

TURKISH
ENDOMETRIOSIS &
ADENOMYOSIS
SOCIETY
2009

Endometriosis Bulletin

June 2018 / Issue VI

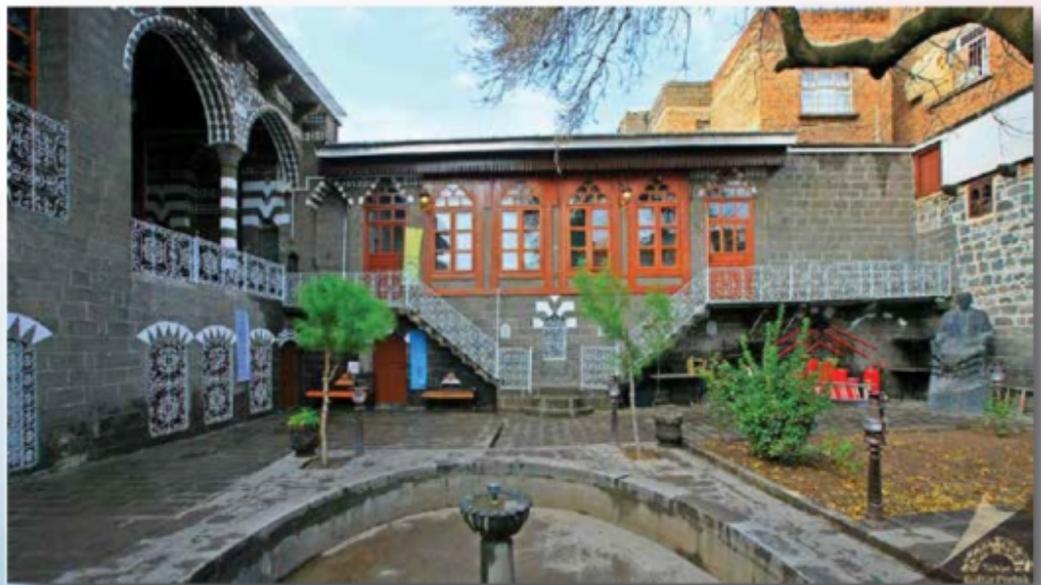


**TURKISH ENDOMETRIOSIS and
ADENOMYOSIS ASSOCIATION
ENDOACADEMY MEETINGS VIII.**

“MANAGEMENT OF ENDOMETRIOMA 2018”

September 9, 2018

..... Hotel Diyarbakir



This meeting is organized by  ITF LAC's unconditional scientific support.

PREFACE

HELLO

Here we are with you again with the 6th issue of our bulletin. In the past two months our society has continued its social and scientific activities and we have taken two important steps regarding the future of our society's scientific program.

Five members of our society have been accepted to The European Society of Human Reproduction and Embryology (ESHRE), which is a worldwide known society that prepares the widely accepted and used guidelines. **Engin Oral, Prof. MD., Gurkan Uncu, Prof. MD., Baris Ata, Prof. MD., Ercan Bastu, Assoc. Prof. MD. and Pinar Yalcin Bahat, MD.** will be working in the preparation of the new guideline. One of our members, Hale Goksever Çelik, MD., has been accepted by The Endometriosis Foundation America as a writer for their public website (www.endonews.com). She has already started working with the preparation team of the website.

In March and April, in the framework of endometriosis awareness activities, our society has organized a series of events to raise public awareness. In March famous names have been on screen to support endometriosis awareness. A well-known anchorwoman, **Serap Pekoz**, a worldwide famous pianist and a Turkish state artist, **Gulsin Onay**, and a famous actress **Ayca Valier** said '**go to your physician for your chocolate cyst, do not ignore**'. Videos were shown on national newspapers and social media. We had a successful campaign this year and we aim to reach more people next year.

Aside from the awareness activities we conducted in March under the name Endomarch, we also organized a small gathering in April where we invited female members of selected Turkish families. We discussed the importance of endometriosis worldwide and in our country and we exchanged ideas on how to work together for the women with endometriosis. As a result of this gathering we planned and started organizing seminars in high schools for girls and their parents to inform and raise awareness on this disease. We will be starting the seminars in the upcoming fall semester.

In this month's issue you can find the abstracts of papers which we found interesting. For the first time in this issue we are starting to share endometriosis surgery videos. We are planning to increase and widen our video collection with your help.

Hoping to be with you in a couple of months with more news and achievements in scientific and also in social platforms.

Best regards,

Board Members of Endometriosis&Adenomyosis Society

Board Members of Endometriosis&Adenomyosis Society 2018



Yucel KARAMAN, Prof. MD.
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Engin ORAL, Prof. MD.
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Taner USTA, Assoc. Prof. MD.
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Turan CETIN, Prof. MD.
(Board member)



Banu Kumbak AYGUN, Prof. MD.
(Board member)

Endometriosis e-bulletin is prepared by Endometriosis&Adenomyosis Society. If there are any topics that you would like us to include in the bulletin or any questions that you would like to ask, you can contact us per email via drtanerusta@gmail.com or

dr_pinaryalcin@hotmail.com.

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Translated from Turkish by

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A SELECTED ARTICLES

1 FRUIT AND VEGETABLE CONSUMPTION AND RISK OF ENDOMETRIOSIS

Harris HR, Eke AC, Chavarro JE, Missmer SA Hum Reprod. 2018 Apr 1;33(4):715-727.

STUDY QUESTION:

Is there an association between intake of fruits and vegetables and risk of laparoscopically confirmed endometriosis?

SUMMARY ANSWER:

Higher intake of fruits, particularly citrus fruits, is associated with a lower risk of endometriosis.

WHAT IS KNOWN ALREADY:

Two case-control studies have examined the associations between fruit and vegetable intake and endometriosis risk with contrasting results. Diets rich in fruits and vegetables include higher levels of pro-vitamin A nutrients (alpha-carotene, beta-carotene, beta-cryptoxanthin) and women with endometriosis have been reported to have lower intake of vitamin A than women without endometriosis.

STUDY DESIGN SIZE, DURATION:

A prospective cohort study using data collected from 70 835 premenopausal women from 1991 to 2013 as part of the Nurses' Health Study II cohort.

