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# COMMENTARY ARTICLE

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## Endometriosis epidemiology

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### ABSTRACT

Adenomyosis externa, also known as deep endometriosis, typically manifests as a solitary, more than one centimeter-diameter nodule in the vesicouterine fold or close to the lower 20 centimetres of the colon. Most nodules are no longer progressing when they are diagnosed. Deep endometriosis is frequently accompanied by excruciating pain (in >95% of cases), which is likely a contributing reason to infertility. Its prevalence is thought to be between 1% and 2%. Clinical suspicion of deep endometriosis might be supported by ultrasonography or magnetic resonance imaging. The effectiveness of a contrast enema in determining the severity of sigmoid occlusion The difficulty of surgery grows with the

size of the nodules, and it takes experience to locate tiny nodules in the intestinal wall. Endometriosis externa is the presence of endometrial tissue implants in all other sites, whether they are physically close to the uterus (like the fallopian tubes and ovaries) or as far away as the brain. Endometriosis interna, now known as adenomyosis, describes the growth of benign endometrial tissue into the myometrium. Endometriosis externa differs from endometriosis interna in terms of epidemiology, pathogenesis, diagnosis, and natural history.<sup>98</sup> However, it is unclear whether endometriosis externa that develops in locations other than the pelvis is the same disease and can be treated with the same methods and success as pelvic endometriosis externa.

**Key Words:** *Endometriosis; Uterine; Nodules*

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### INTRODUCTION

Endometriosis that has into the peritoneum by more than 5 mm was used to arbitrarily define deep endometriosis.

Adenomyosis externa and deeper typical lesions were both included in this definition under the microscope (described as type I). Most lesions are multifocal and easier to operate on. At the level of the rectum, rectosigmoid, sigmoid, or vesicouterine fold, nodules of adenomyosis externa (type II and type III lesions) are typically distinct. Occasionally, there are two nodules, although three nodules are more common. Because women are typically disqualified for active duty if they have severe symptomatic endometriosis, and because time lost at work due to non-hospitalized sick days could not be accounted for, this figure understates the cost to the general population. According to a recent review of data from the US Health Interview Survey, half of the women who reported having endometriosis had spent at least one day in bed due to the ailment in the previous year, with an average of 17.8 bed days.

Therefore, this illness is expensive due to how it affects women's quality of life, how much it costs to treat it, and how it affects the economy of the workplace. The expression system for the Fas-Fas Ligand (FasL) is another theory. When they attach to

immune cells that have the Fas receptor, FasL-expressing cells cause apoptosis. demonstrated that endometrial stromal cells expressed FasL in response to macrophage-conditioned media, indicating that peritoneal macrophages in endometriosis may trigger a Fas-mediated death of immune cells as an additional method of evading immunological monitoring.

### CONCLUSION

This notion is supported by higher amounts of activated macrophages and lymphocytes in the pelvis, as well as by higher levels of the particular cytokines and growth factors discussed above. We suggest that a complex network of locally generated cytokines modulates the development and inflammatory activity of ectopic endometrial implants, while the specific functions of these soluble factors are currently unknown. Endometriotic lesions secrete proinflammatory and mitogenic proteins into the peritoneal microenvironment, which triggers a chain reaction that leads to implant proliferation and invasion, capillary recruitment to the expanding lesions, and further chemoattraction of leukocytes to these foci of peritoneal inflammation.

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