

[PR1-111] Endometriosis is an overlooked cause of chronic abdominal pain in adolescents.

Sager S, Laufer M
Boston Children's Hospital , Boston , MA, USA

Introduction: Endometriosis is a progressive and treatable cause of chronic abdominal pain, frequently overlooked in the adolescent population. Diagnosis of endometriosis is delayed on average 9-years, with most women reporting onset of symptoms in adolescence(1). A preponderance of gastrointestinal symptoms, acyclic pain, and abdominal pain make endometriosis a challenging diagnosis in adolescents. Risk factors include dysmenorrhea, pain on oral contraceptives(2), and a positive family history(3).

Aims: To determine whether obtaining a menstrual history decreases time to diagnosis of endometriosis in adolescents diagnosed with functional abdominal pain or Irritable Bowel Syndrome.

Methods: After IRB approval, records of adolescent girls who were referred to this author (SS) for evaluation in the pain treatment clinic for further management of functional abdominal pain were reviewed. Patients were asked a standardized menstrual history during their evaluations. Girls with a positive menstrual history, defined as moderate to severe pain, irregular menses, or family history of endometriosis/severe dysmenorrhea in a first degree relative were referred for gynecological evaluation and followed prospectively.

Results: 135 girls ages 10- 22 years were seen in the Pain Treatment Clinic over a 2- year period; 24/135(18%) were referred for further management of FAP. Greater than 87%(21/24) of girls with chronic abdominal pain were previously evaluated by a gastroenterologist and diagnosed with Irritable Bowel Syndrome/Functional Gastrointestinal Disorder using Rome III criteria. At their pain clinic evaluation, 20/24(>80%) of the patients had a positive menstrual history and were referred for gynecologic evaluation. Time from symptom onset to GYN referral was 20 mo (avg) or 13 mo (median). All 12 girls who pursued recommendations and were evaluated by an adolescent gynecologist(ML) were found to have endometriosis. Symptoms of FAP/IBS resolved in 11/12 patients after endometriosis treatment. One patient with persistent IBS had a second laparoscopy to treat endometriosis, suggesting incomplete control of disease. Most adolescents (9/12) diagnosed with endometriosis also reported 1 or more non-abdominal chronic pain syndrome, including migraine (8/12), CRPS (4/12), and fibromyalgia (4/12).

Discussion/Conclusions: We have shown in a sub-group of adolescents with functional abdominal pain that a positive menstrual history suggests the presence of endometriosis. Importantly, the abdominal pain improved after endometriosis treatment. Endometriosis is an overlooked cause of chronic abdominal pain in adolescents diagnosed with IBS/FAP, and often is associated with other pain syndromes. Including a standardized menstrual history may improve time to gynecological referral and treatment of endometriosis for many adolescents.