PARTICIPANTS/MATERIALS, SETTING, METHODS:

Diet was assessed with a validated food frequency questionnaire (FFQ) every 4 years. Cases were restricted to laparoscopically confirmed endometriosis. Cox proportional hazards models were used to calculate rate ratios (RR) and 95% CI.

MAIN RESULTS AND THE ROLE OF CHANCE:

During 840 012 person-years of follow-up, 2609 incident cases of laparoscopically confirmed endometriosis were reported (incidence rate = 311 per 100 000 person-years). We observed a non-linear inverse association between higher fruit consumption and risk of laparoscopically confirmed endometriosis (Psignificance of the curve = 0.005). This inverse association was particularly evident for citrus fruits. Women consuming ≥ 1 servings of citrus fruits/day had a 22% lower endometriosis risk (95% CI = 0.69-0.89; P trend = 0.004) compared to those consuming < 1 serving/week. No association was observed between total vegetable intake and endometriosis risk. However, women consuming ≥ 1 servings/day cruciferous vegetables had a 13% higher risk of endometriosis (95% CI = 0.95-1.34; Ptrend = 0.03) compared to those consuming < 1 serving/week. Of the nutrients examined, only beta-cryptoxanthin intake was significantly associated with lower endometriosis risk (RR fifth quintile = 0.88; 95% CI = 0.78-1.00; Ptrend = 0.02).

LIMITATIONS REASONS FOR CAUTION:

Some error in the self-reporting of dietary intake is expected, however, use of a validated FFQ and examining diet prospectively across multiple time points, make it unlikely that this non-differential misclassification strongly influenced the results.



WIDER IMPLICATIONS OF THE FINDINGS:

Our findings suggest that a higher intake of fruits, particularly citrus fruits, is associated with a lower risk of endometriosis, and beta-cryptoxanthin in these foods may partially explain this association. In contrast to what we hypothesized, consumption of some vegetables increased endometriosis risk which may indicate a role of gastrointestinal symptoms in both the presentation and exacerbation of endometriosis-related pain; however, it is not clear what components of these foods might underlie the observed associations. Future studies examining dietary patterns that consider different combinations of food intake may help clarify these associations.

STUDY FUNDING/COMPETING INTEREST(S):

This work was supported by research grants HD4854, HD52473 and HD57210 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, and grant P30 DK046200 from the National Institute of Diabetes and Digestive and Kidney Diseases. The Nurses' Health Study II is supported by the Public Health Service grant UM1 CA176726 from the National Cancer Institute, National Institutes of Health. HRH is supported by the National Cancer Institute, National Institutes of Health (K22 CA193860). No competing interests.

TRIAL REGISTRATION NUMBER:

n/a.

2

THE EFFECT OF SURGICAL MANAGEMENT OF ENDOMETRIOMA ON THE IVF/ICSI OUTCOMES WHEN COMPARED WITH NO TREATMENT? A SYSTEMATIC REVIEW AND META-ANALYSIS.

Nickkho-Amiry M, Savant R, Majumder K, Edi-O'sagie E, Akhtar M Arch Gynecol Obstet. 2018 Apr;297(4):1043-1057.

Abstract

OBJECTIVE: To assess the impact of surgical management of endometrioma on the outcome of assisted reproduction treatment (ART).

DESIGN: A systematic review and meta-analysis.

SETTING: Department of reproductive medicine at teaching university hospital, UK.

PATIENTS: Subfertile women with endometrioma undergoing ART.

INTERVENTIONS: Surgical removal of endometrioma or expectant management.

MAIN OUTCOME MEASURES: Clinical pregnancy rate, pregnancy rate, live birth rate, number of oocytes retrieved and number of embryos available and ovarian response to gonadotrophins.

RESULTS: An extensive search of electronic databases for articles published from inception to September 2016 yielded 11 eligible studies for meta-analysis. Meta-analysis was conducted comparing surgery versus no treatment of endometrioma. There were no significant differences in pregnancy rate per cycle, clinical pregnancy rate and live birth rate between women who underwent surgery for endometrioma and those who did not.

CONCLUSION: Current evidence suggests that women with endometriosis-related infertility have similar cycle outcomes to other patients going through ART. It is pertinent for clinicians to assess the risks of surgical intervention on ovarian reserve prior to initiating therapy.

KEYWORDS: ART; Endometrioma; Pregnancy outcome; Surgery



3

HOW ARTIFICIAL INTELLIGENCE CAN IMPROVE OUR UNDERSTANDING OF THE GENES ASSOCIATED WITH ENDOMETRIOSIS: NATURAL LANGUAGE PROCESSING OF THE PUBMED DATABASE

Bouaziz J. et al. Biomed Res Int. 2018 Mar 20;2018:6217812.

Abstract

Endometriosis is a disease characterized by the development of endometrial tissue outside the uterus, but its cause remains largely unknown. Numerous genes have been studied and proposed to help explain its pathogenesis. However, the large number of these candidate genes has made functional validation through experimental methodologies nearly impossible. Computational methods could provide a useful alternative for prioritizing those most likely to be susceptibility genes.

Using artificial intelligence applied to text mining, this study analyzed the genes involved in the pathogenesis, development, and progression of endometriosis. The data extraction by text mining of the endometriosis-related genes in the PubMed database was based on natural language processing, and the data were filtered to remove false positives. Using data from the text mining and gene network information as input for the web-based tool, 15,207

endometriosis-related genes were ranked according to their score in the database. Characterization of the filtered gene set through gene ontology, pathway, and network analysis provided information about the numerous mechanisms hypothesized to be responsible for the establishment of ectopic endometrial tissue, as well as the migration, implantation, survival, and proliferation of ectopic endometrial cells.

Finally, the human genome was scanned through various databases using filtered genes as a seed to determine novel genes that might also be involved in the pathogenesis of endometriosis but which have not yet been characterized. These genes could be promising candidates to serve as useful diagnostic biomarkers and therapeutic targets in the management of endometriosis.



