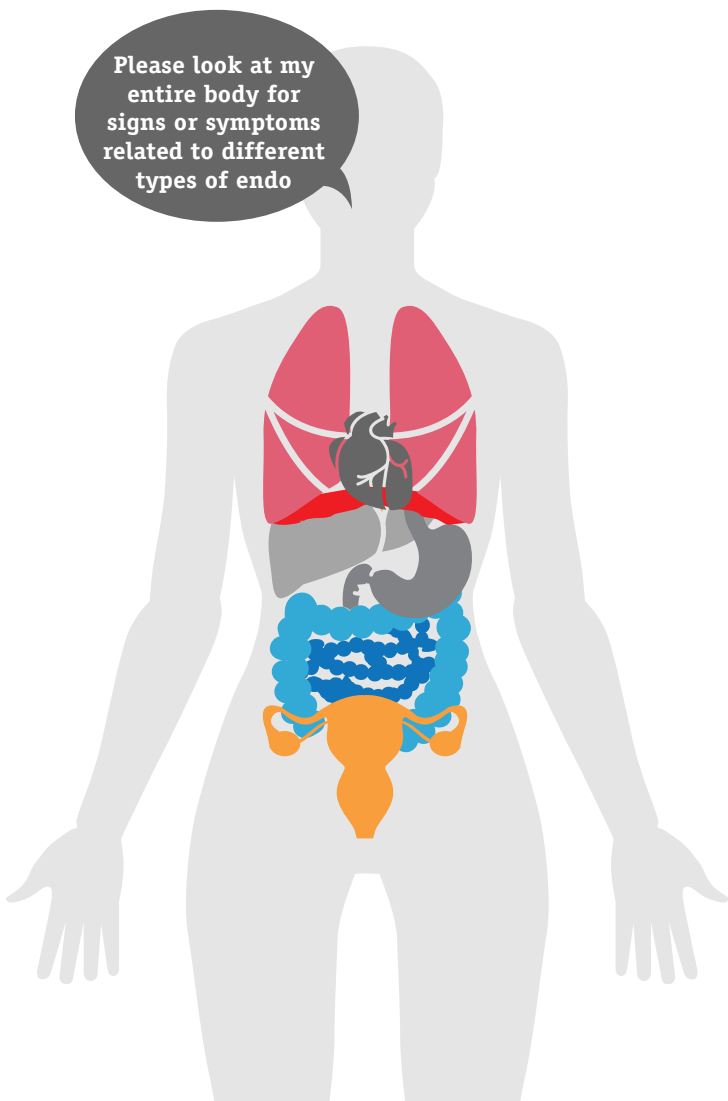


What we would like our Doctors to know about Endometriosis

Presented at the 13th World Congress on Endometriosis - 2017

Findings suggest that endometriosis in locations distant from the pelvis may be more common than previously recognized.¹

Please look at my entire body for signs or symptoms related to different types of endo



Thoracic:

- The most frequent thoracic finding is diaphragmatic implants²
- The classic symptoms of diaphragmatic endometriosis are pain in the chest area (pleuritic, usually on the right side), shortness of breath (dyspnea), epigastric pain (upper GI pain), pain in the right shoulder, and upper abdominal pain (right or left side).³
- Right Side most prevalent but Left and Bilateral occur⁴
- CT/MRI imaging increases sensitivity during symptomatic period. Compare imaging after symptom resolution. Negative imaging does NOT rule out presence of disease.⁵
- Cyclic chest pain is the most common symptom but Catamenial Pneumothorax (CP) is most common Clinical Manifestation⁶
- Youngest documented case study CP – age 11 yrs⁷

Bowel:

- Even when endometriosis does not occur directly on the bowel, it can cause bowel symptoms. Inflammatory mediators can affect the bowel and contribute to them.⁸
- Common complaints are frequently misdiagnosed as IBS
- Nausea / Vomiting associated with small and large intestines⁹
- Bowel changes with cycle alternating Constipation and Diarrhea

Urinary:

- Women with urinary tract endometriosis have few or no symptom.
- Bladder involvement often presents like Interstitial Cystitis. Full-thickness lesions may cause blood in urine.¹⁰

Support though recovery is helpful:

Recovery Time

Surgeries can take weeks or months to recover from. Societies' support during this time is extremely important to healing.

