Università di Genova | DCCI DIPARTIMENTO DI CHIMICA E CHIMICA INDUSTRIALE

Endometriosis: Epidemiology, Clinical Framework, Diagnosis and Therapeutic Strategies

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Biography: Dr. Xholli is a Specialist in Obstetrics and Gynecology serving as Medical Director at the IRCCS San Martino University Hospital in Genoa. She earned her degree in Medicine and Surgery, along with her specialization, with highest honors from the University of Modena and Reggio Emilia. In addition to her clinical practice, she holds teaching appointments for gynecological and obstetric ultrasound in UniGe. Her professional background includes service as a medical officer in the Italian Army and extensive clinical training across Modena, Udine, and Ljubljana. She has authored over 100 publications with a primary focus on endometriosis, chronic pelvic pain, and gynecological ultrasound.

ABSTRACT: **Endometriosis is a chronic, estrogen-dependent, and progressive inflammatory disease defined by the presence of endometrial tissue outside the uterine cavity**. **Affecting 10-15% of women of childbearing age** (15 to 50 years old) with 3 million confirmed diagnoses in Italy, this complex condition generates a strong biological, psychological, and social impact that profoundly alters quality of life and reproductive potential. As the leading cause of female infertility, **it creates fertility issues for 30-40% of patients alongside other comorbidities**. Despite this severity, the heterogeneous nature of the symptoms, a **social and medical tendency to "normalize" menstrual pain result in an average diagnostic delay of 4 to 12 years.**



The disease primarily manifests in three phenotypic variants: **superficial peritoneal endometriosis**, marked by millimetric implants on the peritoneum surface; **ovarian endometriosis**, featuring cysts commonly known as "chocolate cysts"; and **deep pelvic endometriosis** (DPE), where lesions infiltrate the peritoneum to involve vital organs and connective structures.

The clinical picture is dominated by pelvic pain that correlates with the deep localization and innervation of involved tissues rather than the visible extent of lesions. Cardinal symptoms include severe **dysmenorrhea** poorly responsive to common analgesics, **deep dyspareunia**; **chronic pelvic pain** independent of the menstrual cycle, **dysuria and dyschezia**.

Following ACOG and ESHRE guidelines, early clinical-instrumental diagnosis begins with a medical history and physical examination. The primary gold standard is Transvaginal Ultrasound (TVS), which offers extremely high accuracy for identifying ovarian endometriomas and infiltrating nodules when performed by experts, leaving MRI as a second-level investigation.

Medical therapy is the first-line, long-term approach for controlling pain and halting biological lesion progression, maintained until attempting pregnancy or reaching menopause. **Surgical therapy, conversely, should be a targeted intervention, ideally performed in a single eradicative session** by a multidisciplinary team, reserved only for infiltrating lesions causing severe organ impairment (e.g., ureteral stenosis, intestinal sub-occlusion), ovarian endometriomas with suspicious sonographic features, or unexplained infertility to improve natural or medically assisted reproductive (MAR/ART) outcomes.

To reach the Department, go to https://chimica.unige.it/en/dipartimento/come-arrivare. For any further information on this seminar, please contact Prof. P. Lova, room 920, +39 010 3536194, e-mail: paola.lova@unige.it