4 BOWEL SURGERY AS A FERTILITY-ENHANCING PROCEDURE IN PATIENTS WITH COLORECTAL ENDOMETRIOSIS: METHODOLOGICAL, PATHOGENIC AND ETHICAL ISSUES

Paolo Vercellini Paola Viganò Maria Pina Frattaruolo Alessandra Borghi Edgardo Somigliana Human Reproduction, dey104,

Abstract

Bowel surgery for colorectal endometriosis is being promoted to infertile women without severe sub-occlusive symptoms, with the objective of improving the likelihood of conception. Contrary to rectal shaving, bowel surgery involving full-thickness disk excision and segmental resection entails opening of the intestinal lumen thus increasing the risk of postoperative infectious complications. About 1 in 10 patients undergoing colorectal resection for intestinal endometriosis will experience severe sequelae, including anastomotic dehiscence, rectovaginal fistula formation, and bladder and bowel denervation. Similar to other surgical procedures aiming at enhancing fertility in women with endometriosis, bowel surgery has been introduced into clinical practice without adequate evaluation through randomized controlled trials. According to systematic literature reviews based mainly on case series, the incremental gain of adding bowel procedures to standard surgery appears uncertain in terms of pregnancy rate after both natural attempts and IVF. Considering the methodological drawbacks and the high risk of bias in the available observational studies, it is not possible to exclude the suggestion that the benefit of colorectal surgery has been overestimated. Given the risk of harms to women's health and the important ethical implications, less emphasis should be put on strict statistical significance and more emphasis should be placed on the magnitude of the effect size. In this regard, the published data may not be generalizable, as the surgeons publishing their results may not be representative of all surgeons. Until the results of adequately designed and conducted RCTs are available, colorectal surgery with the sole intent of improving the reproductive performance of infertile patients with intestinal endometriosis should be performed exclusively within research settings and by highly experienced surgeons. Women should be informed about the uncertainties regarding the harms and benefits of bowel surgery in different clinical conditions, and preoperative counselling must be conducted impartially with the objective of achieving a truly shared medical decision.

Keywords: endometriosis, colorectal endometriosis, surgery, infertility, IVF



5 ENDOMETRIOSIS INCREASED THE RISK OF BLADDER PAIN SYNDROME/INTERSTITIAL CYSTITIS: A POPULATION-BASED STUDY.

NeuroUroUrolyn. 2018 Apr;37(4):1413-1418.

Abstract

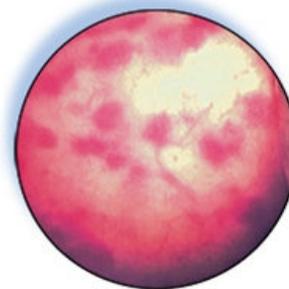
OBJECTIVE: Previous studies have suggested an association between bladder pain syndrome/interstitial cystitis (BPS/IC) and endometriosis. However, no nation-wide population study has yet reported an association between them. In this study, we examined the risk of BPS/IC among subjects with endometriosis during a 3-year follow-up in Taiwan using a population-based dataset.

STUDY DESIGN: This study comprised 9191 subjects with endometriosis, and 27 573 subjects randomly selected as controls. We individually followed-up each subject (n=36 764) for a 3-year period to identify subjects subsequently diagnosed with BPS/IC. A Cox proportional hazards regression model was employed to estimate the risk of subsequent BPS/IC following a diagnosis of endometriosis.

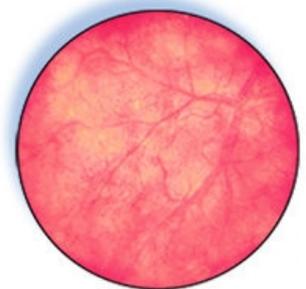
RESULTS: Incidences of BPS/IC during the 3-year follow-up period was 0.2% and 0.05% for subjects with and without endometriosis, respectively. The hazard ratio for developing BPS/IC over a 3-year period for subjects with endometriosis compared to subjects without endometriosis was 4.43 (95% CI: 2.13-9.23). After adjusting for co-morbidities like diabetes, hypertension, coronary heart disease, obesity, hyperlipidemia, chronic pelvic pain, irritable bowel syndrome, fibromyalgia, chronic fatigue syndrome, depression, panic disorder, migraines, sicca syndrome, allergies, endometriosis, asthma, tobacco use, and alcohol abuse, the Cox proportional hazards regressions revealed that the hazard ratio for BPS/IC among subjects with endometriosis was 3.74 (95% CI = 1.76-7.94, P < 0.001) compared to that in controls.

CONCLUSIONS: This study provides epidemiological evidence of an association between endometriosis and a subsequent diagnosis of BPS/IC.

KEYWORDS: bladder; endometriosis; interstitial cystitis; pelvic pain



Bladder inflamed due to Interstitial Cystitis



Normal Bladder

6 SHOULD WE CONSIDER INTEGRATED APPROACH FOR ENDOMETRIOSIS-ASSOCIATED INFERTILITY AS GOLD STANDARD MANAGEMENT? RATIONALE AND RESULTS FROM A LARGE COHORT ANALYSIS.

Şalamun V, Verdenik I, Laganà AS, Vrtačnik-Bokal E. Arch Gynecol Obstet. 2018 Mar;297(3):613-621.

Abstract

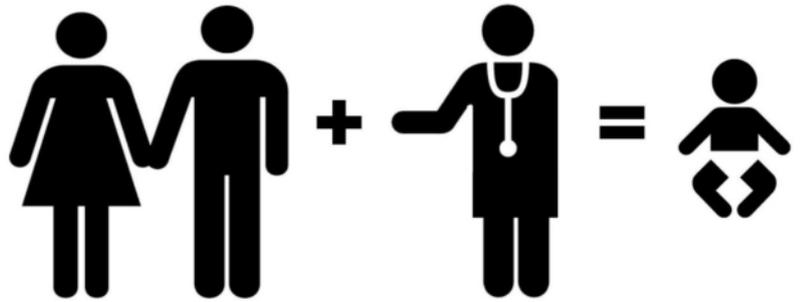
PURPOSE: To evaluate reproductive and maternal-fetal outcomes after integrated approach for endometriosis-associated infertility (EAI).

METHODS: We retrospectively analyzed reproductive and maternal-fetal outcomes of 277 women affected by EAI, subdividing patients in two groups: in the first one (surgery group), we included all women who underwent laparoscopic surgery for EAI; in the second one (integrated group), we included women who failed to conceive spontaneously after surgery within 6-12 months and underwent in vitro fertilization and embryo transfer (IVF). We evaluated delivery rate (DR), maternal and neonatal outcomes of the first pregnancies, and, finally, the type (spontaneous or IVF) of subsequent pregnancies.

