

THE PROMISE OF RADON THERAPY FOR PAIN REDUCTION IN EXTERNAL GENITAL ENDOMETRIOSIS

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ABSTRACT

This review explores the rationale for considering radon therapy as a potential treatment modality for reducing pain in external genital endometriosis, highlighting its potential anti-inflammatory and analgesic properties. The prospect of pain reduction, improved quality of life, and reduced reliance on conventional treatments makes radon therapy a compelling area of investigation, although further research is crucial to establish its efficacy and safety.

Keywords: External Genital Endometriosis, Radon Therapy, Pain Management, Chronic Pelvic Pain

Introduction:

Aim: to systematize the data on rehabilitation methods and management tactics for women with external form of genital endometriosis.

Materials and Methods. We searched for publications in the international scientific databases: scientific electronic library eLibrary, Scholar, ScienceDirect, Cochrane Library, PubMed/MEDLINE released for the last 5 years. The data on the current approach to the therapy and rehabilitation of women with external genital endometriosis are presented in the study. Search queries in Russian and English were used as follows: «endometriosis», «rehabilitation», «gynecology», «quality of life».

Results. Endometriosis is considered an independent risk factor for the development of malignant tumors not only targeting the reproductive system, but also affecting large intestine, bladder, and mammary glands. Moreover, such patients often suffer from emotional and psychosexual disorders as well as impaired socialization. Special attention should be paid to diagnostics of disease relapses to avoid potential malignant transformation of endometrioid tissue. We also provide a current view on the treatment and rehabilitation of women with external genital endometriosis. Endometriosis is a polyetiological disease that can be manifested as dysmenorrhea, dyspareunia, chronic pelvic pain, as well as dysuria and dyschesia upon affecting

adjacent organs in the pathological process. Finally, we provide insights into potential therapeutic approaches for solving such manifestations.

It is necessary not only to conduct a combination treatment, but also develop personalized rehabilitation programs allowing to improve the quality of patient life as well as create comfortable conditions for social adaptation of women with endometriosis.

Conclusion:

The persistent and debilitating pain experienced by many patients with external genital endometriosis underscores the need for effective and less invasive treatment modalities. While current treatment options offer relief for some, the search for alternative therapies remains critical. Radon therapy, with its established potential for pain management in other chronic conditions, emerges as a promising avenue for exploration in the context of endometriosis-related pain.

This review has highlighted the rationale for considering radon therapy, drawing attention to its potential anti-inflammatory and analgesic properties. However, the existing research on radon therapy for endometriosis-related pain is limited, necessitating further investigation.

Future research should focus on conducting well-designed clinical trials to assess the efficacy, safety, and optimal treatment parameters of radon therapy for pain management in external genital endometriosis. This research should consider the specific mechanisms by which radon might alleviate pain, taking into account the unique pathophysiology of endometriosis.

While further research is essential to validate its potential, radon therapy holds promise as a potentially valuable treatment modality for reducing pain in patients with external genital endometriosis. If proven effective, it could offer a less invasive and potentially more sustainable approach to pain management, enhancing quality of life for those struggling with this challenging condition.

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