

# Clinical Update on Endometriosis & Uterine Fibroids



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Endometriosis is the presence of ectopic endometrial glands and stroma that result in pain and/or infertility. Endometriosis occurs in approximately 10% of reproductive age women. The current diagnosis criteria depend on surgery, which leads to a prolonged delay in diagnosis and treatment. Diagnosis can be improved by use of clinical diagnosis or by the use of biomarkers that are currently under development. Medical therapies currently consist of progestin-based medications (in

oral contraceptives or progestins alone), danazol or GnRH agonists. GnRH antagonists promise to be an effective oral therapy for endometriosis, especially in those resistant to progestins.

Most uterine fibroids are asymptomatic, but in around 25% to 50% of cases, they can cause symptoms, such as abnormal uterine bleeding, which can lead to anemia, pain, and difficulty urinating. Bulk symptoms occur when fibroids press on the bladder with frequent urination or press onto the intestines and other organs. Fibroids can cause infertility if they distort the endometrial cavity or the fallopian tubes. Unfortunately, many women wait a considerable amount of time before seeking treatment. The current mainstay of management is surgical - uterine fibroids account for approximately one-third of all hysterectomies annually in the US. Until recently, medical management options have been of limited value because of moderate efficacy and/or associated adverse effects. Clinicians need to understand novel therapies in late-stage development, including oral treatments that may offer long-term medical management options.