronic pain develops in endometriosis. Even if you can eliminate the disease, chronic pain can continue because of the centralization of this pain. For this, the assistance of a pain specialist is required. Of course, pain specialists do not work on their own. They also have a specific team, including a physiotherapist, psychotherapist, psychologist and expert nurses, whom we call nurse specialists. Together, they treat the patients according to the symptoms. These should be taken into account, that is, it is very important to be in a multidisciplinary approach, especially in patients with complicated endometriosis or when it comes to situations that are complicated in terms of symptoms even if endometriosis itself is not complicated.

EAD: You emphasized on a multi-disciplinary approach. You said we should work together with other colorectal surgeons. How do you organize such a team before surgery?

E.S: Of course, things have actually gotten a little easier now. In the past, we couldn't figure out how severe endometriosis was before surgery. In the days when ultrasound and MRI were not able to provide detailed information at the current level, we were setting a joint surgery as an estimate or we were previously performing diagnostic laparoscopy and adjusting the next definitive surgery accordingly. Thanks to these imaging methods, it is now a lot easier to know which patient is more likely to require a bowel surgery. Since we know these, we usually adjust the surgeries accordingly. In our hospital, we usually arrange one operation day of the monthly surgery list together with colorectal surgeons. We include the patients we need to operate with the accompany of a colorectal surgeon on that list. We add other deep endometriosis surgeries where we do not expect bowel resection in our own surgery lists. If a need arises during the surgery, we call for a consultation, but this might not always be possible or we might not be able to reach the right surgeon who is familiar with endometriosis. Thus, preoperative organization is usually a much more reliable approach.

EAD: Do you have any recommendations for us about laparoscopy, especially in patients with deep endometriosis?

E.S: Of course, first of all, complaints should be taken into consideration in patients with deep endometriosis. Deep endometriosis surgery is often a complicated surgery or a surgery that can be complex. There is a significant morbidity. Therefore, it should be done when necessary and the patient has to accept the risks. In cases where the patient does not accept the possible complications, and if we force the surgery nonetheless, we may have to face unpleasant consequences. This should be kept in mind. Apart from that, deep endometriosis does not always require surgery, because patients might present with few or no symptoms at all. If the patient says I am managing, I do not want treatment right now, it is quite reasonable. It is not necessary to operate on these patients. In addition, the benefit of surgery is doubtful and indefinite in deep endometriosis patients with fertility problems. This is probably because there is severe pelvic damage in deep endometriosis patients and pelvic anatomy is particularly distorted and the tubes are also damaged. Therefore, it may be unlikely or difficult to correct the anatomy with surgery. Even if the anatomy can be reinstated with surgery, the success rates are low. Therefore, we have to use infertility alone as an indication for deep endometriosis surgery and we need to think carefully while using it. In addition, anterior resection syndrome can develop when we perform resection, for example, in a surgery that may have long-term side effects. It is necessary to tell the patients about this possibility beforehand. It is important that we guide the colorectal surgeon when performing surgery, because general surgeons often take a more radical approach as they learn or perform resection in cancer patients. In other words, anterior resection syndrome may not be very important in elderly cancer patients or the side effects may not be too important when it comes to the patient's life. However, in a benign disease such as endometriosis, and especially in young patients, when there is a long-term side effect, the quality of life of the patient can be seriously damaged, so it is more appropriate to perform the surgery in a more conservatory way. Of course, it is important to completely remove endometriosis, but still with a conservative approach. You should keep these in mind while performing surgery. These are the first things that come to my mind about deep endometriosis surgery.

EAD: Thank you, sir. As the last question what would you recommend to our young colleagues who are starting to become interested with endometriosis?

E.S: As I said at the beginning, we call it holistic here. I don't know how it is translated into Turkish. So now we need to think about endometriosis with a holistic approach. First of all, we should not see endometriosis as a surgical disease alone, so this should be our starting point.
You should start by learning all the options, medical treatment options and fertility options as well. Of course, surgery is a very important component in terms of treatment and it is very important the surgery to be performed in crafted hands. Because bad endometriosis surgery can really harm the patient. In particular, it can damage the ovaries and ovarian reserve. Therefore, it is now accepted by everyone that open surgery has little or no place and in order to perform endometriosis surgery you need to be a good laparoscopic surgeon. To be a good laparoscopic surgeon - of course, you can't just start with endometriosis - you need to start from fundamentals and learn laparoscopy gradually. An important component of this is being trained in a good hospital where laparoscopy is performed regularly. You guys are very lucky compared tomy time. While I was in Turkey, laparoscopic surgery was not carried out except for diagnostic laparoscopy. Now the highest level of laparoscopic surgery is being performed in many parts of Turkey and even in the remotest corners. Therefore,it is necessary to start from the beginning, to train where laparoscopy is regularly performed, to attend to the necessary courses, and to become gradually involved in complicated surgeries. If this road is followed, I am sure a good surgical level can be reached. But, as I said, it is very important that we approach patients by considering the benefits and harms that this will bring to the patient, and this should always be kept in mind.