RESULTS: We did not find significant difference regarding DR between surgery and integrated groups. We found significantly lower birth weight ($p < 0.001$) and gestational age at delivery ($p < 0.001$) in integrated group respect to surgery group; conversely, we found higher rate of preterm birth ($p < 0.001$), small for gestational age ($p = 0.003$), and admission to the neonatal intensive care unit ($p < 0.001$) respect to surgery group. Finally, 92 women became pregnant for the second time: 8% were spontaneous and 20% were IVF pregnancies.

CONCLUSIONS: We suggest the integrated approach as gold standard treatment for carefully selected patients (young, good ovarian reserve, partner with normal semen parameters) affected by EAI. As consequence, IVF should be reserved as the secondary treatment for women who fail to conceive spontaneously after surgery within 6-12 months, since it is able to increase DR significantly.

KEYWORDS: Delivery rate; Endometriosis; In vitro fertilization; Infertility treatment; Laparoscopy; Obstetric outcomes



7 POSTMENOPAUSAL ENDOMETRIOSIS: DRAWING A CLEARER CLINICAL PICTURE.

Tan DA, et al. Climacteric. 2018 Apr 3:1-7.

Abstract

This review aims to draw a clearer clinical picture of postmenopausal endometriosis. Based on limited literature, postmenopausal endometriosis emerges as an infrequent entity but with a clinical picture significantly unlike that of premenopausal endometriosis. In contrast to the premenopausal disease, postmenopausal endometriosis occurs in a state of ovarian estrogen deficiency, appears to have a greater predisposition to malignant change, may have a greater tendency to spread to extragonadal organs and develop into constrictive and/or obstructive lesions, and is preferably treated surgically.

The need to use hormone therapy for the management of menopausal symptoms that may concomitantly affect women with postmenopausal endometriosis is an unresolved therapeutic dilemma.

This is mainly because the relationships of menopausal hormone therapy to recurrence of endometriosis and, more importantly, to increased risk of malignant degeneration, remain unclear.



B VIDEO PRESENTATION

Excision of Episiotomy Scar Endometriosis

For the first time in this issue we are starting to share videos of cases with endometriosis and surgeries. We would also like to share your videos in this section. In this issue we are presenting a case report which will be published in the upcoming issue of The Journal of Endometriosis and Pelvic Pain Disorders under the name 'Episiotomy Scar Endometriosis Which Causes Cyclic Vulvar Pain'. Use the following link to watch the video https://youtu.be/4ToT31_uovs

Excision of Episiotomy Scar Endometriosis A video article

Taner Usta, MD1, Salih Yilmaz, MD2, Tolga Karacan, MD3, Engin Oral, MD4

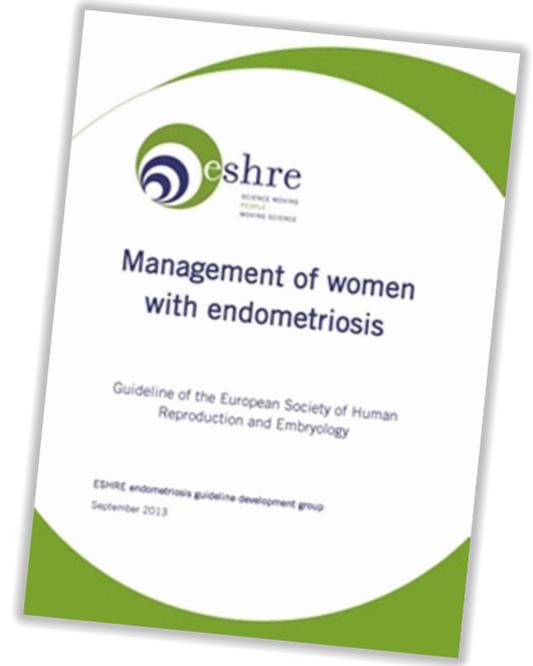


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© NEWS FROM OUR SOCIETY

ESHRE ENDOMETRIOSIS GUIDELINE GROUP

Engin Oral, Prof. MD., Gurkan Uncu, Prof. MD., Baris Ata, Prof. MD., Ercan Bastu, Assoc. Prof. MD. and Pinar Yalcin Bahat, MD. who have already participated in the preparation of the **National Endometriosis Guideline**, will be working with the ESHRE Group for the preparation of the up-to-date 'ESHRE Endometriosis Guideline'. We congratulate our colleagues and wish them a successful time during the preparation of this prestigious guideline.



JOINING THE ENDONEWS TEAM

Endonews.com which belongs to the Endometriosis Foundation America founded by **Tamer Seckin, Prof. MD.** is a website where summaries of important articles are published to make information on endometriosis available for public and for patients. Writers from all around the world contribute to this website. Last month one of our members, **Hale Goksever Celik, MD.** has started working with the Endonews team for the preparation of this website.

8 MAY, 2018 FACEBOOK LIVE

Turan Cetin, Prof. MD., Banu Kumbak Aygun, Prof. MD. have been answering the questions posted on our social media accounts on Facebook live videos each month. This month, **Taner Usta, Assoc. Prof. MD.** has joined them and answered your questions. Use the following link to watch the video <https://www.youtube.com/watch?v=ooANYkMDZ0I>

