



LÉKAŘSKÁ  
FAKULTA  
Masarykova univerzita

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# Endometrióza

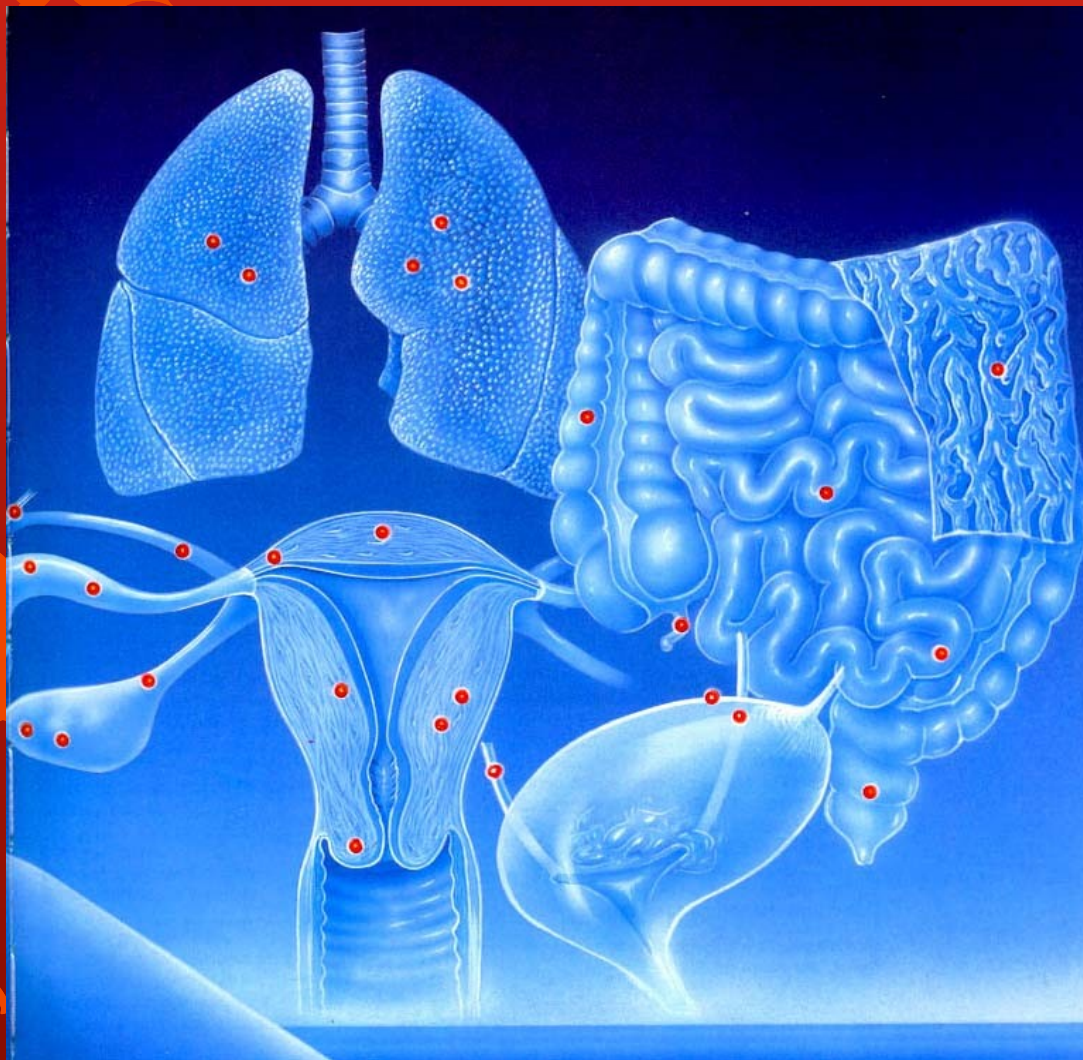


Všeobecné lékařství  
Semináře z gynekologie a porodnictví  
2017 – podzimní semestr

