

DEFINITION, PREVALENCE, AND SIGNIFICANCE OF EXTERNAL GENITAL ENDOMETRIOSIS

Atayeva Farzona Nuriddinovna

Assistant Professors of the 3rd Department of Obstetrics and Gynecology

Abstract

External genital endometriosis is a chronic gynecological condition characterized by the presence of endometrial-like tissue outside the uterus, particularly on external genital organs such as the ovaries, fallopian tubes, pelvic peritoneum, and surrounding structures. This disorder affects a significant number of women of reproductive age and is associated with pelvic pain, dysmenorrhea, dyspareunia, and infertility. Despite its high prevalence and debilitating impact on women's quality of life, endometriosis is often underdiagnosed or diagnosed with considerable delay due to its non-specific symptoms and the need for invasive diagnostic methods. This paper explores the definition of external genital endometriosis, its epidemiological distribution, and its clinical and social significance. Emphasis is placed on the importance of early recognition, accurate diagnosis, and timely intervention to improve outcomes and reduce the burden of disease.

Key Words: External genital endometriosis, pelvic pain, infertility, prevalence, diagnosis, reproductive health, quality of life, gynecological disorder

Introduction

Endometriosis is a chronic, often debilitating condition in which tissue similar to the lining of the uterus (endometrium) grows outside the uterine cavity. When this ectopic endometrial tissue is found on or near the external genital organs, including the ovaries, fallopian tubes, pelvic peritoneum, uterosacral ligaments, and other adjacent structures, the condition is referred to as **external genital endometriosis**. Despite extensive research, the etiology and pathogenesis of this disease remain incompletely understood, making diagnosis and management a persistent challenge in modern gynecology.

External genital endometriosis is predominantly observed in women of reproductive age, typically between 25 and 40 years old. The disease manifests with a wide range of symptoms, including chronic pelvic pain, dysmenorrhea (painful menstruation), dyspareunia (painful sexual intercourse), dyschezia (painful defecation), and infertility. In some cases, patients may remain asymptomatic, and the condition is only identified during investigations for unrelated gynecological issues or infertility. The impact of endometriosis extends beyond physical symptoms, often leading to psychological distress, decreased quality of life, and substantial socioeconomic consequences.

The term “endometriosis” originates from the Greek words “*endo*” meaning “inside” and “*metra*” meaning “uterus.” First described in the 19th century, the disease has since been extensively studied, yet it continues to pose clinical challenges due to its complex presentation and the need for invasive diagnostic procedures like laparoscopy. External genital endometriosis is the most common form of the disease and accounts for a significant proportion of gynecologic morbidity worldwide. According to the World Health Organization, endometriosis affects approximately **10% of women globally**, with a large portion involving lesions on the external genital organs.

A number of theories have been proposed to explain the pathogenesis of endometriosis. The most widely accepted theory is **retrograde menstruation**, in which menstrual blood flows backward through the fallopian tubes into the pelvic cavity, allowing endometrial cells to implant and grow on external reproductive structures. Other hypotheses include **coelomic metaplasia**, **lymphatic or hematogenous spread**, and **stem cell theories**. Genetic, hormonal, immunological, and environmental factors are also believed to play a role in disease development and progression.

Epidemiologically, external genital endometriosis has been observed across diverse populations and ethnic groups, but diagnosis rates may vary due to differences in healthcare access, awareness, and cultural attitudes toward gynecological health. It is estimated that more than **176 million women worldwide** are affected by the disease. The condition is often diagnosed with a delay of **7 to 10 years** after symptom

onset, largely due to normalization of menstrual pain, lack of awareness, and the reliance on laparoscopic confirmation.

The clinical significance of external genital endometriosis is multifaceted. Firstly, it represents one of the most common causes of **chronic pelvic pain** and **infertility** in women. The presence of inflammatory lesions, adhesions, and ovarian endometriomas (commonly known as "chocolate cysts") can distort pelvic anatomy and impair fertility. Secondly, the chronic nature of the disease, combined with its unpredictable course and high recurrence rates, imposes a considerable **psychological burden** on patients. Depression, anxiety, fatigue, and sexual dysfunction are common comorbidities that reduce overall well-being.

From a socioeconomic perspective, endometriosis leads to **reduced work productivity**, increased healthcare utilization, and higher medical costs. Studies indicate that women with endometriosis are more likely to undergo repeated surgeries, experience job loss, or require long-term medical care, placing a strain not only on the individual but also on healthcare systems. Therefore, understanding the burden and significance of this condition is essential for improving diagnostic and therapeutic strategies.

Moreover, external genital endometriosis carries a **diagnostic dilemma** due to its heterogeneous presentation and overlap with other pelvic pathologies such as pelvic inflammatory disease, irritable bowel syndrome, interstitial cystitis, and even certain malignancies. Clinical examination, imaging techniques (such as transvaginal ultrasound and MRI), and the gold-standard method of **laparoscopy with histological confirmation** are used in combination to establish an accurate diagnosis. However, advancements in non-invasive diagnostic tools remain limited.

The management of external genital endometriosis typically includes a combination of **medical therapy**, **surgical intervention**, and **supportive care**. Hormonal treatments, such as gonadotropin-releasing hormone (GnRH) agonists, oral contraceptives, and progestins, are aimed at suppressing ovulation and menstruation to reduce lesion growth and alleviate pain. However, these treatments do not eliminate lesions and are associated with side effects and symptom recurrence upon discontinuation. Surgical approaches, including laparoscopic excision or ablation of

lesions, can provide symptomatic relief and improve fertility outcomes but may also lead to complications or recurrence. An individualized, multidisciplinary approach involving gynecologists, pain specialists, fertility experts, and mental health professionals is often necessary.

