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Biology general knowledge questions and answers

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What are the causes of endometriosis? A: AA This means that tissue from the uterine lining, called endometrial tissue, flows backwards through a woman's fallopian tubes during menstruation. The tissue remains trapped and cannot leave the body as the rest of the endometrial lining does during menstruation. However, regardless of where it is in the body, endometrial tissue still responds to hormonal stimulation every month. Endometriosis implants can become inflamed, bleed, and develop into scar tissue. When implants are attached to the organs of the pelvic and abdominal cavity, severe pain, infertility and other problems can occur. There are other theories about what causes endometriosis, including an insufficient immune system response, hormonal imbalances or environmental causes. Experts have also found strong evidence suggesting a genetic link to the disease. Q: How does endometriosis feel? A: AA Although some women with endometriosis do not show any symptoms. The degree of pain varies from very mild to severe pain which can make it impossible for a woman to go about her normal life. Some women describe the pain as acute and burning. It can last all month, but is usually worse during menstruation, with deep penetration during sex, or with bowel movements. Some women don't report any pain. Other symptoms may include abnormal menstrual bleeding severe pelvic cramps distinct from menstrual cramps Backpain during or after sexual penetration painful intestinal movements pain with exercise painful pelvic exam Q: How can I be sure that I am receiving a correct diagnosis if the pain associated with the disease can often be confused with other medical problems? If laparoscopy is not done, sometimes your doctor will prescribe hormonal treatments assuming there is endometriosis. If there is a response and a decrease in pain, it is a presumption that endometriosis was actually the cause of the pain. However, endometriosis cannot be definitively diagnosed without laparoscopy and biopsy. The American College of Obstetricians and Gynecologists (ACOG) recommends a peritoneal (tissue) biopsy to confirm endometrial lesions. Q: Can I get pregnant if I have endometriosis? A: Yes, it is possible. Almost all women who have endometriosis are fertile, and there are many women who have the disease and continue to have children. Endometriosis, unless it blocks the fallopian tubes, is not generally considered to be an absolute barrier to contraception. Q: Is there a way to prevent endometriosis? A: Unfortunately, it is not a barrier to contraception. It's probably never going to be said that you can prevent endometriosis by doing anything. The most common medical therapies for endometriosis are hormonal contraceptives such as oral birth control pills, injectable progestins, GnRH agonists, gonadotropin-releasing hormone drugs, which control hormonal stimulation of endometrial tissue. Danazol, synthetic androgen, is also used, but because it causes many unwanted side effects, including weight gain, hirsutism (hair growth) and low voice. Surgical treatment ranges from the removal of only the endometrial implants with laparoscopy to the removal of the uterus and ovaries. Q: A: How do I know what is the best treatment for my endometriosis case? A: A: How do I know what treatment is best for you, especially because No comparative studies have been conducted to determine which approach is best for you. There are pros and cons for all treatment options. Up to 90% of women with the disease will be helped by medical treatment. Oral contraceptives can be used indefinitely to manage symptoms. The goal of surgery is to remove endometriosis, restore the tissue to normal anatomical relationship, and remove any scar tissue caused by the condition. Most women choose laparoscopy if they decide to go with surgery. Many women try to avoid hysterectomy if possible, as it is a radical procedure that makes them sterile, with no guarantee that their endometriosis will go away forever. Because of the risks associated with surgery, the usual pathway is to move from the least invasive or risky treatment to the most invasive. This means that medical treatment is more often tried before. If you do not experience any success after several trials of different types of drugs, then laparoscopy can be recommended with hysterectomy as a last resort for most women depending on their age and their desire to preserve fertility. Correct answer: Correct answer: Correct answer: Correct answer: Correct answer:

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