## Definice

*Ektopický výskyt endometria  
mimo dutinu děložní.*

# Lokalizace



Sakrouterinní vaz 63 %

Ovaria 56 %

Douglas 25 %

Měchýř 20 %

Sampson. Cysty 20 %

Lig. Latum 8 %

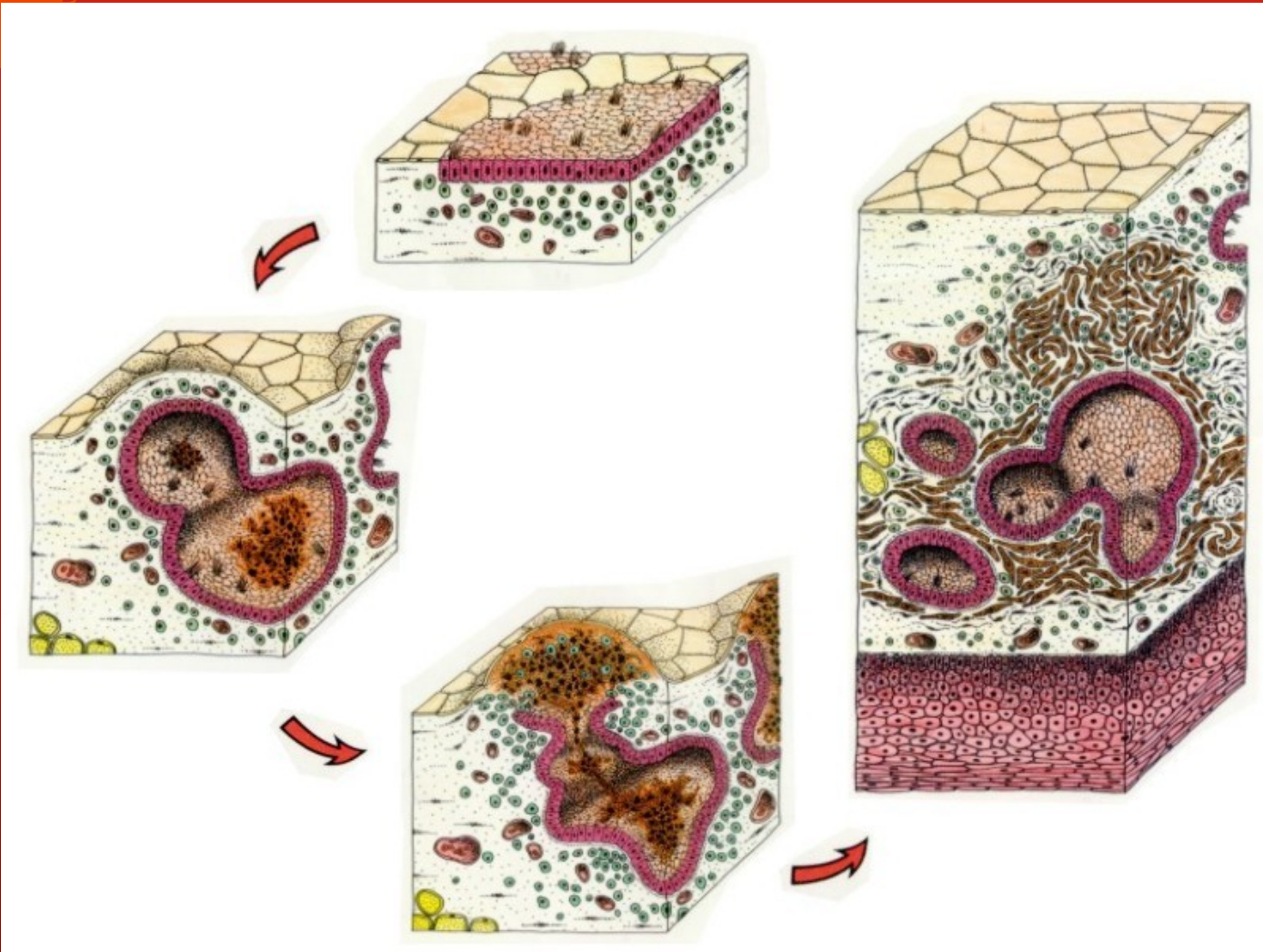
Střevo 6 %

# Symptomy endometriózy

- bolest (pelvalgie, dyspareunie, dysmenorrhoea...)
- poruchy plodnosti
- GIT - tenesmy, obstrukce, krvácení
- urinární trakt - krvácení, obstrukce
- operační jizvy - rezistence, krvácení, bolest
- plíce - hemoptýza

# Etiologie endometriózy

- Metaplastická (Meyer, 1919)
- Implantační teorie (Sampson, 1921)
- Indukční teorie (Merril, 1966)
- Transportní teorie (Halban, Meigs)
- Imunologická teorie (Dmowski, 1987)
- Teorie LUF



# Patogeneze symptomů:

- metabolismus kyseliny arachidonové (prostaglandiny)
- alterace imunitního systému (makrofágy, cytokiny - např. fibroplastické)
- mechanicky

Základní rysy endometriózy:

- Závislost na estrogenech !!!
- Progresivní charakter !!!



