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DRUG THERAPIES IN THE TREATMENT OF ENDOMETRIOSIS

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Abstract: Objective Know how drug and non-drug therapies currently used for the treatment of endometriosis work, as well as their positive and negative effects. **Methods:** An integrative review was carried out, using as criteria the search in the National Library of Medicine (PubMed) and Scientific Electronic Library Online (SciELO) databases using the descriptors (i) endometriosis (ii) fertile age, (iii) treatment, with the Boolean operator "AND". Studies published from 2018 to 2023 were included. **Results:** The treatment of endometriosis must be an individualized treatment due to the variety of symptoms of each patient and the impact on the life of each patient and after analysis we realized that currently the standard therapy is the use of hormonal methods due to the fact that endometriosis is responsive to hormones, the Drugs for these conditions are progestogens and combined oral contraceptives (COCs).
Keywords: Endometriosis, childbearing age and treatment.

INTRODUCTION

Endometriosis is a clinical pathology where the functional endometrial tissue is outside the uterine and myometrial cavity, it is considered a benign disease but it can be accompanied by malignant endometrial tumors, it is currently considered a public health problem for affecting a large number of people. number of women and the physical, emotional and psychosocial impact of the affected patients (FERNANDO et al., 2021).

Endometriosis resembles malignant diseases in some aspects such as estrogen-dependent progressive and invasive growth, it appears to be the most common benign proliferation in women of childbearing age since this number reaches around 10% to 15% of women in reproductive age (Mehedintu et al., 2022).

Endometriosis is a debilitating disease

that reduces quality of life and regresses at the onset of less pause or after ovariectomy, suggesting that ectopic implants depend on ovarian steroids in a similar way to eutopic endometrium and, despite being so prevalent, it is a pathology that has its diagnosis delayed for years (TAYLOR et al., 2021).

The identification of appropriate treatment for endometriosis gives the patient great control of the symptoms, but this is still a difficulty encountered since the signs and symptoms are numerous and present in the most diverse ways, the presence of pelvic lesions is heterogeneous and the manifestations of disease outside the female reproductive tract remain poorly understood (SHIM et al., 2020).

Endometriosis is now considered a systemic disease rather than a disease that predominantly affects the pelvis. Endometriosis affects metabolism in the liver and adipose tissue, leads to systemic inflammation, and alters gene expression in the brain, which causes pain sensitization and mood disorders. The full effect of the disease is not fully recognized and goes far beyond the pelvis. Recognition of the full scope of the disease will facilitate clinical diagnosis and allow for more comprehensive treatment than is currently available.

REVISION

INCIDENCE AND PREVALENCE

It is believed that 6% to 10% of women of reproductive age have endometriosis even if not diagnosed and 50% to 60% of adolescents and adults with pelvic pain and up to 50% of women with infertility are affected by the disease, however, in their early stages or in asymptomatic and oligosymptomatic infertile women, it may be underdiagnosed (NEZHAT et al., 2021).

What is a major health concern in the adolescent, adult population and significantly affects daily physical and psychosocial functioning. Endometriosis can have different presentations in this population, and diagnosis often involves long delays and multiple specialist visits.

ETIOPATHOGENESIS

In previous periods, several theories were believed on the emergence of endometriosis based on everyday experiences and experiments, which were grouped into three distinct groups: the theory of transplantation, coelomic metaplasia and metaplastic induction due to biochemical and endogenous factors of the cavity. peritoneal, however none of these theories can justify the entire clinic of the disease (NEZHAT et al., 2022).

Recently, a hypothesis for the etiopathogenesis of endometriosis has been studied, it is believed that it suggests that altered endometrial stem cells (called endometrial *Mesenchymal Stem Cells* or eMSC) reach the peritoneal cavity with retrograde menstruation and implant in the peritoneum; or that normal eMSCs could implant in the peritoneum with increased receptivity; or even both combined (KIM et al., 2021).

RISK FACTORS

The pathogenesis of endometriosis is multifactorial, involving ectopic endometrial tissue, altered immunity, hormonal factors and genetic factors. The risk factors for endometriosis are: maternal family history increases the risk by 7%, uterine malformations, early menarche, short menstrual cycles, duration of menstrual flow, increased menstrual flow, cervical stenoses, low BMI, late pregnancy, nulliparity and white race and Asian (ILLUM et al., 2022).

SIGNS AND SYMPTOMS

Signs and symptoms involve dysmenorrhea, dyspareunia, chronic non-cyclic pelvic pain, dysquesia, dysuria, changes in bowel habits and often infertility, but its clinical presentation is very varied and has no pathognomonic or characteristic signs of the disease, which makes diagnosis difficult. and consequently, its treatment (WARZECHAET al., 2020).

CLASSIFICATION

This disease has been classified into four stages based on the severity, quantity, location, depth and size of the growths, these stages being: stage I (minimal disease), stage II (mild disease), stage III (moderate disease) and stage IV (serious illness). The notion of deep endometriosis implies endometriosis infiltrating deeper than 5 mm under the peritoneum]. This classification, however, cannot predict clinical outcomes, including symptomatology, respectively pain (ZAKIHARI al., 2020).

DIAGNOSIS

The diagnosis is made through the clinic and complementary exams as non-invasive diagnostic alternatives by imaging such as transvaginal ultrasound and IDEA protocol, magnetic resonance imaging, which currently corroborate a lot for the diagnosis (HERMENS al., 2022).

THERAPEUTIC

The treatment of endometriosis must be an individualized treatment due to the variety of symptoms of each patient and the impact on the life of each patient, whenever possible these patients must be assisted by a multidisciplinary team capable of covering the psychosocial aspects of each patient (ZHENG al., 2020).

Currently the standard therapy is the use of hormonal methods because endometriosis is responsive to hormones, the drugs for these conditions are progestogens and combined oral contraceptives (COCs), which lead to hormonal conditions similar to those observed during pregnancy, and androgens and GnRH agonists (GNRHa), which promote endogenous estrogen suppression (BAMBLE al., 2021).

Other routes of progestogen administration have been tested, such as the subdermal etonorgestrel implant and the levonorgestrel-releasing intrauterine system (LNG-IUS). Combined oral contraceptives are the first choice of clinical treatment in many centers and have been widely used to control pelvic pain associated with endometriosis. However, the mechanism by which this treatment regimen acts on endometriosis foci is still unclear (DESTEK al., 2020).

FUTURE PERSPECTIVES

The number of cases is very high, especially in patients with infertility and chronic pelvic pain, which is one of its clinical manifestations. The biopsychosocial impact of this pathology is high, both on a personal and public health level. Treatment must always be individualized, seeking a multidisciplinary team taking into consideration, not only the existing evidence regarding the effectiveness of different therapeutic regimens, but also all other variables that determine therapeutic success, aiming, ultimately, at promoting global improvement of the patients' quality of life (STUPARICH al., 2022).

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