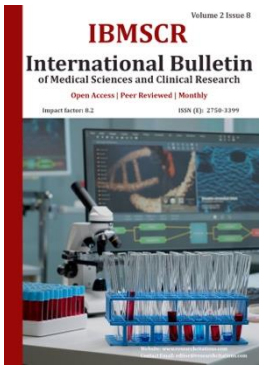


# CHRONIC PELVIC PAIN IN ENDOMETRIOSIS

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**Annotation.** At the moment, endometriosis is one of the most common and relevant gynecological pathologies. The breadth of its clinical manifestations is extremely high, but one of the main ones is the pain syndrome, which has a high heterogeneity. The unifying concept of algological patterns of endometriosis is chronic pelvic pain, which contributes to a pronounced decrease in the quality of life of patients. In this regard, it is necessary to analyze the key pathogenetic mechanisms of pelvic pain associated with with endometriosis, and on their basis to determine personalized therapeutic tactics.

**Key words:** chronic pelvic pain, endometriosis, diagnostics, treatment, progestin.

**Relevance.** Chronic pelvic pain (CPP) is common in women of reproductive age. It significantly reduces the quality of life and performance. According to the definition adopted in most population-based studies, CPP is "cyclic or non-cyclic pain in the lower abdomen lasting at least 6 months that is not related to pregnancy and is not solely associated with dysmenorrhea or dyspareunia." This definition is consistent with the definition adopted by the Royal College of Obstetricians and Gynaecologists. Recently, however, there has been a trend towards shortening the time required to define pain as chronic. For example, in a 2021 review, CPP already includes persistent (progressive) pain that has existed for at least 3 months, as well as associated with negative cognitive, behavioral, sexual, and emotional consequences. CPP can be a manifestation of urological, gynecological, neurological and psychological disorders, diseases of the gastrointestinal tract, musculoskeletal system. It is often the result of a combination of different risk factors and more than one trigger. One of the most common causes of CPP is endometriosis.

Endometriosis is a chronic benign hormone-dependent disease that leads, among other things, to CPP, dysmenorrhea and dyspareunia, often relapsing, especially after surgical treatment. Currently, the etiology of endometriosis remains a matter of debate. Many women with endometriosis experience long-term, debilitating pain with recurrent symptoms such as dysmenorrhea and dyspareunia, which impairs quality of life and reduces performance. The course of endometriosis is highly variable and difficult to predict for each patient, but in most cases, endometriosis progresses steadily over time, which in the absence of effective treatment is accompanied by worsening of symptoms.

**Aim of the study.** To assess the efficacy of long-term progestin use in women with chronic pelvic pain associated with endometriosis.

**Materials and methods.** A total of 78 patients with laparoscopically and morphologically confirmed HGE and pelvic pain that occurred 3-6 months after surgical treatment were selected for the study. Thus, 78 patients aged 33-40 years took part in the study. Depending on the severity of the pain syndrome, which was assessed on the Verbal Analog Scale (VAS),

the participants were stratified into 3 groups. Group 1 included patients with a VAS pain score of 10-40 mm (n=30); In the first place, 2nd - 41-70 mm (n=18); in the 3rd - more than 71 mm (n=30). Participants of all 3 groups were prescribed dienogest at a daily dose of 2 mg. The duration of the course of treatment and follow-up was 24 weeks, after which the result of therapy was evaluated.

**Results and discussions.** At the start of treatment, the study groups did not significantly differ in age, body mass index (BMI), age of menarche, hematological indicators of liver function, levels of high-density lipoproteins (HDL), low-density lipoproteins (LDL), triglycerides (TG), and fibrinogen.

The next stage of treatment was the assessment of the participants' sexual health on the B8B1 scale. Prior to treatment, there was a decrease in all scale values in all 3 groups. The mean total sexual function index B8B1 was 26 in group 1, 24 in group 2, and 19 in group 3, indicating the presence of sexual dysfunction in all patients included in the study.

In the course of a questionnaire of patients suffering from severe pelvic pain, a rarer impact of pain on life and functioning was established. The assessment of compliance according to the Morisco-Green scale showed adherence to therapy in patients: in all 3 groups, the absolute majority of participants scored 4 points (92, 94, and 93%), which indicates the convenience of using the drug. Analysis of therapy compliance according to the Morisco-Green scale demonstrated adherence to progestin therapy in patients suffering from pelvic pain due to endometriosis.

Throughout the study, not a single allergic reaction to the drug was recorded, and not a single patient refused to participate in the follow-up until its completion.

The results of this study confirmed that treatment with dienogest for up to 6 months reduces the severity of symptoms of CPP, dysmenorrhea, and dyspareunia in women with surgically resistant NGE. Results from previous studies of dienogest in the treatment of endometriosis within 12 to 24 weeks have already shown efficacy in relieving pain symptoms superior to placebo and equivalent to aGnRH. The findings suggest that dienogest is an effective long-term treatment. The high efficacy of dienogest in endometriosis is due to a local decrease in estrogen activity and a number of mechanisms of action, including a decrease in growth, proliferation, and neoangiogenesis in endometrioid heterotopias, as well as an anti-inflammatory effect.

At the same time, it should be noted that hormonal therapy with progestins with antiandrogenic activity and aGnRH, regulated by existing recommendations, often not only does not improve the indicators of sexual functioning, but also reduces the quality of sexual life, which was not observed in this study.

The results of this study confirmed the higher efficacy of therapy in patients with less severe pain symptoms (groups 1 and 2). The authors suggest that this may be due to the involvement of the central nervous system in the process of CPP formation and its sensitization with severe pain symptoms. Patients in all 3 groups tolerated dienogest treatment well, had high scores on the compliance scale, and were satisfied with the therapy.

**Conclusion.** To summary, it is impossible not to note the paradoxical nature of CPP as a real nosological phenomenon of modern gynecology. There is a very wide list of etiological patterns of CPP, but today one of the leading causes is endometriosis.

The relevance of research in the field of endometriosis-associated CPP is only increasing over time, because endometriosis is one of the few gynecological diseases that is epidemic and

almost cannot be completely cured. In this regard, the clinician must always be on the alert. In addition, CPP, associated with endometriosis, leads to a pronounced decrease in the quality of life, which requires clinical objectification of the pain syndrome in order to determine the correct and at the same time justified therapeutic tactics. We were able to consider an up-to-date diagnostic algorithm that will help the clinician in managing patients in this cohort.

It should also be noted that today the clinician has a very wide arsenal of therapeutic tools for the relief of endometriosis-associated pelvic pain, but in this case, the basis of any therapeutic concept is pathogenetic hormone therapy, which covers the entire pathogenetic cascade of endometriosis, including associated CPP.

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