

Special Issue

Recent Advances in Infertility and Endometriosis

Message from the Guest Editors

Endometriosis-related infertility may depend on several factors: low number of monthly intercourses due to severe dysmenorrhea and deep dyspareunia, pelvic adhesions altering the tubes' anatomy and position, peritoneal inflammation, impaired oocyte quality and ovarian reserve, as well as endometriosis cysts. Endometriosis diagnosis may be easily achieved by ultrasound scan performed by expert operators; however, the diagnostic gold standard remains laparoscopy with eventual biopsy for suspicious lesions. With regards to therapy, medical treatment may be useful to solve endometriosis symptoms with the aim of abolishing the menstrual flow using progestins, oral contraceptives, and gonadotropin-releasing-hormone agonists to reduce pelvic pain. Surgical treatment consisting of laparoscopy may help to reduce or eliminate pelvic pain due to pelvic adhesions or deep pelvic endometriosis foci, and can be conservative or radical, depending on the woman's reproductive goals. On the other hand, it has to be mentioned that the in vitro fertilization (IVF) outcomes of patients with endometriosis are often poor.

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