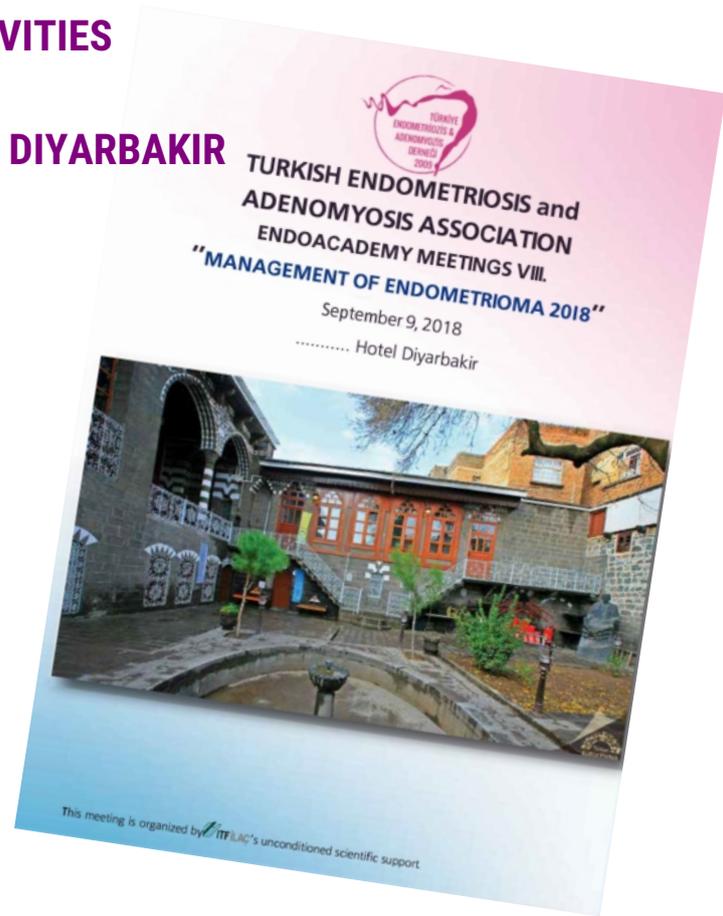


PLANNED ACTIVITIES

SEPTEMBER 9, 2018 ENDOACADEMIA MEETING DIYARBAKIR

The next Endoacademia meeting, which we previously organized in Gaziantep and Kayseri, will be held in **Diyarbakir** on **September 9, 2018**. The place of the meeting will be announced.

The theme of the meeting will be **'Management of Endometrioma'**. You can find the program in the following section.



Programme

Moderators: M. Turan Çetin, MD - Mete Gürol, MD

09:00 – 9.30 Registration and Opening

9:30 – 11:30 **SESSION 1: ENDOMETRIOMA - GENERAL**

Moderators: Talip Gül, MD - Gürkan Ucu, MD

9:30 - 9:50 Symptomatology of Endometriosis
Siddik Evsen, MD

9:50 - 10:10 Endometrioma In Infertile Women Should Be Operated? Or Not?
Barış Ata, MD

10:10 - 10:30 Association between Endometrioma and Ovarian Cancer
Mete Gürol, MD

10:30 - 10:50 Endometrioma, Deep Infiltrative Endometriosis (DIE) And Adenomyosis Cooccurrence
Levent Şentürk, MD

10:50 - 11:15 Discussion

11:15 - 11:30 Coffee Break

SESSION 2: ENDOMETRIOMA - CURRENT TREATMENT

11:30 - 13:20

Moderators: Engin Oral, MD - Taner Usta, MD

11:30 - 11:50 Approach To Endometrioma In Adolescent
Banu Kumbak, MD

11:50 - 12:10 OC? Progestins? GNRH? In The Medical Management Of Endometriosis
Ercan Baştu, MD

12:10 - 12:30 How To Perform Better Endometrioma Surgery in Challenging.
Ahmet Kale, MD

12:30 - 12:50 Management Of Recurrent Endometriosis
M. Turan Çetin, MD

12:50 - 13:00 Role Of Inositol Supplementation And Insulin Resistance In The Treatment Of Patients With PCOS
Faruk Buyru, MD

13:00 - 13:20 Discussion

13:20 - 14:30 Lunch

SESSION 3: ENDOMETRIOMA INTERACTIVE CASE DISCUSSIONS

14:30 - 15:45 **Moderator:** Gürkan Ucu, MD

Panelists:
Yücel Karaman, MD
Engin Oral, MD
Taner Usta, MD

15:45 - 16:00 Closing

PARTICIPATION IS FREE OF CHARGE

PAST ACTIVITIES

JUNE 1, 2018 DISCUSSION WITH TAMER SECKIN

The founder of **Endometriosis Foundation America** , Tamer Seckin, met with the members of our society for dinner on June 1st. He shared his experiences with us and the latest updates in the world of endometriosis. We thank Tamer Seckin for this insightful and informative dinner and for taking his time to meet us.



ACTIVITIES DURING THE ENDOMETRIOSIS AWARENESS MONTH: ENDOMARCH

In March and April, in the framework of endometriosis awareness activities our society has organized a series of events to raise public awareness. In March famous names have been on screen to support endometriosis awareness. A well-known anchorwoman, **Serap Pekoz**, a worldwide famous pianist and Turkish state artist, **Gulsin Onay** and a famous actress **Ayca Valier** said 'go to your physician for your chocolate cyst, do not ignore'. Videos were shown on national newspapers and social media. We had a successful campaign this year and we aim to reach more people next year.

VIDEO LINKS:

Gulsin Onay <https://www.facebook.com/endometriozisturkiye/videos/729456513845289>
Serap Pakoz (Ezgu) <https://www.facebook.com/endometriozisturkiye/videos/728825823908358>
Ayca Varlier <https://www.facebook.com/endometriozisturkiye/videos/730115390446068>



APRIL 20-21, 2018 1ST ISTANBUL CHRONIC PELVIC PAIN SYMPOSIUM, ISTANBUL

We organized the 1st Istanbul Chronic Pelvic Pain Symposium in **Istanbul Altunizade Hospital** on **April 20-21, 2018**. For two days there was a multidisciplinary information exchange on pelvic pain and the participation level was high. Among many respected speakers our foreign colleagues and colleagues working abroad, **Michael Hibner**, **Vito Chiantera** and **Gokhan Kilic** have answered questions and shared their knowledge on this theme. **Horace Romane** from France connected live from his operation theater and showed us a live surgery of sacral nerve endometriosis. This live video from the operation theater was interactive where our colleagues found the opportunity to ask questions. **Paulo Vercellini** from Italy and **Alysson Zanatta** from Brasil attended the symposium as speakers as well. We would like to thank **Taner Usta** and **Ahmet Kale**, the chief coordinators of the symposium, **Gul Koknel Talu**, from the algology society and **Michael Hibner** from USA for their efforts in organizing this symposium.

Here you can watch the presentations.

April 20-21, 2018 – 1st Istanbul Chronic Pelvic Pain Symposium

1st Istanbul Chronic Pelvic Pain Symposium
April 20th - 21st, 2018
Acibadem Altunizade Hospital
Istanbul / Turkey
www.endometriozisturkey.com

'What we know, What we don't know!'