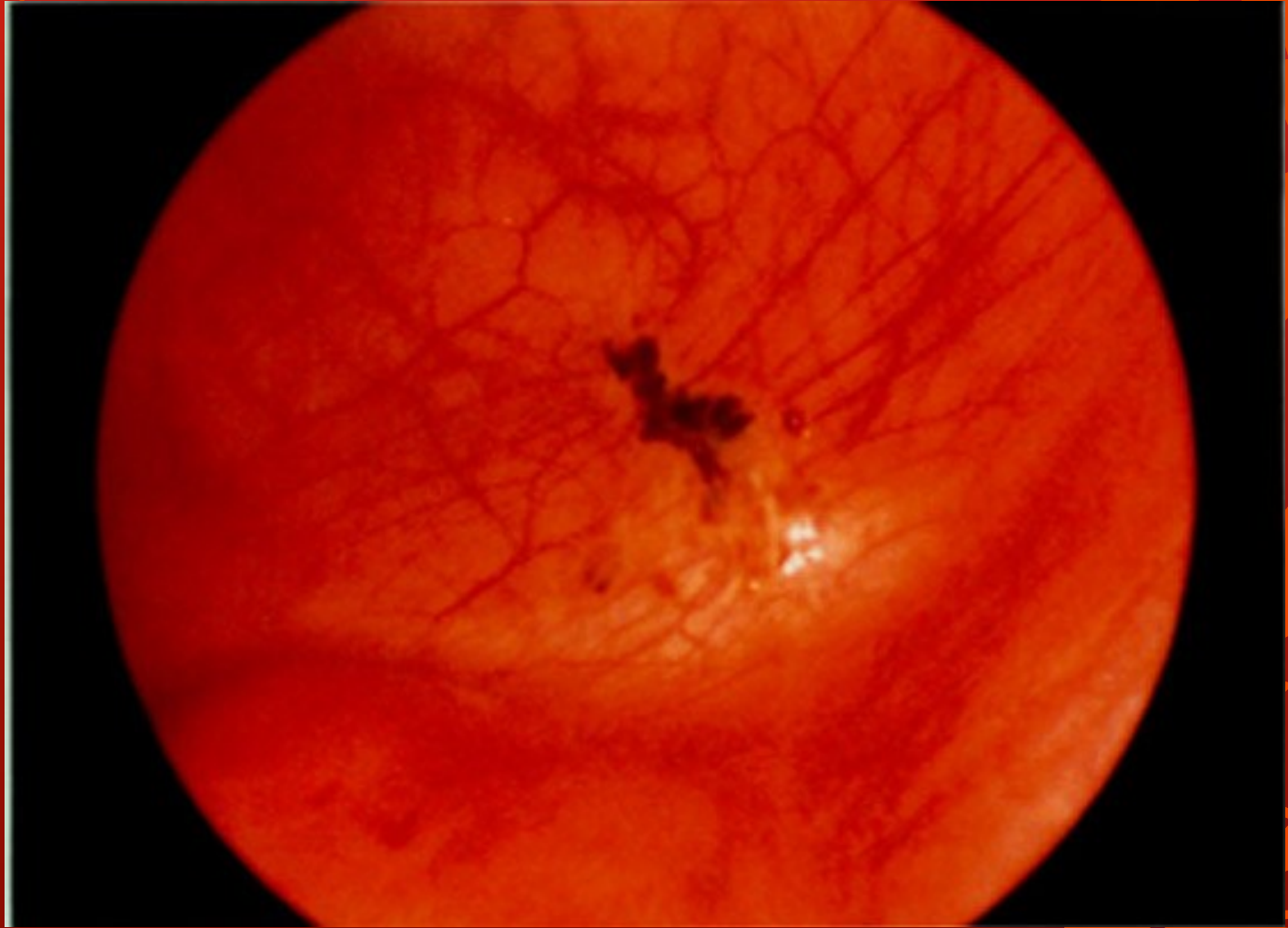
# Klasifikace endometriózy podle lokalizace

