=ABSTRACT=

Study on endometriosis in an adolescent population

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Purpose: To review diagnostic procedure, clinical stage, age distribution, treatment of endometriosis in adolescents.

Material and Method: We retrospectively reviewed medical records of 39 adolescent girls(11-21) admitted to Yonsei University College of Medicine between 1990 and 1999. We identified 39 patients who underwent laparotomy or laparoscopy and was diagnosed as having endometriosis. Endometriosis was classified according to the Revised American Fertility Society Classification(AFS). The chief symptoms leading to diagnosis, clinical stage, age distribution, and treatment modality were reviewed.

Results: Average age of menarche was 14.2, and the interval after the menarche was 5.9 years. The chief symptoms leading to diagnosis were chronic pelvic pain(27%), acute pelvic pain(21%), palpable pelvic mass(21%), dysmenorrhea(18%). Laparoscopy was performed in 20 patients(51%). The majority of the patients(44%) presented with stage II, 4(10%) with stage I, 11(28%) with stage , and 7(18%) with stage IV. GnRH agonists(64.1%), expectant managements(25.7%), OCPs(5.1%) and danazol(5.1%) were used after surgery.

Conclusion: Adolescents with chronic pelvic pain have a high rate of endometriosis and should be promptly referred to a gynecologist to diagnose the etiological lesion of pelvic pain and initiate appropriate therapy.

Key Words: Endometriosis, adolescence

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45%, 70% 7,8 가 가 가 10 1990 1999 12 14 21 39 1985 **AFS** (Revised American Fertility Society Classification of Endometriosis) 39 21 14 가 29 (74.3%) 20 21 20.1 (Table 1). 14.2 5.9 (Table 2).

Table 1. Age distribution in adolescent girls with endometrios is (n=39)

가 4 (10%),

Age(year)	14<	18	18<	19	19<	20	20<	21
No.of patients(%)	5(12	.9)	5(12	.9)	10(2:	5.7)	19(4	8.6)

가 28 (45%), 가 8 (21%) (Table 3). 19 (49%) 20 (51%) , endocoagulation, electrocoagulation, 4 (10%) 1, 17 (44%)가 2 , 11 (28%)가 3 7 (18%) 가 4 2 가 3 4 가 가 (Table 4).

フト 10 (25.7%), フト 29 (74.3%) . 2 (5.1%), 2 (5.1%), (gonadotropin-releasing hormone agonists; GnRHa) フト 25 (64.1%) GnRHaフト フト (Table 5). フト

Table 2. Age distribution at date of menarch, operation (n=39)

	Mean age (yr)	Range (yr)
Menarche	14.2	12-15
Operation	20.1	14-21

Table 3. Symptoms leading to diagnosis of endometriosis in adolescents (n=39)

Symptoms	No. of patients (%)		
Incidental finding	4 (10%)		
Dysmenorrhea	7 (18%)		
Chronic pelvic pain	11 (27%)		
Acute pelvic pain	8 (21%)		
Palpable pelvic mass	8 (21%)		
Infertility	1 (3%)		

Table 4. Stage distribution in adolescent girls with endometriosis (n=39)

Stage	No. of patients (%)		
I	4 (10%)		
II	17 (44%)		
Ш	11 (28%)		
IV	7 (18%)		

Table 5. Medical treatments after surgery

Treatment	No. of patients (%)			
Expectant management	10 (25.7%)			
Oral contraceptives	2 (5.1%)			
GnRH agonists	25 (64.1%)			
Danazol	2 (5.1%)			

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4 (10.2%)	1 ,		가	
(unicomuate uterus with rud 1 가 .		3 4	Laufer 77.4%가 1 , 22.6%가	2 Redw-
가		ine	'clear' and 'red 'black' lesion	' lesion
10.5 76	10,11	10		. 15
5-15% . ^{6,12} Emans 22 45%7† Laufer	6% プト プト 282 ,	4 (1 2 , 3	0%) フト 17 (44%) フト 4 フト 28%	1 18%
	70% .*	ery) 가 가	가	(elective surg-
flow-sheet	가			
가 , 가		10 (25.7%), (5.1%) 64.1% 7}	2 (5.1%), (GnRHa) 25 (64.1%)	5), 2 가
Emmert	가 1	,	, 가,	,
38.2%, 2 66.6%		,		
(21%), 8 (21%), (27%)	8 (18%),		GnRHa compliance	GnRHa
1990		1995	1995 2	GnRHa 가
39 가 29 (74.3%)	20 21			

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- 1. Sampson JA. Peritoneal endometriosis due to the menstrual dissemination of endometrial tissue into the peritoneal cavity. Am J Obstet Gynecol 1927; 14: 422-69.
- 2. Sampson JA. The development of the implantation theory for the origin of peritoneal endometriosis. Am J Obstet Gynecol 1940; 40: 549-57.

- 3. Halme J, Becker S, Haskill S. Altered maturation and function of peritoneal macrophages: Possible role in pathogenesis of endometriosis. Am J Obstet Gynecol 1987; 156: 783-9.
- 4. Haney AF. Pathogenesis and pathophysiology in endometriosis. Endometriosis 1987: 23-51.
- 5. Liu DTY, Hitchcock A. Endometriosis: Its association with retrograde menstruation, dysmenorrhea and tubal pathology. Br J Obstet Gynecol 1986: 93: 859-62.
- 6. Meigs J. Endometriosis. Ann Surg 1948; 127: 795-809.
- 7. Laufer MR, Goldstein DP. Pelvic pain, dysmenorrhea and premenstrual syndrome. Pediatr Adolesc Gynecol 1998; 363-410.
- 8. Laufer MR, Goitein L, Bush M, et al. Prevalence of endometriosis in adolescent girls with chronic pelvic pain not responding to conventional therapy. J Pediatr Adolesc Gynecol 1997; 10: 199-202.
- 9. American Fertility Society: Revised American Fertility Society classification of endometriosis. Fertil Steril 1985; 43: 351-2.
- 10. Goldstein DP, De Cholnoky C, Emans SJ. Adolescent endometriosis. J Adolesc Health Care 1980; 1: 37-41.
- 11. Houston DE. Evidence for the risk of pelvic endometriosis by age, race and socioeconomic status. Epidemiol Rev 1984; 6: 167-91.
- William Droegemueller. Endometriosis and Adenomyosis. Comprehensive Gynecol 1992: 545-76.
- 13. Emmert C, Romann D, Riedel HH. Endometriosis diagnosed by laparoscopy in adolescent girls. Arch Gynecol Obstet 1998; 261: 89-93.
- 14. Hornstein MD, Harlow BL, Thomas PP, Check JH. Use of a new CA-125 assay in the diagnosis of endometriosis. Hum Reprod 1995; 10: 932-4.
- 15. Redwine DB. Age-related evolution in color appearance of endometriosis. Fertil Steril. 1987; 48: 1062-3.
- 16. Shaw RW. An open randomized comparative study of the effect of goserelin depot and danazol in the treatment of endometriosis. Fertil Steril 1992; 58: 265-72.

10 (1990-1999)

Revised American Fertility Society (14-21).

21

가 41%

Classification

20.1 20 45% Ⅱ가 44% 가

GnRHa 가 64.1%

가 46% Ш IV

가

가 74.3%