

Cracking the Code of Chronic Pelvic Pain: The Link Between Endometriosis and Bladder Pain Syndrome

Gaston J¹, Monga D¹.¹ Ballarat Specialist Women's Health Clinic

Introduction:

Chronic Pelvic Pain (CPP) is frequently attributed to **endometriosis** and managed with laparoscopy for diagnosis and treatment (1). Women often continue to suffer from **debilitating painful symptoms**, with multiple representations and poor quality of life (QOL). **Bladder Pain Syndrome (BPS) coexisting with endometriosis can cause CPP**. This relationship was cross-sectionally investigated in a Victorian regional population to improve physical, emotional and social outcomes.

Objective: To generate sufficient evidence to formulate a recommendation that **all patients with CPP and lower urinary tract symptoms (LUTS) should be considered for a diagnostic cystoscopy** with hydrodistension during their laparoscopy for endometriosis.

Methods:

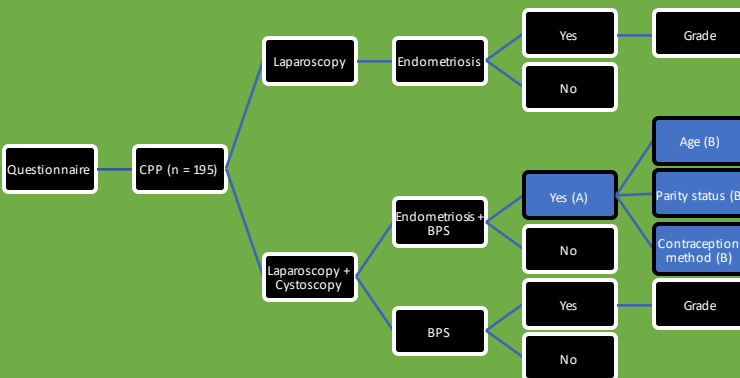


Figure 1. Flow diagram highlighting the process undertaken to investigate the correlation between endometriosis and BPS as the primary outcome (A). Association with age, parity and contraception method were assessed as the secondary outcome (B) measures.

Results:

- Laparoscopy for CPP confirmed endometriosis in 162/195 (83%).
- 63 of 100 (61.7%) patients with endometriosis specifically asked about BPS symptoms reported one or more LUTS. Subsequently undergoing cystoscopy, which confirmed BPS in 46/63 (73%).
- Most common age for endometriosis AND BPS was **21 yo**.
- Nulliparous** women had the highest incidence.
- OCP** was the commonest contraceptive used.
- Re-presentation with pain was 6.3% vs 17.4% with and without cystoscopy ($p = 0.045$), respectively.



A **21-year-old nulliparous** women on the **OCP** with CPP **MUST** be asked about LUTS during their 1st visit to the clinic.

Discussion:

- CPP (pelvic pain >6 months) in women in the reproductive age group is often due to endometriosis and coexistent BPS**
- Symptoms of BPS should be included in a standard questionnaire for CPP**, and positive LUTS (pain with full bladder, urgency, frequency) should warrant consideration of cystoscopy with hydrodistension.
- A heightened awareness in younger nulliparous women who are on the OCP may significantly reduce re-presentation of patients.
- Unnecessary hysterectomies and repeat laparoscopies could be avoided if BPS is diagnosed earlier** (2). Therefore improving patient QOL and reducing the burden on the Australian healthcare system and economy.

References:

- Nnoaham KE, Hummelshoj L, Webster P, d'Hooghe T, de Cicco Nardone F, de Cicco Nardone C, et al. Impact of endometriosis on quality of life and work productivity: a multicenter study across ten countries. *Fertil Steril*. 2011;96(2):366-73.
- Chung MK, Jarnagin B. Early identification of interstitial cystitis may avoid unnecessary hysterectomy. *JSL*. 2009;13(3):350.