



Endometriosis and gynaecological and systemic comorbidities

Dear Colleagues,

Endometriosis is a benign gynecological disease characterized by an estrogen-dependent inflammatory process with ectopic localization of endometrial cells, affecting approximately 10% of reproductive aged women. Debilitating pain-related symptoms (dysmenorrhea, dyspareunia, dysuria, and dyschezia) and infertility are commonly observed in affected women.

Endometriosis is often associated with gynecological (adenomyosis, uterine fibroids, polycystic ovary syndrome) and systemic comorbidities, including immune (asthma, rheumatoid arthritis, psoriasis, and multiple sclerosis), inflammatory (bowel inflammatory disease and Crohn's disease), and psychiatric disorders (depression and anxiety). The presence of these comorbidities can contribute to induce a worst quality of life in affected women, both from a mental and a physical point of view. Moreover, endometriosis pain may be exacerbated by the presence of abdominal concomitant disease like adenomyosis, uterine fibroids, bowel inflammatory diseases and Chron's disease. Finally, some of these gynecological and systemic disorders are associated with infertility, potentiating the effect of endometriosis.

These observations support the need of a multidisciplinary team involving different health providers other than gynecologists in endometriosis treatment. All these professionals, however, should have developed a specific expertise on endometriosis for a better management.

The goal of this special issue is to provide additional data about the relationship between endometriosis and gynecological and systemic comorbidities and the influences of these complex disorders in affected women, in the optic of a personalized and multidisciplinary patient management.

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