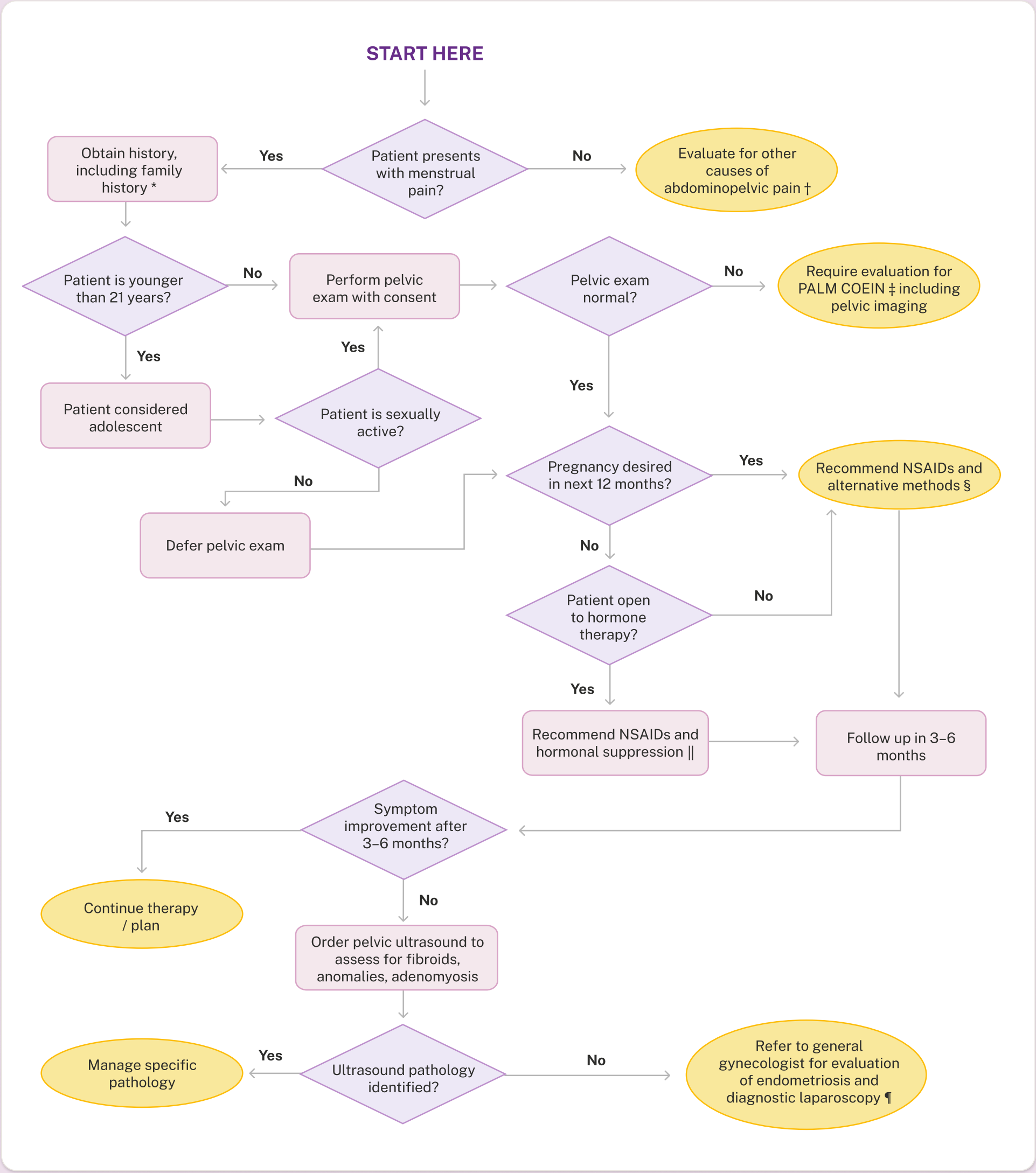


Endometriosis Diagnosis Algorithm

Endometriosis primarily presents with menstrual pain, but can present in less common ways, including cyclical extra pelvic symptoms, dyskezia (painful stooling), hematochezia (blood in stool), and dysuria (painful urination) . These less common presentations may indicate more advanced endometriosis.



REFERENCE NOTES

- * Family history of endometriosis is considered a significant risk factor in adolescents. First degree relative with endometriosis confers a 7-10 fold increased risk of developing disease.
- † Often patients with chronic pelvic pain (CPP) can have endometriosis, but 60% of CPP is nongynecologic and requires GU, GI and MSK workup.
- ‡ PALM COEIN (Polyp, Adenomyosis, Leiomyoma, Malignancy, Coagulopathy, Endometrial, Latrogenic, Not Otherwise Specified) helps evaluate for abnormal uterine bleeding and some (but not all) causes of secondary dysmenorrhea beyond endometriosis.
- § Heat therapy (as needed), cognitive behavioral therapy (CBT) for pain coping strategies, aerobic exercise (45-60min, 3x/week). TENS unit, acupuncture and yoga have demonstrated improvement in some studies, but are not considered first line alternative therapies.
- || Hormonal suppression includes combined and progesterone only methods. May be localized (IUD) or systemic (implant, pill, patch, ring). Desired outcome is amenorrhea if possible, including continuous or extended cycle use. For more information on hormonal suppression, see [\[Hormone Therapy Algorithm\]](#).
- ¶ Consider referral to Minimally Invasive Gynecologic Surgery (MIGS) if: primary or secondary infertility, numerous pain conditions or radiographic evidence of endometriosis (i.e. advanced endometriosis).