Symposium Chairs: Taner Usta, Gül Köknel Talu, Michael Hibner, Ahmet Kale

Invited International Faculty

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Supported by: **Live Surgery**

Date: April 20th, 2018
Starts at: 12:10
Duration: 2 hours
Surgeon: Horace Roman
Case: Deep Endometriosis with Sacral Nerves Roots
Center: Rouen University Hospital, Rouen, France

Contact e-mails: rkinay@opteamist.com, tolgakaracan84@gmail.com





APRIL 18, 2018 AWARENESS MEETING IN NISANTASI

On 18th of April we organized a small gathering where we invited women from selected Turkish families to discuss endometriosis and to raise awareness especially among young women on this disease. We exchanged ideas on how to reach more women in the society and we outlined several projects which we will share with you in the upcoming bulletins.



ENDOMETRİOZİS FARKINDALIK TOPLANTISI

18 Nisan 2018 | 14:00- 16:00
MİM85 Kültür Sanat

Konuşmacılar
Prof. Dr. Engin Oral
Prof. Dr. Ümit İnceboz
Endometriosis & Adenomyosis Derneği

Konu
Endometriosis
(Çikolata Kisti Hastalığı)
Ne Kadar Biliyoruz.!

www.endometriosis.org
facebook.com/endometriosisurkiye
instagram.com/endometriosis_tr
twitter.com/endometriosistr

İletişim
Aylin İleri
Tel: 0532 515 69 99
info@endometriosisderneği.org





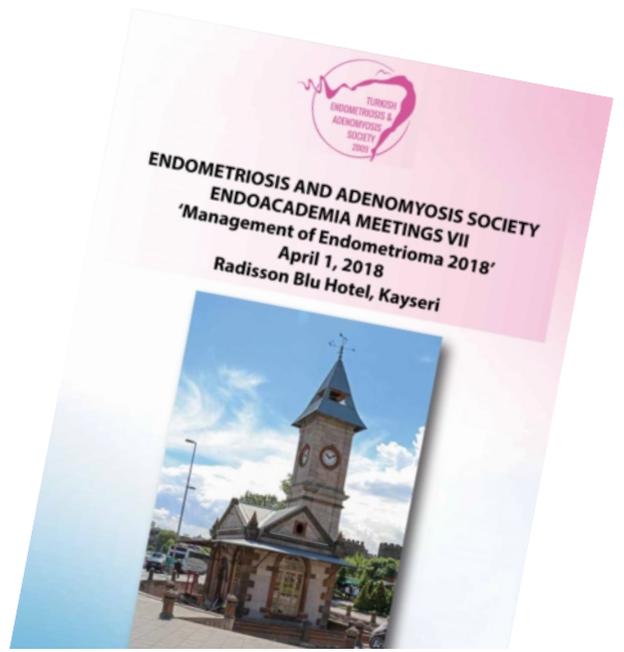
APRIL 1, 2018 ENDOACADEMIA MEETINGS - KAYSERI

As a part of the Endoacademia meetings we organized a one-day meeting on April 1st, 2018 in Kayseri. With the support of our local colleagues we talked in detail about the 'Management of Endometrioma', shared and discussed all the up-to-date information on this subject. You can find further details on our website and you can use the link below to watch the videos.

<https://www.youtube.com/watch?v=Id7M-TID7JU&list=PLA-ACJLeBkQJJbYzpZNE1TsQbZ00gNam3>

For further details: <http://www.endometriosis.org/pro/en/news-eng/management-of-endometrioma-2018-april-1-kayseri>

Next meeting will be held in Diyarbakir on September 9, 2018.



APRIL 13-14, 2018 KARADENİZ OBSTETRICS AND GYNECOLOGY CONGRESS

On April 13-14, 2018 in Samsun we attended the 1st Karadeniz Obstetrics and Gynecology Congress. Our board members, Engin Oral, Prof. MD. and Gurkan Uncu, Prof. MD. participated as chairmen.

