

DOWNLOAD PDF ENDOMETRIOSIS (WORLD CONGRESS ON FERTILITY AND STERILITY PROCEEDING)

Chapter 1 : 14th World Congress on Endometriosis (WCE) | World Endometriosis Society

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However, his untangling of the psychosomatic problems of women with pain was well off the mark. Sigmund Freud frequently diagnosed patients with hysteria when no other diagnosis could be reached. It is surmised today that hysteria at the time Freud diagnosed it was more closely related to the manner in which a woman reacted to her pain and symptoms rather than to the actual cause of her pain. Through extensive research and in-depth analysis doctors today believe that what Freud may have diagnosed as hysteria was really endometriosis. This comprehensive, enlightening and educational article is for both the medical world and for patients suffering with endometriosis to embrace. It provides a better understanding of the suspected origins of endometriosis and the manner in which diagnosis and treatment – both medical and surgical – has evolved through history. Diagnosis of hysteria, witchcraft and demonic possession were commonplace during the time Freud was diagnosing patients. Treatment modalities included administration of noxious substances, hanging women upside-down see below , and enduring painful surgical procedures that included a physician using his fingernail in place of a scalpel long before anesthesia had been discovered. Gilman, a diagnosis of hysteria was the catalyst for Queen Anne to swiftly release her physician from his duties, as the Queen was mortified to be accused that her pain and symptoms were imagined or as a result of madness as cited in Nezhat et al. History is a great scholar and can provide a clear understanding of what the future holds if we listen carefully. The diagnosis and treatments that were set forth by Freud were considered by those of his time to be suitable and acceptable; however, they are now considered barbaric and unfounded. Nezhat mention in their article the Endometriosis Foundation of America Endofound and its founder Dr. Tamer Seckin for their dedicated work in the field of endometriosis awareness and effective treatment. Reproduced courtesy of the U. National Library of Medicine. Gabriel Buon, , p. Reprinted with permission from Drs. Nezhat Uterine suffocation, vaginal prolapse, and other gynecologic conditions were sometimes treated with succussion, the ancient Greek practice in which patients are bound to a ladder, turned upside down, and shaken vigorously, with the idea being that the uterus would be shaken back into its proper position. Image from the illustrated comments of Apollonius of Kitium on the Hippocratic treatise On Articulations. Bibliotheca Medica Laurenziana, Florence. Nezhat The full text is available at: For more information on endometriosis or the Endometriosis Foundation of America, please visit: By a vote of the House of Representatives voted that the word "lunatic" would be stricken from federal law. Bobby Scott, a democrat from Virginia in support of the legislation. Two years ago Congress took out references in federal law to the term "mental retardation."

If you missed our first post, [click here](#). Katy Vincent spoke about why we should not only look at endometrial lesions alone in pain generation a purely peripheral model, the evidence of central changes in association with endometriosis, and to consider the comorbidities of endometriosis and how it changes clinical practice. In this blog, I will do my best to summarize the complex information from her lecture and help our patients understand what this information mean for them. Endometriosis is a disease in which cells similar to the lining of the uterus endometrium are found outside of the uterus. More specifically, it occurs when endometrial glands and stroma are found in locations other than the lining of the uterus. Traditionally it was thought that endometrial lesions cause inflammation, which compress nerves and cause pain. Surgery was thought to remove the lesions and should therefore decrease pain. Vincent presented four images and asked, who has the most pain? As research advanced it became clear there is a minimal relationship between the location of the lesions or the severity of the disease and the amount of symptoms, or severity of symptoms a woman experiences. Vincent does make the distinction that there are associations between the subtypes of endometriosis that do correlate with symptoms. For example, deep infiltrating endometriosis DIE is consistently associated with chronic pelvic pain CPP, but the presence of endometriomas which is a severe form of the disease is not associated with the severity of dysmenorrhea painful periods. Women with painful endometriosis experience repeated bouts of cyclical pain and are exposed to changing levels of pain. Studies show women with painful endometriosis are more sensitive to noxious stimuli and have amplified pain reactions to noxious stimuli than women who have non-painful endometriosis. This will result in a sensitive nervous system. When women are diagnosed, excision or ablation surgery may be an option which may further sensitize irritated nerves. What does this mean? Repeated episodes of pain can sensitize the nervous system. People with sensitized nervous systems will benefit from treating the nervous system in addition to eliminating the source of pain, surgery alone may not result in total pain reduction in most of these cases. The nervous system is very malleable, it changes in response to pain and it can also change back to a normal pain-free state when the triggers are removed How do we know which patient is which? What do we do with this information? Brain activity in women with painful endometriosis is different than women with non-painful endometriosis. It means that performing surgery or repeated surgeries which is common on women who have neuropathic pain, may be more harmful than beneficial. One of the studies that was presented showed that in women who described their pain as neuropathic versus nociceptive, had higher communication and connections between the areas of the brain that are active with pain. Considering that the nervous system can amplify pain levels, potentially it may be more important to separate the women by the type of pain versus the intensity of pain they describe. A clinical picture The pain may have started from a lesion in the periphery as soon as a woman gets her period. Now, this woman had a peripheral source of pain, but the pain is now driven, or amplified, by the central nervous system. Stress One of the studies Dr. Vincent presented showed that cortisol levels were lower in women with painful endometriosis or painful periods compared to women who had non-painful endometriosis. Vincent expanded on this a bit more, explaining that stress-induced analgesia is evolutionary, you cannot think about pain in your foot if you trying to run from danger. Researchers saw that not only the baseline level of cortisol but the change in cortisol levels after a stress response increases the amount of connectivity between the regions of the brain that help to inhibit pain. Cortisol influences inflammation and mood as well, and may explain the variation in women who have painful endometriosis vs. One study presented showed that women with painful endometriosis, as well as women that did not have endometriosis but had pelvic pain, had decreased cortisol levels. Additionally, women who had non-painful endometriosis had higher levels of cortisol, which can explain the variation in presentation. Going