EAD: Thank you. I have learned a lot from you during my time with you in London, and I am sure that I added a lot to my career. First of all, thank you for your efforts. Is there anything else you want to tell us?

E.S: Of course, Aysegul. It was our pleasure to host you here in London. I hope it will benefit you in the long run. I want to say that Turkish Endometriosis and Adenomyosis Society has been working very effectively and actively since its establishment. So, I congratulate you. Because this type of approach does not exist in many countries. Turkey in this sense has a special place. Because you are really well organized. Both the activities for the patients, for the assistants and for the specialist who became experts continue at very high levels. That’s why I think endometriosis community in Turkey will be very successful in the future and will play a very important role in world. I think, we need to do a little more investment in scientific research in Turkey and with this the future of Turkey or Turkish Endometriosis Community is very bright.

EAD: Thank you very much, sir. We are sending you greetings from Turkey.
E.S: Thank you.

E ARTICLES ON ENDOMETRIOSIS FROM OUR COUNTRY FROM THE LAST THREE MONTHS

1. Catamenial pneumothorax: multidisciplinary minimally invasive management of a recurrent case

Cihan Kaya , Derya Ece Iliman , Gun Murat Eyuboglu , Ece Bahceci Kardiochir Torakochirurgia Pol, letter to the editor Jun;17(2):107-109, 2020

Abstract Thoracic endometriosis syndrome (TES) is the presence of endometriotic foci within the respiratory system and involves a range of symptoms that coincide with the menses. These symptoms are defined as the presence of pneumothorax, hemothorax, hemoptysis, lung nodules, isolated chest pain, and pneumomediastinum. Catamenial pneumothorax (CP) is described as recurrent abnormal air collection between the lung and chest wall that occurs within the first 72 hours of the menses and is the most common presentation of TES.

2. Impact of endometrioma and bilaterality on IVF / ICSI cycles in patients with endometriosis

Nafiye Yilmaz, Mehmet Ufuk Ceran ,Evin Nil Ugurlu , Hacer Cavidan Gulerman , Yaprak Engin Ustun Journal of Gynecology Obstetrics and Human Reproduction, 101839,on press

Abstract

Aim: Endometriosis, one of the most common gynecological disorder, is a challenging disease observed in 20 %-40 % of subfertile women. Endometriomas affect 17-44 % of women with endometriosis. Because endometrioma has detrimental effects on fertility, many of these women need Assisted Reproductive Technology (ART) to conceive. In this study, we aimed to investigate the effects of endometrioma presence and impact of bilaterality over In Vitro Fertilization (IVF) and Intracytoplasmic Sperm Injection (ICSI) outcomes.

Method: The study was designed retrospectively. A total of 159 women enrolled in IVF / ICSI cycles were included. Patients were divided into two groups as Endometrioma group (n: 73) and control group (n:86). In Endometrioma group, subgroup analysis was performed according to whether endometrioma was unilateral or bilateral. Demographic characters, clinical and laboratory parameters were recorded. SPSS was used for analysis.

Results: In endometrioma group, although basal FSH levels was higher than control group, it was within normal limits, while estradiol levels was lower ($p < 0.001$, p 0.042, respectively). Antral follicle count (AFC), dominant follicle number, total oocyte count, MII oocyte numbers were found to be significantly lower, whereas numbers of embryos achieved, clinical pregnancy rates (PR) and live birth rates (LBR) were found to be similar.There were no statistically significant differences in terms of Antimullerian Hormon (AMH) levels, oocyte and embryo quality, the numbers of embryos achieved, PR and LBR between unilateral and bilateral endometrioma groups.

Conclusion: This study shows that presence of endometrioma negatively effects fertility parameters albeit no significant effect over embryo quality, PR and LBR whereas bilaterality doesn't have any influence over any fertility parameters and PR.

Keywords: ART; Bilaterality; Endometrioma; IVF/ICSI; Outcome.

3. The effect of new cross linked hyaluronan gel on quality of life of patients after deep infiltrating endometriosis surgery: a randomized controlled pilot study.