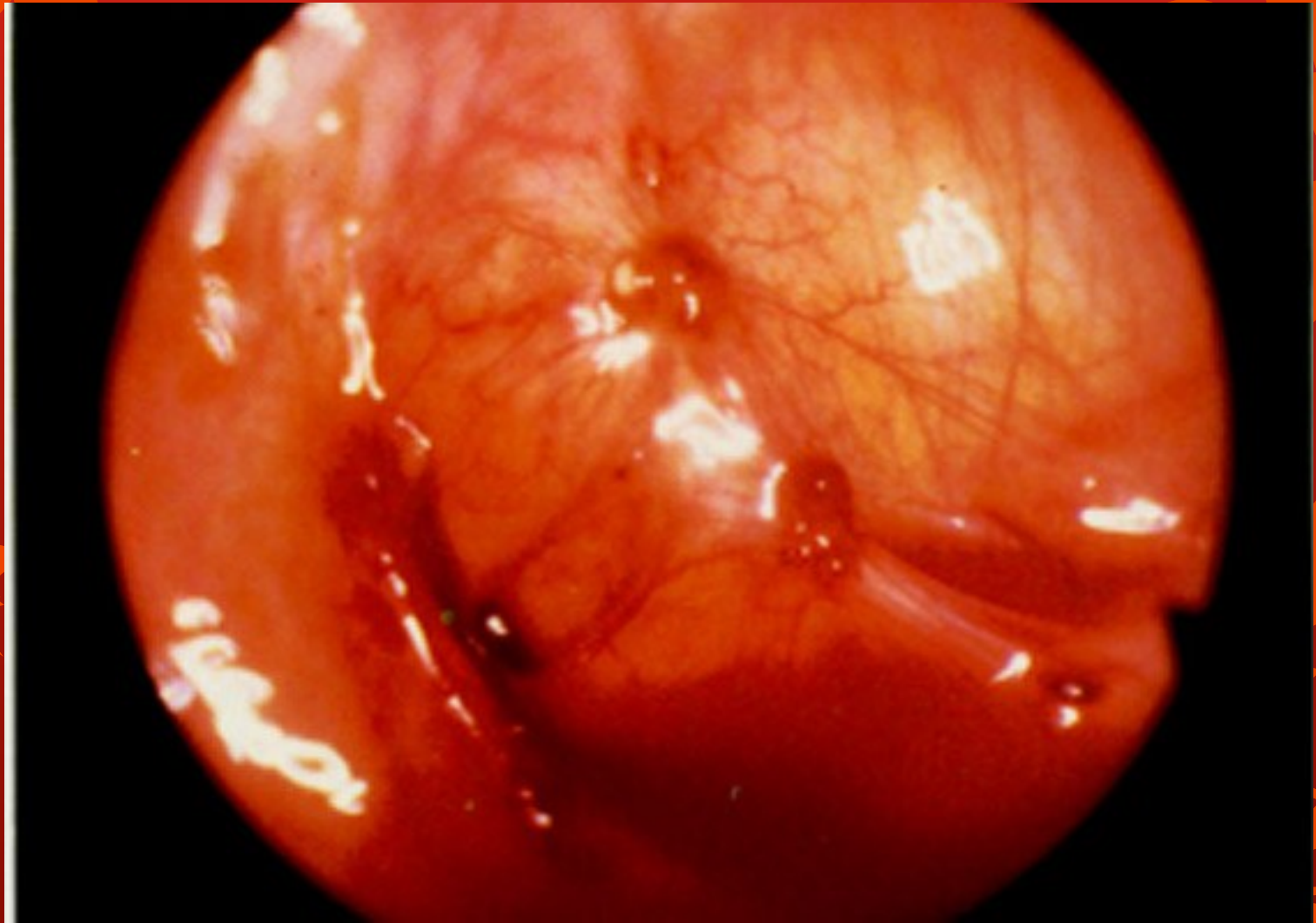
- Endometriosis genitalis

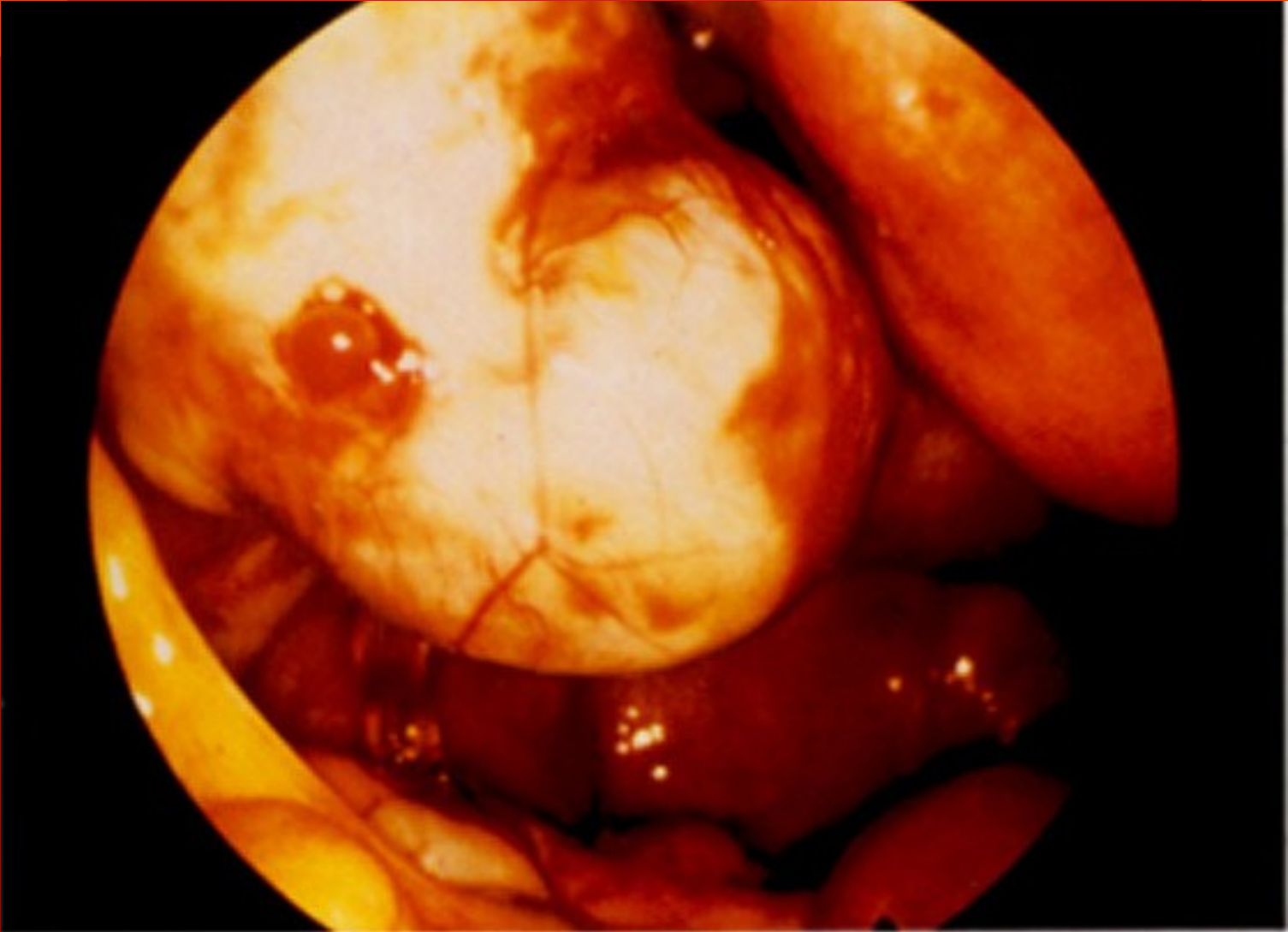
- interna

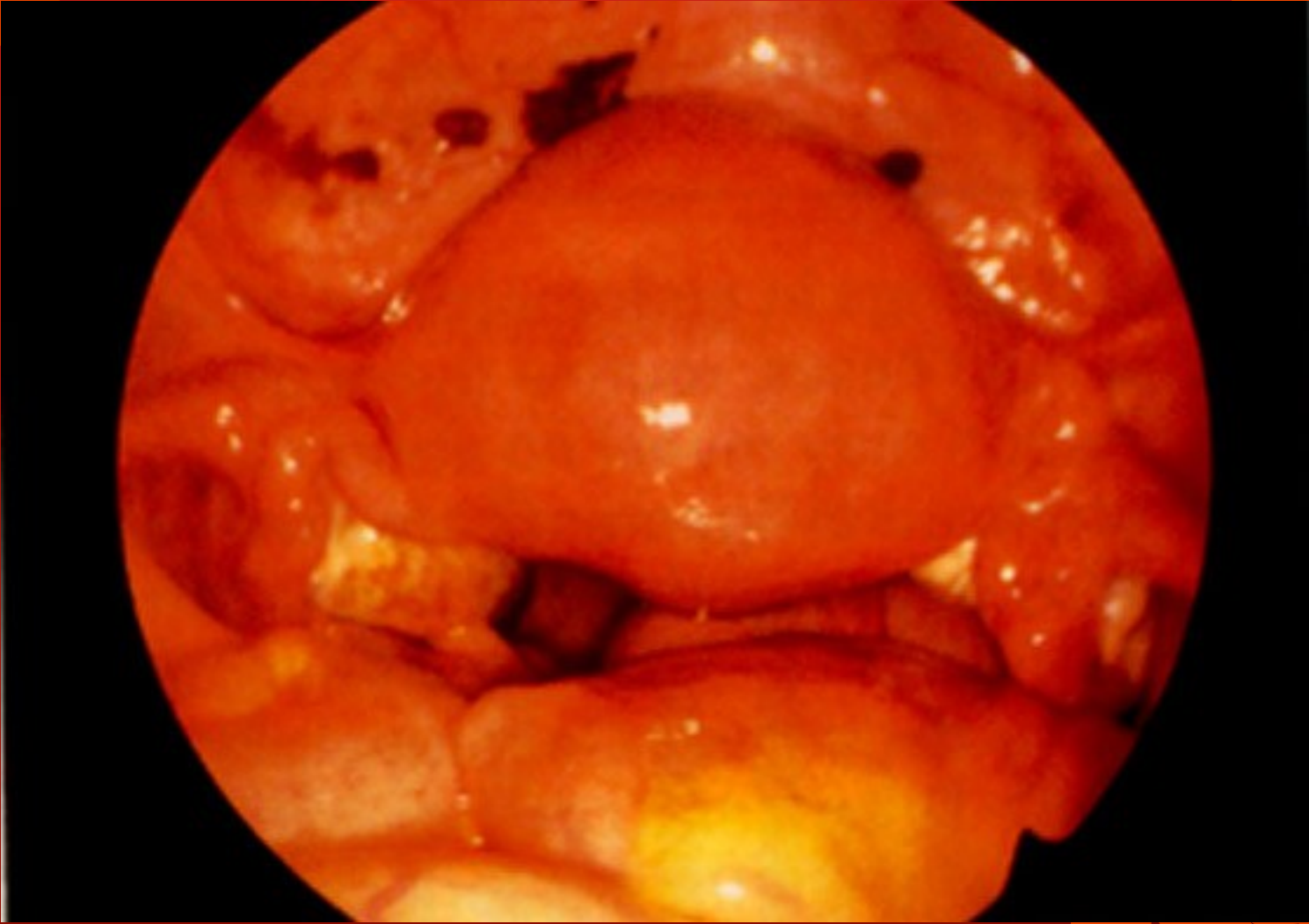
- externa

- Endometriosis extragenitalis









# Klasifikace endometriózy podle stupně závažnosti

Stádium:

**I - minimální (1 - 5 bodů)**

**II - lehké (6- 15 bodů)**

**III - střední (16 - 30 bodů)**

**IV - těžké (31 - 54 bodů)**



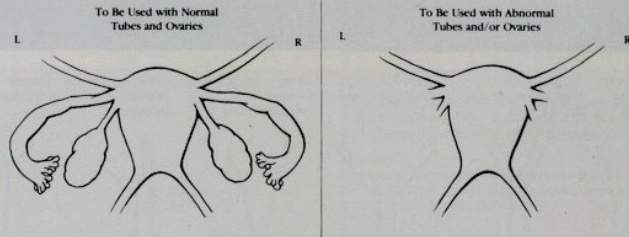
