

ENDOMETRIOSIS & ADENOMYOSIS SOCIETY

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WE ARE GRATEFUL TO ALL OUR HEALTHCARE WORKERS ON THE FRONT LINES

"One out of every ten women has endometriosis"

FOREWORD

Hello everyone,

We are delighted to be with you once again in our 14th issue.

Due to the cancellation of all physical events over the past 3 months because of the COVID-19 pandemic, global scientific and educational activities have transitioned completely online. Numerous national and international webinars have been organized during this period.

Our Society's Executive Board, alongside our esteemed Advisory Board members and colleagues from the Youth Branch, initiated weekly live broadcasts via our official Instagram account. These sessions successfully address questions from our followers while delivering informative content regarding endometriosis. Given the overwhelmingly positive feedback from our community, we will enthusiastically continue this weekly live stream series featuring different professors and young colleagues.

Furthermore, we experienced the immense excitement of broadcasting our first international live webinar, titled **"Endometriosis 2020 Current Status-1"**, on Sunday, June 7th. Moderated by Dr. Engin Oral, the webinar attracted tremendous interest from attendees. It featured highly distinguished international authorities such as Dr. Catherina Exacoustos, Dr. Ceana Nezhat, and Dr. Michael Hibner, who shared their global expertise alongside our Society's President Dr. Taner Usta and Dr. Ahmet Kale.

Additionally, the European Endometriosis League (EEL)—currently presided over by our founding president Dr. Engin Oral—launched a specialized webinar series in March. This high-impact series continued with invaluable scientific presentations from Dr. Harald Krentel, Dr. Engin Oral, and Dr. Sebastian Schaefer. These digital sessions will continue on a monthly basis until the end of the year, and you can easily access the full monthly webinar schedule inside this issue.

Our dedicated team is also actively working on several innovative projects designed to bring patients, clinicians, and our valued digital followers together onto a unified, collaborative online platform.

On an administrative note, an esteemed member of our Executive Board, Dr. Banu Kumbak Ayy n, has left her post by her own request. We extend our deepest gratitude to her for all the invaluable support and tireless efforts she has contributed to our society since its initial founding phases.

Concurrently, Associate Professor Dr. Hale G ksever  elik, an active member of our Youth Branch, has been elected as our newest Executive Board Member. We warmly welcome her and wish her the absolute best in her new role.

We sincerely hope to share inspiring and healthier news across our country and the entire world in our upcoming issue.

Best regards,

Executive Board of the Endometriosis & Adenomyosis Society

www.endometriozis.org

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SELECTED SCIENTIFIC LITERATURE REVIEWS

1. Laparoscopic ablation or excision with helium thermal coagulator versus electrodiathermy for the treatment of mild-to-moderate endometriosis: randomized controlled trial.

Misra, G., Sim, J., El-Gizawy, Z., Watts, K., Jerreat, S., Coia, T., & O'Brien, S. *BJOG: An International Journal of Obstetrics & Gynaecology* (2020).

Introduction: Endometriosis is defined as the presence of endometrial or endometrial-like tissue outside the uterine cavity. This chronic, benign gynecological condition affects roughly 5-10% of reproductive-aged women, rising to 30-50% in infertile cohorts. Laparoscopy remains the gold standard for diagnosis, yet managing its symptoms is challenging due to its recurrent nature and a frequent, substantial lag between symptom onset and clinical diagnosis, which exacerbates patient morbidity.

Method: This double-blind, randomized parallel-group controlled trial allocated an equal number of patients with mild-to-moderate endometriosis to receive laparoscopic excision and/or ablation using either a helium thermal coagulator or standard hook electrodiathermy. Staging was verified via the revised American Society for Reproductive Medicine (rASRM) classification.

Results & Conclusion: At the 12-week post-operative checkpoint, a statistically significant difference in cyclic pain scores was detected favoring the electrodiathermy group. Electrodiathermy also demonstrated minor but statistically significant advantages regarding dyspareunia and select quality-of-life parameters. However, the magnitude of these differences was smaller than the recommended Minimally Important Difference (MID), rendering them clinically narrow. Conversely, the helium coagulator yields very low thermal spread (2-8 watts) and lacks direct physical contact or smoke formation, making it highly useful and safe for delicate structures like the bladder, bowel, or diaphragm where standard diathermy poses a risk of thermal penetration injury.

2. Use of tumor markers to distinguish endometriosis-related ovarian neoplasms from ovarian endometrioma.

Shinmura, H., Yoneyama, K., Harigane, E., Tsunoda, Y., Fukami, T., Matsushima, T., & Takeshita, T. *International Journal of Gynecologic Cancer* (2020).

Introduction: Ovarian clear cell carcinoma and endometrioid carcinoma frequently arise from endometriosis, sharing similar histogenesis. Sonographic differentiation is often highly subjective, as mural nodules, solid components, and papillary projections within endometriomas can closely mimic malignancy.

Method: A case-control study analyzed 283 women treated at a single center between 2008 and 2018, consisting of pathology-confirmed endometriosis-related ovarian tumors (n=21) and benign ovarian endometriomas (n=262). Preoperative serum markers including CA125, CA19-9, CEA, sialyl Lewis-x (SLX), and lactate dehydrogenase (LDH) were evaluated alongside patient age, tumor diameter, and nodular architecture.

Results: CA19-9, CEA, SLX, and LDH levels differed significantly between the groups. ROC curves established that serum LDH levels represent an exceptionally robust screening marker for identifying

endometriosis-associated ovarian malignancies. Furthermore, maternal age, advanced tumor scale, and the clear presence of a mural nodule were verified as critical predictive criteria. Interestingly, traditional CA125 levels did not exhibit a statistically meaningful variance between the benign and neoplastic experimental groups in this study.