Ekin, M., Kaya, C., Erdoğan, Ş. V., Bahçeci, E., Baghaki, S.,Yaşar, L Journal of Obstetrics and Gynaecology, 1-6,2020

Abstract

In this prospective randomised placebo-controlled study, we aimed to evaluate the effect of New Cross linked Hyaluronan Gel (NCH gel) on the quality of life of patients who underwent laparoscopic surgery due to Deep Infiltrating Endometriosis (DIE). The intervention group received 40 mL of NCH gel, and the control group had a 40 mL sterile saline solution instilled into the peritoneal cavity following standard laparoscopic procedures. The patients were called in the third and sixth postoperative months and requested to fill the Visual Analogue Scale (VAS), Endometriosis Health Profile (EHP-5), and Short Form for Mental and Physical Health (SF-12) questionnaires. There was a significant reduction in dysmenorrhoea, dyschezia, dyspareunia VAS scores at 3rd, and 6th-month visits in NCH gel group. The postoperative 6th-month EHP-5 scores were significantly lower (1.16 ± 1.51, p-value: .02) in NCH gel group. Besides, NCH gel group had higher SF-12 mental and SF-12 physical scores.

What is already known on this subject? Application of solid or liquid physical barriers is believed to be a promising strategy to reduce adhesions after laparoscopic endometriosis surgery. However, comparable data regarding the effects of adhesion barriers are still lacking.

What the results of this study add? We revealed that there was a significantly higher decrease in VAS and EHP-5 scores and an increase in SF-12 physical-mental ratings after surgery in NCH gel group.

What are the implications of these findings for clinical practice and/or further research? Using NHC gel in addition to standard surgical procedure improves postoperative VAS scores, and provides better quality of life scores.

Keywords: Endometriosis; adhesion barriers; hyaluronic acid; quality of life; tissue adhesions.

4. Relation between educational reliability and viewer interest in YouTube® videos depicting endometrioma cystectomy surgical techniques.

C. Kaya, T. Usta., Baghaki, H. S., Oral, E Journal of Gynecology Obstetrics and Human Reproduction, 101808.2020

Abstract

Objective: To assess the reliability of YouTube® endometrioma cystectomy videos based on technical video analysis and considering the surgical steps.

Material and method: The present study yielded 756 videos after a search on YouTube® with the keywords "endometriosis cystectomy, endometrioma cystectomy, chocolate cyst cystectomy, and endometrioma surgery'' during the period from January 7, 2007 to January 7, 2019. The viewer interest parameters such as total number of subscribers, views, likes, dislikes, comments, source of the videos, and the date of upload were assessed. Besides, the surgical steps were also evaluated considering committee suggestions.

Results: There were 140 (78.7 %) videos in Group 1 (not useful and slightly useful) and 38 (21.3 %) videos in Group 2 (useful and very useful). The mean numbers of subscribers, views, and likes were 5737.843 ± 15741.302, 10614.257 ± 32702.339, and 17.7 ± 43.57, respectively, in Group 1, and 851.052 ± 1613.599, 8192.55 ± 15989.955, and 11.92 ± 27.52, respectively, in Group 2. The type of surgery was significantly different between the study groups. The videos of cases with robotic surgeries presented more useful descriptive information (p = 0.003). There was a significant difference between the study groups regarding the type of hemostasis. The presence of didactic steps was higher in Group 2 (47.4 %) compared to Group 1 (28.6 %) (p = 0.02) CONCLUSIONS: Overall, only around 21 % of YouTube videos presenting endometrioma surgery were defined as useful or very useful. The interest rates of the viewers may not compatible with the usefulness rate of the videos.

Keywords: Cystectomy; Educational activities; Endometrioma; Instructional films and videos; Laparoscopy.

5. Improvement in quality of life and pain scores after laparoscopic management of deep endometriosis: a retrospective cohort study.

Bastu, E., Celik, H. G., Kocyigit, Y., Yozgatli, D., Yasa, C., Ozaltin, S., Buyru, F.
Archives of Gynecology and Obstetrics,2020

Abstract

Purpose: This is a retrospective cohort study that evaluates the postoperative pain findings of a consecutive series of laparoscopic surgeries for deep endometriosis (DE).

Methods: This multi-center retrospective cohort study was carried out in university hospitals (Istanbul, Turkey). Sixty-five patients diagnosed through bimanual gynecologic examination, gynecologic ultrasound or magnetic resonance imaging-confirmed endometrioma and DE together; who underwent a laparoscopic surgery between 2013 and 2019 by a team of gynecologists, colorectal surgeons, and a urologist were retrospectively evaluated. The data were collected in a specific database and analyzed for postoperative pain outcomes through a comparison with preoperative symptoms scored using a visual analogue score (VAS), and the British Society of Gynecologic Endoscopy (BSGE) pelvic pain questionnaire.