Diet

Anti-inflammatory, organic unprocessed food helps with cycle symptoms. Start with no sugar, dairy and refined flours.

Physical Therapy

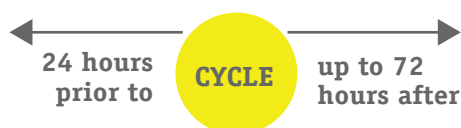
Patients educated about the neuroscience of pain are able to function better, exercise more and experience less pain.¹¹

TERP can be severe. Please check symptoms with cycle

TERP - Thoracic Endometriosis Related Pneumothorax

33% Lung Collaps in females were the result of Endometriosis

Catamenial Time Frame



SPT outside of the Catamenial time frame DOES NOT rule out Endometriosis

(TE) Clinical Manifestations:

Catamenial Pneumothorax:¹³
70-80% Collapsed lung

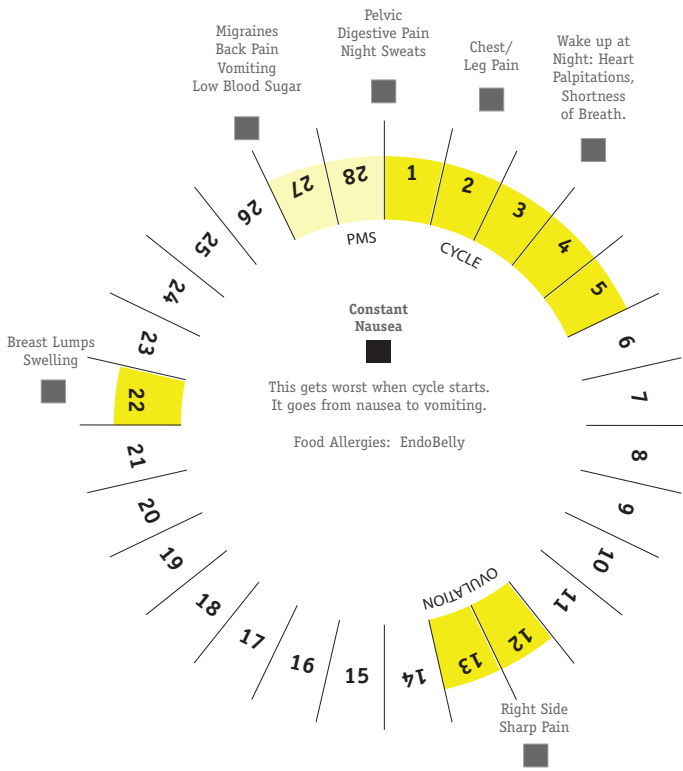
Catamenial Hemothorax:
14% Blood in chest cavity between the lung and chest wall

Catamenial Hemoptysis:
7% Coughing up blood

6% Patients have lung nodules

Catamenial pneumothorax and thoracic endometriosis (TE) are still under diagnosed. Infertility and uterine procedures are significantly associated. Scapular or thoracic pain during menses often precedes the occurrence of pneumothorax and is highly specific for the diagnosis of TE.¹²

Understanding the Cycle associated with Symptoms



My signs linked to the timing of my cycle is key

Sometimes a team is needed for surgery

30 Places endometriosis can grow or effect*

Although some are rare, let's not overlook any area.