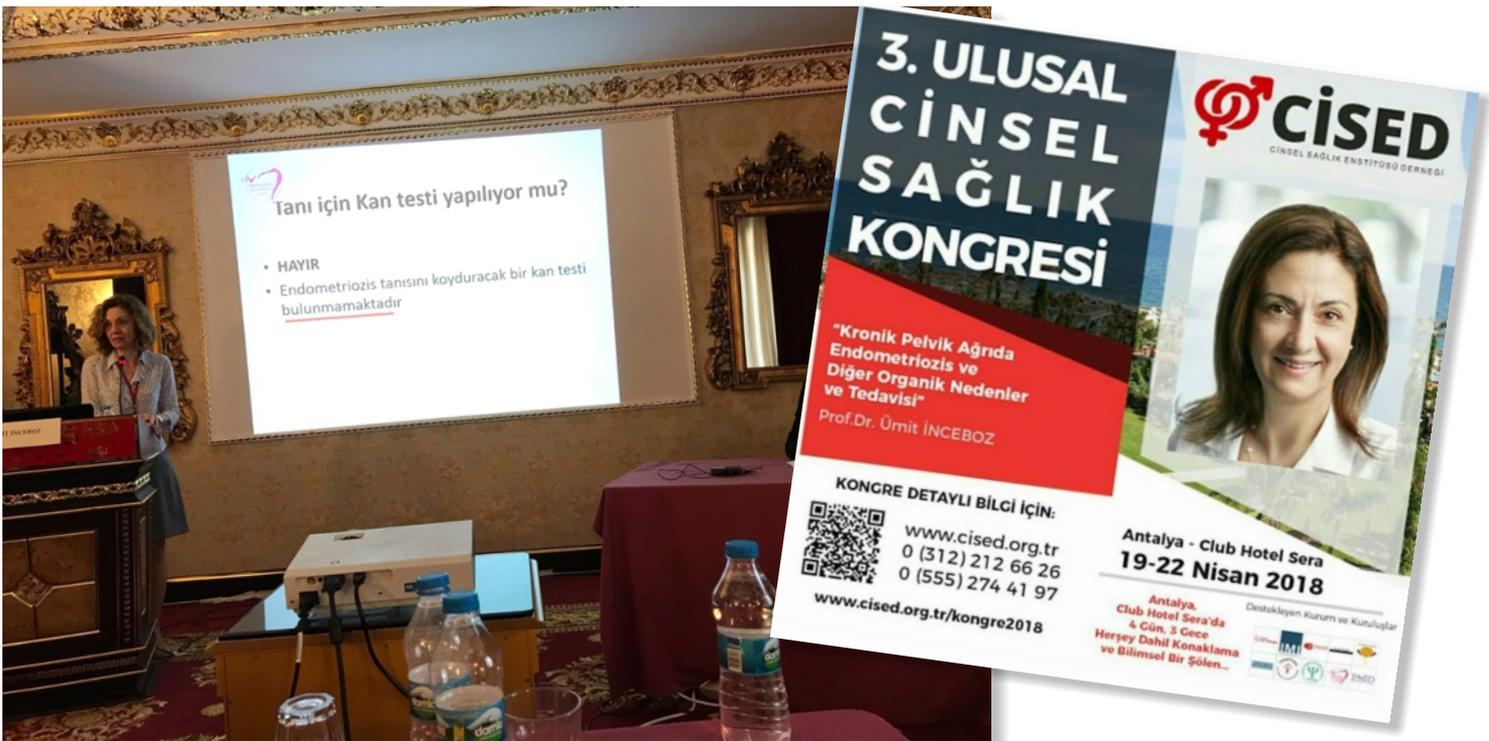


APRIL 19-22, 2018 3rd NATIONAL SEXUAL HEALTH CONGRESS (CISED)

Umit Inceboz, Prof. MD. gave a talk with the title 'Chronic Pelvic Pain in Endometriosis and Other Organ Related Factors and Treatment' in Antalya at the 3rd Sexual Health Congress organized by The Institute of Sexual Health (CISED) on April 19-22, 2018.

This subject was discussed in detail also with the input of our colleagues from the field of psychiatry.

Use the following link for further information; <http://www.endometriosis.org/pro/en/news-eng/april-19-22-2018-3rd-national-sexual-health-congress>



D NEWS FROM THE WORLD OF ENDOMETRIOSIS

NOVEMBER 22, 2018 EEC 2018

Our vice-president Engin Oral, Prof. MD. will participate in the **4th European Congress on Endometriosis** in **Vienna, Austria** on **November 22-24, 2018**. He will be one of the two secretaries of the society organizing this congress.

Program details will be uploaded soon.

For detailed information; <http://www.eec2018.com>



**Abstract submission
is still open!**

Deadline: 26 June 2018

SEPTEMBER 14-16, 2018 7TH ASIAN CONFERENCE ON ENDOMETRIOSIS

On September 14-16, 2018 in Taipei, Taiwan 7th Asian Conference on Endometriosis will be held. For program details: <http://www.acetaiwan2018.org>

September 14-16 | Taipei Taiwan



**ACE
2018**
Re-explore
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The 7th Asian Conference on ENDOMETRIOSIS



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Endometriosis Diagnosis | Endometriosis Drug treatment | Endometriosis Infertility
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E ARTICLES ON ENDOMETRIOSIS FROM OUR COUNTRY

Arch Gynecol Obstet. 2018 Apr;297(4):1005-1013. doi: 10.1007/s00404-018-4651-6. Epub 2018 Jan 30.

Is the presence of endometriosis associated with a survival benefit in pure ovarian clear cell carcinoma?

Sahin H¹, Sari ME², Cuyulan ZF¹, Haberal AN³, Sirvan L⁴, Coban G⁵, Yalcin I¹, Gungör T¹, Celik H⁵, Meydanli MM¹, Ayhan A⁵.

Author information

Abstract

BACKGROUND: The purpose of this study was to compare the prognoses of women with pure ovarian clear cell carcinoma (OCCC) arising from endometriosis to those of women with pure OCCC not arising from endometriosis treated in the same manner.

METHODS: A dual-institutional, retrospective database review was performed to identify patients with pure OCCC who were treated with maximal or optimal cytoreductive surgery (CRS) followed by paclitaxel/carboplatin chemotherapy between January 2006 and December 2016. Patients were divided into two groups according to the detection of cancer arising in endometriosis or not, on the basis of pathological findings. Demographic, clinicopathological, and survival data were collected, and prognosis was compared between the two groups.

RESULTS: Ninety-three women who met the inclusion criteria were included. Of these patients, 48 (51.6%) were diagnosed with OCCC arising in endometriosis, while 45 (48.4%) had no concomitant endometriosis. OCCC arising in endometriosis was found more frequently in younger women and had a higher incidence of early stage disease when compared to OCCC patients without endometriosis. The 5-year overall survival (OS) rate of the patients with OCCC arising in endometriosis was found to be significantly longer than that of women who had OCCC without endometriosis (74.1 vs. 46.4%; $p = 0.003$). Although univariate analysis revealed the absence of endometriosis ($p = 0.003$) as a prognostic factor for decreased OS, the extent of CRS was identified as an independent prognostic factor for both recurrence-free survival (hazard ratio (HR) 8.7, 95% confidence interval (CI) 3.15-24.38; $p < 0.001$) and OS (HR 11.7, 95% CI 3.68-33.71; $p < 0.001$) on multivariate analysis.

CONCLUSION: Our results suggest that endometriosis per se does not seem to affect the prognosis of pure OCCC.

KEYWORDS: Clear cell adenocarcinoma; Endometriosis; Epithelial ovarian cancer; Prognosis

PMID: 29383437 DOI: [10.1007/s00404-018-4651-6](https://doi.org/10.1007/s00404-018-4651-6)

Aust N Z J Obstet Gynaecol. 2018 Jan 23. doi: 10.1111/ajo.12773. [Epub ahead of print]

The levonorgestrel-releasing intrauterine system is associated with a reduction in dysmenorrhoea and dyspareunia, a decrease in CA 125 levels, and an increase in quality of life in women with suspected endometriosis.

Yucel N¹, Baskent E¹, Karamustafaoglu Balci B¹, Goynumer G².

Author information

Abstract

BACKGROUND AND AIMS: The aim of this study was to investigate the effectiveness of a levonorgestrel-releasing intrauterine device (LNG-IUS) in the symptomatic relief of pain in women with endometriosis and additionally, to assess the changes in women's life quality and serum cancer antigen (CA) 125 levels.

MATERIALS AND METHODS: All women who had an LNG-IUS inserted for the treatment of dysmenorrhea, chronic pelvic pain or both for more than six months over a two-year period were included in the study. Each woman was asked to complete questionnaires of the Short Form-36 and visual analogue scales (VAS) in the first visit and the third, sixth, ninth and twelfth months after the LNG-IUS insertion. CA 125 levels were measured at each visit.