## THE AMERICAN FERTILITY SOCIETY REVISED CLASSIFICATION OF ENDOMETRIOSIS

Patient's Name \_\_\_\_\_ Date \_\_\_\_\_  
 Stage I (Minimal) - 1-5      Laparoscopy \_\_\_\_\_ Laparotomy \_\_\_\_\_ Photography \_\_\_\_\_  
 Stage II (Mild) - 6-15      Recommended Treatment \_\_\_\_\_  
 Stage III (Moderate) - 16-40  
 Stage IV (Severe) - >40  
 Total \_\_\_\_\_ Prognosis \_\_\_\_\_

PERITONEUM	ENDOMETRIOSIS			
	< 1cm	1-3cm	> 3cm	
Superficial	1	2	4	
Deep	2	4	6	
Ovary	R Superficial	1	2	4
	Deep	4	16	20
L Superficial	1	2	4	
Deep	4	16	20	
POSTERIOR CULDESAC OBLITERATION				
	Partial	Complete		
	4	40		
ADHESIONS	Enclosure			
	< 1/3	1/3-2/3	> 2/3	
R Filmy	1	2	4	
Dense	4	8	16	
L Filmy	1	2	4	
Dense	4	8	16	
TUBE	R Filmy	1	2	4
	Dense	4*	8*	16
L Filmy	1	2	4	
Dense	4*	8*	16	

\*If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16.

