

ENDOMETRIOSIS IN FERTILE IBD PATIENTS: AN UNDERESTIMATED CONDITION

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Poster

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In a prospective study of 82 female IBD patients with endometriosis-compatible symptoms, transvaginal ultrasonography detected endometriosis in 62.1%, predominantly deep infiltrating disease, with dysmenorrhea and heavy menstrual bleeding identified as significant risk factors.

KEY POINTS

- Among 82 female IBD patients aged 18-55 years presenting with at least one endometriosis-compatible symptom, transvaginal ultrasonography detected endometriosis in 51 patients (62.1%).
- Deep infiltrating endometriosis was diagnosed in 46 of 51 patients with endometriosis (90.19%).
- Dysmenorrhea, dyspareunia, and heavy menstrual bleeding were significantly more frequent in IBD patients with endometriosis compared to those without (94.11% vs 74.1%, $p=0.025$; 70.58% vs 41.93%, $p=0.019$; 68.62% vs 41.93%, $p=0.03$, respectively).
- Multivariate analysis identified dysmenorrhea (OR 4.42, 95% CI 1.01-20.41, $p=0.04$) and heavy menstrual bleeding (OR 3.66, 95% CI 1.33-10.1, $p=0.01$) as significant risk factors for endometriosis in IBD patients.
- Uterosacral ligament involvement was significantly more frequent in ulcerative colitis than Crohn's disease (90% vs 38.09%, $p=0.0002$).

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