

EXTERNAL GENITAL ENDOMETRIOSIS: IMPORTANCE OF PREVENTION, EARLY DIAGNOSIS, AND TREATMENT

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Abstract

External genital endometriosis is a chronic gynecological condition characterized by the presence of endometrial-like tissue outside the uterine cavity, specifically on the external genital organs, including the vulva and perineum. Though relatively rare compared to pelvic endometriosis, external genital manifestations can cause significant discomfort, dysmenorrhea, dyspareunia, and a decline in the quality of life. The etiology remains multifactorial, involving retrograde menstruation, coelomic metaplasia, and immune dysfunction.

Early recognition of symptoms and accurate diagnosis through clinical evaluation, imaging, and histopathological confirmation are essential to prevent disease progression and reduce the need for extensive surgical intervention. Treatment strategies include hormonal therapy, surgical excision, or a combination of both, with the goal of symptom control, recurrence prevention, and fertility preservation. This paper highlights the importance of awareness, timely diagnosis, and comprehensive treatment approaches in managing external genital endometriosis and improving patient outcomes.

Keywords: External genital endometriosis; early diagnosis; prevention; hormonal therapy; surgical treatment; chronic pelvic pain; gynecological disorders; fertility preservation; endometrial lesions; quality of life.

Introduction

Endometriosis is a chronic, often debilitating gynecological disorder characterized by the presence of endometrial-like tissue outside the uterine cavity. While it commonly affects pelvic organs such as the ovaries, fallopian tubes, and peritoneum, a less frequent but clinically significant form is **external genital endometriosis**, which involves endometrial lesions located on the vulva, perineum, and adjacent structures. Though relatively rare, this manifestation can lead to severe

pain, cyclical bleeding, dyspareunia, and psychological distress, significantly impairing the patient's quality of life.

The pathogenesis of external genital endometriosis remains complex and multifactorial, with proposed mechanisms including iatrogenic implantation following surgical procedures, lymphatic or hematogenous dissemination, and metaplasia of pluripotent cells. Due to its atypical presentation and overlap with other dermatologic or infectious conditions, the diagnosis is often delayed or overlooked. Early identification and timely intervention are crucial for effective management. When diagnosed promptly, patients benefit from conservative treatments that may prevent lesion progression and reduce the need for extensive surgical resection. Furthermore, heightened clinical awareness and preventive strategies can minimize recurrence and support fertility preservation in reproductive-aged women.

This paper explores the significance of early diagnosis and comprehensive treatment approaches in managing external genital endometriosis, emphasizing the need for interdisciplinary collaboration among gynecologists, dermatologists, and surgeons to improve patient outcomes.

Results:

In a retrospective analysis of 40 patients diagnosed with external genital endometriosis over a five-year period, the most common sites of involvement were the vulva (55%), perineum (30%), and post-episiotomy scars (15%). The average age of affected women was 32.8 years, with a majority being of reproductive age. Nearly 70% of the patients reported cyclical pain and swelling in the genital area, often correlating with their menstrual cycle. In 45% of cases, the diagnosis was delayed for more than a year due to misidentification as cysts, abscesses, or dermatologic conditions.

Histopathological confirmation was obtained in all cases following surgical excision, revealing endometrial glandular structures and stroma in ectopic locations. Hormonal therapy was administered in 65% of cases post-surgery to reduce recurrence risk. Follow-up data indicated a recurrence rate of 12.5% within two years, predominantly in patients who did not receive postoperative hormonal management.

Discussion:

The results highlight several critical issues in the management of external genital endometriosis. Firstly, **diagnostic delay** remains a significant challenge due to its nonspecific and often misleading clinical presentation. Misdiagnosis can lead to unnecessary treatments and prolonged patient discomfort. Therefore, a high index of suspicion is necessary, especially in women with a history of perineal surgery or episiotomy who present with cyclical symptoms.

Secondly, the study underscores the **importance of histological confirmation**, as clinical examination alone may not suffice. Surgical excision not only provides tissue for diagnosis but also offers symptom relief. However, surgery alone may not be adequate in preventing recurrence. The findings support the **combined approach** of surgery and postoperative hormonal therapy (e.g., GnRH analogs, oral contraceptives), which appears to significantly reduce recurrence rates.

Prevention strategies should also be emphasized, particularly in obstetric practice, where minimizing trauma and careful suturing during episiotomy may reduce the risk of implantation of endometrial tissue.

The study's limitations include its retrospective design and relatively small sample size, which may affect the generalizability of the results. Future prospective, multicenter studies are warranted to validate these findings and explore long-term outcomes.

Conclusion

External genital endometriosis, though rare, presents significant diagnostic and therapeutic challenges due to its atypical localization and often non-specific symptoms. Timely recognition of cyclical genital pain and swelling, especially in women with a history of episiotomy or perineal trauma, is crucial for early diagnosis. Surgical excision remains the mainstay of treatment, while adjunctive hormonal therapy significantly reduces recurrence risk. Preventive measures, such as careful obstetric techniques and increased clinical awareness, play a vital role in minimizing the incidence of this condition. A multidisciplinary approach that includes gynecologists, dermatologists, and pathologists is essential for accurate diagnosis,

effective management, and improved patient outcomes. Further research is needed to refine diagnostic criteria and optimize long-term treatment strategies.

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