GLOBAL SURVEY: Total number of 651 ladies | From 27 countries

Types of diagnosed endometriosis:
Reproductive: 96% Urinary 49% Digestive 55% Thoracic 14%

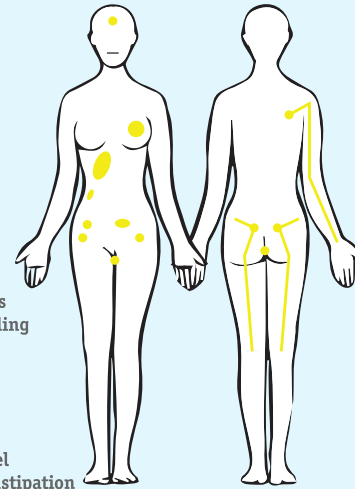
Cycle Signs and Symptoms that could be associated with Endometriosis

- % Overall
 - 76 : PMS
 - 70 : Breast Pain
 - 61 : Migraines
 - 76 : Brain Fog
 - 82 : Mood Swings
 - 80 : Anxiety
 - 95 : Fatigue
 - 63 : Insomnia
 - 60 : Night Sweats
 - 57 : Feeling Cold

- % Reproductive
 - 93 : Cycle Pain
 - 84 : Ovulation Pain
 - 52 : Irregular Cycles
 - 56 : Irregular Bleeding
 - 63 : Blood Clots
 - 79 : Painful Sex
 - 39 : Infertility

- % Digestive
 - 84 : Pain with Bowel
 - 83 : Diarrhea / Constipation
 - 67 : Nausea / Vomiting

- Urinary
 - 60 : Frequent Urgency
 - 48 : Urinary Pain



- % Thoracic
 - 35 : Chest Pain
 - 36 : Shortness of Breath
 - 29 : Rapid Heartbeat
 - 38 : Shoulder Pain
 - 50 : Up Abdominal Pain
 - 34 : Pain Lying Down
 - 46 : Dizziness
 - 05 : Pneumothorax (collapse lung)
 - 02 : Pleural Effusion
 - 03 : Coughing Up Blood
- % Sciatic
 - 81 : Low Back Pain
 - 65 : Pain Down Leg/Knees
- % Immune System
 - 50 : Seasonal Allergies
 - 52 : Food Intolerance
- % Nutrient Deficiency
 - 18 : Low Blood Sugar
 - 19 : Low Magnesium
 - 47 : Low Iron

Patient driven online survey
2/15/17 : 5/15/17

- Reproductive**
 - Uterus
 - Vagina
 - Cervix
 - Ovaries
 - Fallopian tubes
 - Cul-de-sac
 - Uterosacral ligaments
 - Rectovaginal septum

Urinary Kidneys Bladder Ureters	Digestive Intestines Colon Rectum Appendix Liver Peritoneum	10 SYSTEMS
Immune Allergies*	Respiratory Diaphragm Lungs Nasal Cavity	
	Nervous Sciatic nerve Phrenic nerve* Brain	Circulatory Blood vessels Arteries Heart
Endocrine Pancreas	Skeletal Bone	Integumentary Skin

<http://nezhato.org/endometriosis-treatment/where-does-endometriosis-grow/>

In collaboration with Endometriosis Supporters Worldwide: 176 Million+ bringing awareness to the World Congress on Endometriosis
We hope to spread awareness to the medical community, society and women who may be suffering from Endometriosis. We provide support from experiences and links to factual and accurate websites, research publications and articles that synthesize and condense recent research progression from evidence-based studies. This is for education purposes only. We are not here to diagnose or treat health conditions.
EndoStats: Julie Prilling: julie@endostats.com

Footnotes:
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3. Best Practices for Treating Diaphragmatic Endometriosis. www.nezhato.org/diaphragmatic-endometriosis/
4. Channabasavaiah A, Joseph JV. Revisiting the association between clinical presentation and thoracic pathology based on thoracoscopic findings in 110 patients." Medicine. 2010;89(3):183-188
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6. Alifano et al. Catamenial and noncatamenial endometriosis related or non-endometriosis related pneumothorax referred for surgery. Amer J Resp Crit Care 2007;176:1048-1053
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13. Channabasavaiah AD, Joseph JV. Thoracic endometriosis: revisiting the association between clinical presentation and thoracic pathology based on thoracoscopic findings in 110 patients. Medicine (Baltimore) 2010;89:183-188.