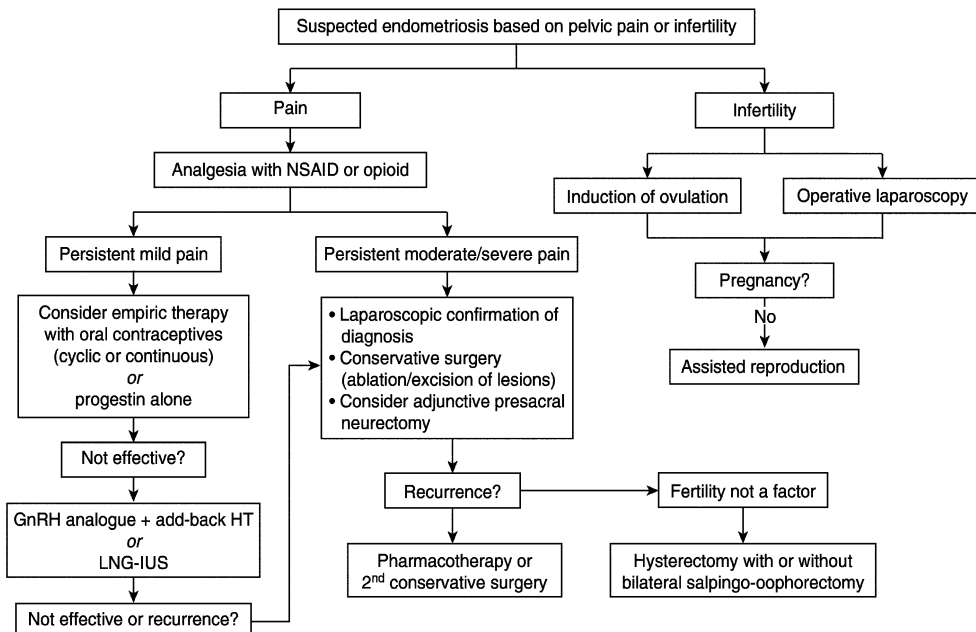


- Objective measurements:
 - the gold standard for diagnosis of endometriosis is laparoscopy ± biopsy. Appearance of endometriotic tissue may be typical or atypical. Focal deposits may have the classic blue or black appearance. They may also appear yellow, brown, white or red—81% of such areas show histological evidence of endometriosis⁶
 - serum CA 125 (a tumor-associated protein) levels are often significantly elevated (>35 IU/mL) but not always found with endometriosis. Other causes of elevated serum CA 125 levels include pelvic inflammatory disease, epithelial ovarian cancer and pregnancy. Serum CA 125 levels should not be performed as part of routine diagnostic work-up but are useful for treatment follow up and may aid in identifying infertile women with severe endometriosis who could benefit from surgery⁷
 - ultrasound reliably identifies masses with features of endometriomas;⁸ however, these features are nonspecific. The use of color velocity imaging and pulsed Doppler does not improve the diagnostic accuracy of transvaginal ultrasonography alone in the diagnosis of ovarian endometrioma.⁹ Sensitivity of ultrasound is poor for the detection of focal implants¹⁰
 - MRI may be useful for identifying deep subperitoneal lesions and for monitoring residual or recurrent disease after surgery

Endometriosis-associated Pain Therapeutic Choices

An algorithm for the management of endometriosis is shown in Figure 1.

Figure 1: **Endometriosis Management**



Abbreviations: GnRH = gonadotropin-releasing hormone; HT = hormone therapy; LNG-IUS = levonorgestrel intrauterine system; MPA = medroxyprogesterone acetate; NSAID = nonsteroidal anti-inflammatory drug; OC = oral contraceptive