back to the study mentioned above which demonstrated that women who had painful endometriosis or painful periods had lower cortisol levels compared to women who had non-painful endometriosis, this information tells us that certain groups of women respond to stress differently than others, and potentially the multiple symptoms associated with endo make it more complicated to discern what factors influence their pain. We do know from this study that women who do not report pain have increased cortisol levels which activate the part of the brain that can help to inhibit pain. So, the question is “do they not have pain because they have better inhibitory mechanisms, or do they have better stress responses because they are not subjected to repeated cycles of pain and do not have as many changes in their CNS as someone with pain? Comorbidities Endometriosis is related to many other chronic conditions. If you give them a stimulus that is sometimes painful or not, whether they perceive it as painful depends on the connectivity between various regions of the brain, and this connectivity is dependent on the level of anxiety at that moment. What do we do with all this information? Currently, simple analgesics, hormonal therapies, and surgery is the accepted model, and considering patient preference is key. Vincent suggests promptly treating any pain symptom, either endometriosis-related or comorbidity-related, and addressing any psychological distress will help to reduce the amount of burden on the CNS and result in better outcomes, especially if surgery is a consideration. The CNS may be the explanation between disease burden and symptoms, and may be the reason why women fail optimal surgery. It can also help explain why there are comorbid pain symptoms, and why they may have more hypersensitivity to stimuli. However, we are at an advantage in treating this population of women because we see them more frequently than most other providers. We have a big role in educating patients about their symptoms and their disease and help them to understand and navigate all the medical jargon that even for us is hard to understand sometimes. We have a role in performing manual therapy and helping to reduce tissue restrictions, muscle tension, optimize breathing, creating home exercise programs with stretches and exercises, all of which can help to calm down the nervous system. To read more about the role of the physical therapy in treating endometriosis, please click here. Vincent for her great lecture! If you would like to view her presentation slides you may do so here , starting on page Retrieved November 14, , from [https://www.fertstert.org/article/S0015-0266\(17\)30173-1](https://www.fertstert.org/article/S0015-0266(17)30173-1) , Association between endometriosis stage, lesion type, patient characteristics and severity of pelvic pain symptoms: *Human Reproduction*,22 1 , Endometriosis and pelvic pain: *Human Reproduction Update*,11 6 , Endometriosis is associated with central sensitization: *The Journal of Pain*,4 7 , *Reproductive Sciences*,17 12 , *The Journal of Pain*,17 1 , Why should we consider the central nervous system? Neurogenic inflammation and the peripheral nervous system in host defense and immunopathology. *Nature Neuroscience*,15 8 , Dysmenorrhoea is associated with central changes in otherwise healthy women. *Pain*, 9 , Differences in characteristics among 1, women with endometriosis based on extent of disease. *Fertility and Sterility*,89 3 , Exacerbation of pain by anxiety is associated with activity in a hippocampal network.

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Chapter 3 : Endometriosis, hysterectomy, Hysteria, Drseckin

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How to get to Shanghai Airports Arriving in Shanghai by airplane, you can choose from two commercial airports. For more information, please visit this website. Taxis from Pudong International Airport to one of the following destinations cost approximately: All of these public transport tools can be accessed using the Shanghai Public Transportation Card. It is one of the fastest-growing systems in the world - the first line opened in just €” and currently has 14 lines numbers 1, 2, 3, 4, 5, 6, 7, 8, 9,10,11, 12,13,16 and Pujiang Line. It is advisable to avoid the rush hours between 7am and 5pm For more information, click here. Please visit this page for a detailed metro map. Shanghai Bus Shanghai also has an extensive bus system with nearly one thousand bus lines, operated by numerous transportation companies. Shanghai Railway Trains are a very inexpensive way to explore China and bring about a good opportunity to meet locals. Car If you prefer driving yourself, rental cars are available. However, be cautious and avoid the congested overhead roads in the urban area inside the Inner Ring Road during rush hour, if possible. Passport, VISA and Border Crossing Information Any foreign visitor who wishes to enter China must have a passport, which will remain valid during the period of their stay. In order to enter China, visitors usually must comply with the conditions of their visas and authorisations of resident eligibility. However, transit visa exemptions can be made for foreign citizens of 51 different countries provided that they are transferring to a third country and that their stays are within hours. During the visa exemption period, the passenger is only allowed to move around within the administration precincts of Beijing and Shanghai municipality. For further information, please see our Visa Requirements Page below. Credit cards can be accepted at most hotels, tourist shops and some department stores. One can change money upon arrival at the international airports of Shanghai. Also, the Bank of China and most hotels offer foreign exchange service. Mondays to Fridays, 9: Select your visa category that best describes your trip to China and prepare your visa application including all necessary supporting documents. You can then apply for the visa in the nearest Consulate of P. China in your country. Submit your application, pay the application fee and pick up your visa in the end. Disclaimer WES does not take any responsibility for information provided on this web page. Call for Abstracts Abstract submission will open in June

Chapter 4 : Endometriosis: Beyond the Lesions

Welcome Letter. We invite you to the 14th World Congress on Endometriosis (WCE), which will be held in Shanghai, China, 8 - 11 May Since the last world congress was held in Asia over two decades ago, Asia is now the economic power-house of the world.

Chapter 5 : - NLM Catalog Result

Contributions from the VIII World Congress on endometriosis The scientific sessions conveyed the most recent advances in basic and clinical aspects of endometriosis. Many participants from the Congress promptly submitted their high-quality work for this peer-reviewed issue of Fertility and Sterility.