RESULTS: Forty-five women were included in the study. At the end of 12 months, mean dysmenorrhoea VAS score decreased from 6.13 to 2.88, mean dyspareunia VAS score from 6.04 to 2.61 and CA 125 level from 50.67 to 22.45. Endometriomas reduced in size in six women (mean size decreased from 31 to 20 mm) and disappeared in three.

CONCLUSIONS: Several favourable outcomes were found following LNG-IUS insertion: (i) dyspareunia and dysmenorrhoea were clearly reduced; (ii) the size of endometriomas were decreased; (iii) CA 125 levels significantly decreased; (iv) a few women experienced the typical systemic adverse effects of progestogens; however, LNG-IUS-related adverse events were generally tolerable and the discontinuation rate was as low as 6.66% (3/45).

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KEYWORDS: CA 125; Mirena; contraception; endometriosis; levonorgestrel-releasing intrauterine device; life quality

PMID: 29359457 DOI: [10.1111/ajo.12773](https://doi.org/10.1111/ajo.12773)

Reprod Biomed Online. 2018 Feb;36(2):239-244. doi: 10.1016/j.rbmo.2017.10.108. Epub 2017 Nov 17.

Do endometriomas grow during ovarian stimulation for assisted reproduction? A three-dimensional volume analysis before and after ovarian stimulation.

Seyhan A¹, Urman B², Turkgeldi E³, Ata B⁴.

Author information

Abstract

Whether endometriomas grow because of supraphysiological oestradiol levels attained during ovarian stimulation for assisted reproduction techniques is a concern. In this prospective study, 25 women with 28 endometriomas underwent three-dimensional ultrasound using sono-automated volume calculation software. Endometrioma volume was measured on the first day of gonadotrophin injection (V1) and the day of ovulation trigger (V2). Nine (36%) women were stimulated in a gonadotrophin releasing hormone antagonist protocol (GnRH), 13 (52%) in a long, and three (12%) in an ultra-long GnRH agonist protocol. Mean duration of stimulation was 10.3 days with median total gonadotrophin dose of 4500 IU/day. Median number of cumulus oocyte complexes was five, and metaphase-two oocytes was four. None of the endometriomas were punctured during oocyte retrieval. Median V1 was 22.2 ml (12-30 ml) and median V2 was 24.99 ml (11.2-37.4 ml) with $P = 0.001$. Twenty-three out of 28 endometriomas (82%) grew to some extent during ovarian stimulation. Endometrioma growth was positively correlated with prestimulation cyst volume (Correlation coefficient 0.664; $P < 0.01$). Although the 3-ml average growth was statistically significant, it could be regarded as clinically insignificant.

KEYWORDS: Endometrioma; Endometriosis; IVF; Ovarian stimulation; Three-dimensional ultrasound; Volume

PMID: 29203384 DOI: [10.1016/j.rbmo.2017.10.108](https://doi.org/10.1016/j.rbmo.2017.10.108)

Gynecol Endocrinol. 2018 Mar;34(3):206-211. doi: 10.1080/09513590.2017.1391203. Epub 2017 Oct 23.

Detrimental effects of endometriosis on oocyte morphology in intracytoplasmic sperm injection cycles: a retrospective cohort study.

Kasapoglu I¹, Kuspinar G², Saribal S², Turk P¹, Avci B², Uncu G¹.

Author information

Abstract

While an association can be addressed among endometriosis and subfertility, the causal relationship has not been elucidated yet. Impaired oocyte quality in endometriosis patients has been accused for the unsuccessful outcomes of assisted reproductive techniques. There are limited studies in literature evaluated association between endometriosis and oocyte morphology. We conducted this retrospective study to evaluate whether morphological abnormalities of oocytes are more common in women with endometriosis than women with diagnosis of male factor infertility as a source of healthy oocytes. Totally 1568 oocytes, 775 (49.4%) in endometriosis groups and 793 (50.6%) in control group were evaluated for morphological parameters before ICSI cycles. Abnormal oocyte morphology was detected in 352 (22.4%) of 1568 oocytes. Of the abnormal oocytes, 208 (59.1%) were in endometriosis group and 144 (40.9%) in control group ($p < .001$). The following dysmorphisms were significantly higher in oocytes retrieved from endometriosis group: dark cytoplasm; dark, large or thin zona pellucida; and flat or fragmented polar body ($p < .05$ for all). When morphological parameters for oocytes of endometriosis patients evaluated, the oocyte defects has increased significantly in endometriosis patients. These findings are thought to be useful to clarify the subfertility in endometriosis patient, which needs to be confirmed with further studies.

KEYWORDS: Endometriosis; infertility; intracytoplasmic sperm injection; oocyte morphology

PMID: 29057690 DOI: [10.1080/09513590.2017.1391203](https://doi.org/10.1080/09513590.2017.1391203)

Climacteric. 2018 Mar 1:1-6. doi: 10.1080/13697137.2018.1439913. [Epub ahead of print]

Surgical challenges in the treatment of perimenopausal and postmenopausal endometriosis.

Ozyurek ES¹, Yoldemir T², Kalkan U³.

Author information

Abstract

Endometriosis is classically defined as a chronic, recurrent and progressive disease. It is known to be estrogen-dependent, but can still be observed during the peri- and postmenopausal periods. Medical management of endometriosis is palliative symptomatic relief. Surgery when properly and timely performed for the right person may treat endometriosis. However, there is always a risk of possible major or minor surgical complications, as well as loss of some functions due to nerve damage. Management of endometriosis in the woman approaching the end of her reproductive life may require special attention both due to the potential for recurrence and transformation into various endometriosis-associated malignancies.

KEYWORDS: Endometriosis; malignant transformation; postmenopausal; recurrence; surgery

PMID: 29493295 DOI: [10.1080/13697137.2018.1439913](https://doi.org/10.1080/13697137.2018.1439913)

NEW WEBSITES

Our websites have been renovated. You can reach all the webpages through the following link.
Endometriosis&Adenomyosis Society
Website
(www.endometriosis.org)



Endometriozis ve Adenomyozis Derneği

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SUMMARIES OF ENDOMETRIOSIS RELATED ARTICLES

On our website's main page endometriosisturkey.com you can find monthly selected endometriosis related articles which are selected and summarized by **Fatma Ferda Verit, Prof. MD.** You can find the most up-to-date publications on endometriosis under the following link
Article Full texts uploaded by **Banu Kumbak Ayyun, Prof. MD.**

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