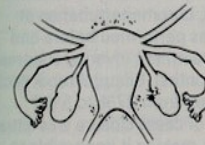
Additional Endometriosis: \_\_\_\_\_ Associated Pathology: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



For additional supply write to: The American Fertility Society, 2140 11th Avenue South,  
Suite 200, Birmingham, Alabama 35205-2800

### EXAMPLES & GUIDELINES

STAGE I (MINIMAL)



PERITONEUM  
 Superficial Endo - 1-3cm -2  
 R. OVARY  
 Superficial Endo - < 1cm -1  
 Filmy Adhesions - < 1/3 -1  
**TOTAL POINTS -4**

STAGE II (MILD)



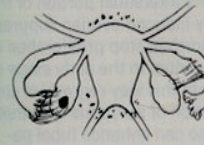
PERITONEUM  
 Deep Endo - > 3cm -6  
 R. OVARY  
 Superficial Endo - < 1cm -1  
 Filmy Adhesions - < 1/3 -1  
 L. OVARY  
 Superficial Endo - < 1cm -1  
**TOTAL POINTS -9**

STAGE III (MODERATE)



PERITONEUM  
 Deep Endo - > 3cm -6  
 CULDESAC  
 Partial Obliteration -4  
 L. OVARY  
 Deep Endo - 1-3cm -16  
**TOTAL POINTS -26**

STAGE III (MODERATE)



PERITONEUM  
 Superficial Endo - > 3cm -4  
 R. TUBE  
 Filmy Adhesions - < 1/3 -1  
 R. OVARY  
 Filmy Adhesions - < 1/3 -1  
 L. TUBE  
 Dense Adhesions - < 1/3 -16\*  
 Deep Endo - < 1 cm -4  
 Dense Adhesions - < 1/3 -4  
**TOTAL POINTS -30**

STAGE IV (SEVERE)



PERITONEUM  
 Superficial Endo - > 3cm -4  
 L. OVARY  
 Deep Endo - 1-3cm -32\*\*  
 Dense Adhesions - < 1/3 -8\*\*  
 L. TUBE  
 Dense Adhesions - < 1/3 -8\*\*  
**TOTAL POINTS -52**

STAGE IV (SEVERE)



PERITONEUM  
 Deep Endo - > 3cm -6  
 CULDESAC  
 Complete Obliteration -40  
 R. OVARY  
 Deep Endo - 1-3cm -16  
 Dense Adhesions - < 1/3 -4  
 L. TUBE  
 Dense Adhesions - > 2/3 -16  
 L. OVARY  
 Deep Endo - 1-3cm -16  
 Dense Adhesions - > 2/3 -16  
**TOTAL POINTS -114**

\*Point assignment changed to 16  
 \*\*Point assignment doubled

Determination of the stage or degree of endometrial involvement is based on a weighted point system. Distribution of points has been arbitrarily determined and may require further revision or refinement as knowledge of the disease increases.

To ensure complete evaluation, inspection of the pelvis in a clockwise or counterclockwise fashion is encouraged. Number, size and location of endometrial implants, plaques, endometriomas and/or adhesions are noted. For example, five separate 0.5cm superficial implants on the peritoneum (2.5 cm total) would be assigned 2 points. (The surface of the uterus should be considered peritoneum.) The severity of the endometriosis or adhesions should be assigned the highest score only for peritoneum, ovary, tube or culdesac. For example, a 4cm superficial and a 2cm deep implant of the peritoneum should be given a score of 6 (not 8). A 4cm

deep endometrioma of the ovary associated with more than 3cm of superficial disease should be scored 20 (not 24). In those patients with only one adnexa, points applied to disease of the remaining tube and ovary should be multiplied by two. \*\*Points assigned may be circled and totaled. Aggregation of points indicates stage of disease (minimal, mild, moderate, or severe).

The presence of endometriosis of the bowel, urinary tract, fallopian tube, vagina, cervix, skin etc., should be documented under "additional endometriosis." Other pathology such as tubal occlusion, leiomyomata, uterine anomaly, etc., should be documented under "associated pathology." All pathology should be depicted as specifically as possible on the sketch of pelvic organs, and means of observation (laparoscopy or laparotomy) should be noted.