In recent years, there has been growing recognition of the **psychosocial impact** of endometriosis. Patients frequently report feeling misunderstood, misdiagnosed, or dismissed by healthcare providers, which contributes to emotional distress and diagnostic delays. Therefore, raising awareness among the public and training healthcare providers in early recognition and empathetic communication are vital steps toward better patient outcomes.

Finally, the significance of early detection and preventive strategies cannot be overstated. Although there is currently no known method for preventing the onset of endometriosis, timely recognition of symptoms, risk factor assessment, and early referral for gynecologic evaluation can significantly alter the disease trajectory. Research into **biomarkers**, **genetic predisposition**, and **novel therapeutic targets** continues to evolve, offering hope for more effective and less invasive diagnostic and treatment modalities in the future.

In conclusion, external genital endometriosis is a prevalent and impactful gynecologic condition with complex pathophysiology and significant clinical consequences. It not only affects women's reproductive health and quality of life but also poses broader social and economic challenges. Understanding its definition, epidemiology, and overall significance is essential for improving diagnosis, treatment, and patient support systems. Continued research and increased awareness will be key to advancing care for women affected by this chronic and often misunderstood disease.

REFERENCES

1. Даминов Ф. А. и др. Синдром кишечной недостаточности и его коррекция у тяжелообожженных //Журнал Неотложная хирургия им. ИИ Джанелидзе. – 2021. – №. S1. – С. 20-21.
2. Арзиев И. А. и др. Проблемы современной науки и образования //проблемы современной науки и образования Учредители: Олимп. – Т. 2. – С. 57-63.

3. Карабаев Х. К. и др. Изучение частоты и вида сердечнососудистой патологии у обожженных //Журнал Неотложная хирургия им. ИИ Джанелидзе. – 2021. – №. S1. – С. 28-29.
4. Арзиева Г. Б. и др. Исходы беременности при термической травме //Журнал Неотложная хирургия им. ИИ Джанелидзе. – 2021. – №. S1. – С. 9-9.
5. Шавкатов Х. и др. Повторный пролапс половых органов у женщин //Журнал вестник врача. – 2016. – Т. 1. – №. 1. – С. 60-64.
6. Хакимов Э. А. и др. Опыт лечения суицидных ожогов //Журнал Неотложная хирургия им. ИИ Джанелидзе. – 2021. – №. S1. – С. 67-68.
7. Негмаджанов Б. Б. и др. ОСОБЕННОСТИ ТЕЧЕНИЯ ЮВЕНИЛЬНОЙ БЕРЕМЕННОСТИ (ОБЗОР ЛИТЕРАТУРЫ) //ЖУРНАЛ РЕПРОДУКТИВНОГО ЗДОРОВЬЯ И УРО-НЕФРОЛОГИЧЕСКИХ ИССЛЕДОВАНИЙ. – 2023. – Т. 4. – №. 1.
8. Бозорова Х., Мирзабекова М., Арзиева Г. Б. ИССЛЕДОВАНИЕ ПАЦИЕНТОВ С РУБЦОМ НА МАТКЕ С ПОМОЩЬЮ ОБЩИХ КЛИНИЧЕСКИХ
9. Ubbiniyazova A. M. Characteristic of a functional condition of an organism of workers of the Tashkent tractor plant //Medical magazine of Uzbekistan. – 2012. – С. 80-82.
10. Ataniyazova R. A. et al. Assessment of knowledge and skills of hand hygiene among representatives of three generations of the family living in different regions of Uzbekistan.
11. Madaminova M. A. et al. The dynamics are changes in organoleptic parameters and chemical composition of amudarya river water //European Journal of Molecular and Clinical Medicine. – 2020. – Т. 7. – №. 7. – С. 537-545.
12. Атаханова Д. О., Уббиниязова А. М., Садирова М. К. ОСНОВНЫЕ ГИГИЕНИЧЕСКИЕ ПРОБЛЕМЫ КЛАССИФИКАЦИИ ЗАГРЯЗНЕНИЯ ПОЧВ В КАРАКАЛПАКСТАНЕ //The Way of Science. – 2014. – С. 77.
13. Fazilova M., Sultanov S. Assessment of the State of the Coagulation Link of Hemostasis in Women Who Terminated Non-Developing Early Pregnancy with Medication //Science and innovation. – 2022. – Т. 1. – №. D7. – С. 259-263.
14. Olimjanovna F. M., Nargiza N., Osorio J. I. The structure of the placenta in the normal course of pregnancy and in fetoplacental insufficiency //J Regen Biol Med. – 2020. – Т. 2. – №. 6. – С. 1-11.
15. Fazilova M. O., Sultanov S. N. Features of the course of preagnancy and childbirth in woman with a history of non-developing pregnancy //Journal of Modern Educational Achievements. – 2022. – Т. 1. – С. 228-232.
16. Olimjanovna F. M. et al. Glycadelin in Obstetrical Practice: Past, Present //Practice. J Regen Biol Med. – 2022. – Т. 4. – №. 3. – С. 1-8.



- 17.Рахматуллаева, Г. К. "COVID-19 АССОЦИИРОВАННЫЙ ТРОМБОЗ КАВЕРНОЗНОГО СИНУСА.(КЛИНИЧЕСКИЙ СЛУЧАЙ)." ЖУРНАЛ НЕВРОЛОГИИ И НЕЙРОХИРУРГИЧЕСКИХ ИССЛЕДОВАНИЙ.– 2021.–№. SPECIAL 1.
- 18.Holmuratova, Bahtigul, et al. "The role of BDNF in the clinical course of primary headaches." Cephalalgia Reports 6 (2023): 25158163231190292.