Results: Sixty-five patients who met the criteria were included. The mean age of all patients was 35.0 ± 6.3 (range 22-50) years. The mean operative time was 121.3 ± 50.2 (range, 60-270) minutes. Preoperative and postoperative comparison of VAS scores for dysmenorrhea (8.57 vs. 2.91), dyspareunia (6.62 vs. 1.66), dyschezia (7.46 vs. 2.43), dysuria (5.67 vs. 1.34), chronic pelvic pain (4.11 vs. 1.22), and BSGE score (40.98 vs. 11.00) showed significantly reduced pain scores, respectively ($p < 0.01$).
Conclusion: Laparoscopic management of DE is a valid treatment option in terms of reduced postoperative pain and increased quality of life according to pain score outcomes. To have more robust conclusions, a prospective cohort study with a larger sample size which evaluates patients who had segmental bowel resection and those who did not have segmental bowel resection is necessary.

Keywords: BSGE pelvic pain questionnaire; Deep endometriosis; Endometriosis; Pelvic pain; Surgical treatment of endometriosis.

6. The association between adenomyosis and recurrent miscarriage.

Atabekoğlu, C. S., Şükür, Y. E., Kalafat, E., Özmen, B., Berker, B., Aytaç, R.,Sönmezer, M. European Journal of Obstetrics & Gynecology and Reproductive Biology,2020

Abstract

Objective(s): To assess the association between the ultrasonographic presence of adenomyosis and recurrent miscarriage (RM).

Study design: A prospective matched case-control study was conducted between March 2018 and December 2018 at Ankara University Hospital. A total of 132 women were assessed with transvaginal ultrasonography for the presence of adenomyosis markers. The case group consisted of 66 women with RM. The control group consisted of 66 women without RM or any other gynaecologic conditions. The rates of ultrasonographic adenomyosis, using strict criteria, were compared between the groups. Other etiologic factors for RM were described in the case group. The primary outcome was the ultrasonographic diagnosis of adenomyosis.

Results: The ultrasonographic diagnosis of adenomyosis, using diagnostic criteria of at least two markers, was significantly higher in the RM group when compared to the control group (19.7% vs. 6.1%, respectively; P = 0.035). The most common ultrasonographic finding in the RM group was heterogeneous myometrium (18.2%). In the RM group, there was at least one possible risk factor (including adenomyosis) for RM in 42 women (63.6%). The prevalence of adenomyosis in nine women with unexplained RM was 13.6%.

Conclusion(s): The prevalence of adenomyosis was significantly increased in women with RM compared to healthy controls. Adenomyosis and uterine anomalies were the most common risk factors associated with RM.

Keywords: Adenomyosis; Fertility; Junctional zone; Recurrent miscarriage; Ultrasonography.

7. The COVID-19 pandemic and patients with endometriosis: A survey-based study conducted in Turkey

Pınar Yalçın Bahat , Cihan Kaya , Nura F T Selçuki , İbrahim Polat , Taner Usta , Engin Oral Int J Gynaecol Obstet 2020 Aug 4.

Abstract

Objective: To apply rapid online surveying to determine the knowledge and perceptions of the COVID-19 pandemic on patients with endometriosis in Turkey.

Methods: An online survey was conducted by the Turkish Endometriosis & Adenomyosis Society and administered to patients with endometriosis who agreed to participate in the study. The survey included 25 questions prepared by an expert committee of four professionals (two gynecologists and two endometriosis specialists).

Results: Of the 290 questionnaires sent out, 261 (90%) were returned. A total of 213 (83.86%) patients reported that they were afraid of having endometriosis-related problems during the pandemic period. In addition, 133 (53.63%) patients thought the management of their endometriosis was affected because of the pandemic.

Conclusion: Clinical studies clearly indicate that endometriosis is a condition associated with high levels of chronic stress. The COVID-19 pandemic has led the public to experience psychological problems such as post-traumatic stress disorder, psychological distress, depression, and anxiety. The majority of patients with endometriosis were afraid of having endometriosis-related problems during the pandemic period. The majority of elective endometriosis surgeries have not been postponed. Patients were highly aware of the pandemic and practiced social distancing and hygiene. Only 4 (1.59%) patients with endometriosis required hospitalization.

Keywords: COVID-19; OB/GYN; Pandemic; Physician; Stress; Survey.

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