Klasifikace endometriózy podle příznaků:

- Asymptomatická forma
- Symptomatická forma



# Diagnostika endometriózy

- Anamnéza
- Gynekologické vyšetření
- UZ vyšetření
- Laparoskopie
- Histologie

# Terapie endometriózy respektuje:

- Závažnost symptomů
- stadium endometriózy
- fertilitu
- věk pacientky
- předchozí terapii

# Medikamentózní terapie endometriózy

## A. Suprese ovariálních steroidů

### 1. Pseudogavidita (Kistner, 1958)

- gestageny, kombinace s estrogeny

### 2. Pseudomenopauza

- danazol – antagonist gonadotropinů
- gestrinon
- analoga GnRH

## B. Symptomatická léčba

antiflogistika, HAK, antifobika

# Medikamentózní terapie endometriózy

C. Nitroděložní systém IUS

- LEVONORGESTER - 6 M

symptomatická forma E

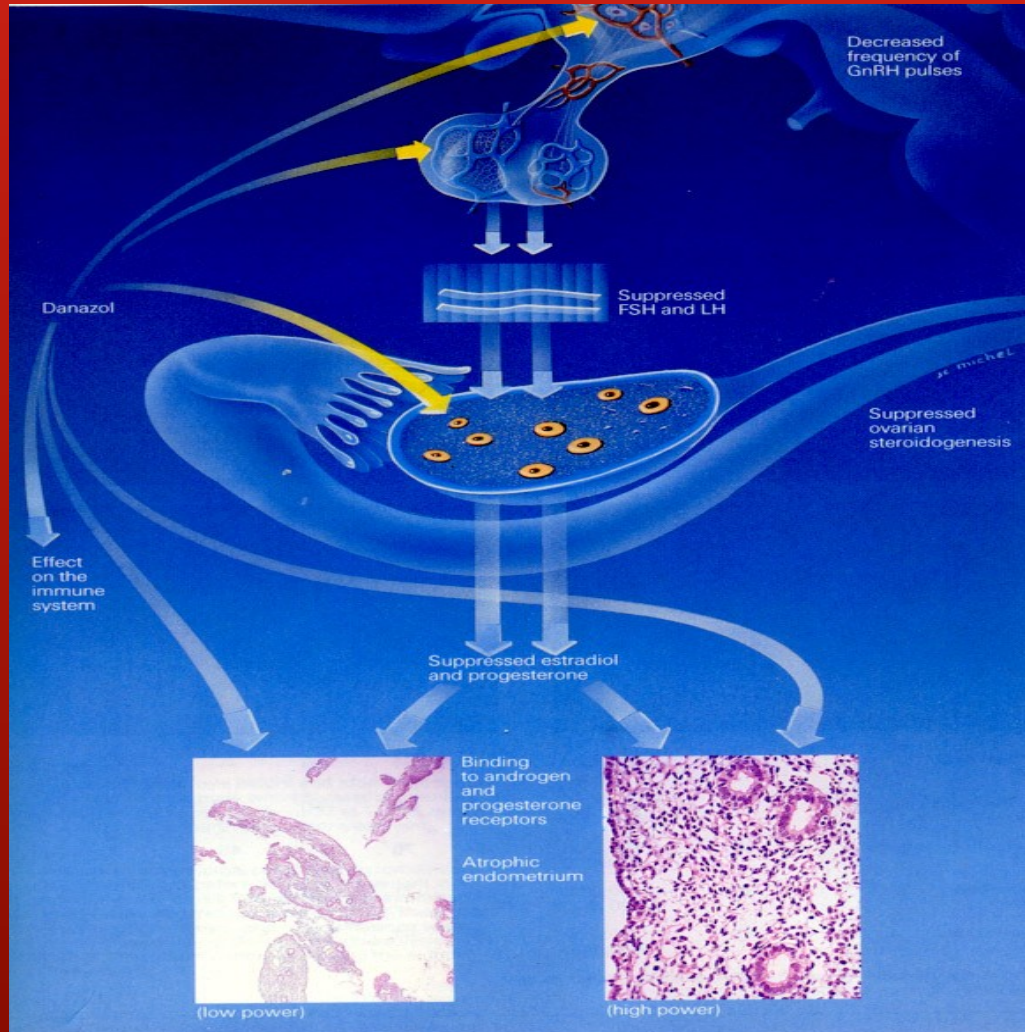
-Pelvalgie

-Dysmenorrhoea

-dyspareunie

P < 0,05 pokles závažnosti a frekvence bolesti  
a menstruačních symptomů

# Účinky danazolu



# Operační terapie endometriózy

## *LSK vs. laparotomie*

### A. Konzervativní

- Excise
- Koagulace
- Laser vaporizace
- Cystectomie

### B. Radikální

- Adnexectomie
- Hysterectomie



Děkuji za pozornost