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Endometriosis Mimicking Upper Gastrointestinal Symptoms in Women

Women with endometriosis are significantly more likely to present with upper gastrointestinal (GI) symptoms such as nausea and vomiting, epigastric or right upper quadrant abdominal pain and gastroparesis, according to findings of a study published in the journal *Clinical Gastroenterology and Hepatology*¹.

Madison Simons from the Digestive Disease Institute, Cleveland Clinic Foundation, Cleveland, Ohio and colleagues conducted a retrospective chart review to explore possible associations or differences in GI symptoms and health care utilization between 3,236 adult women with endometriosis (GYN) and 3,500 without endometriosis (GI) who presented to the Gastroenterology OPD at a tertiary hospital between 2010 and 2022. Data about demographics and utilization of health care services was obtained from the electronic medical records of the participants. The frequency of GI diagnoses was based on ICD-10 codes.

The study population consisted mostly of White individuals, comprising 78.2% of the total. On average, they were aged 53.8 years at the time of evaluation. The two groups differed in terms of age and racial composition. The GYN group tended to be younger, with an average age of 49.5 years compared to 57.8 years in the GI group.

Additionally, the GYN group was more likely to be composed of non-White participants.

The comparison between the two groups revealed several differences in health care utilization and clinical symptoms. The GYN group had fewer outpatient visits (ranging from 0-61) compared to those who did not have endometriosis (0-122).

However, they experienced significantly more emergency department visits (0-327 vs. 0-88), hospitalizations (0-147 vs. 0-66), telephone encounters, and abdominal surgeries.

Women with endometriosis also exhibited a higher prevalence of various symptoms. These symptoms included abdominal pain such as right upper quadrant (332 vs. 202), epigastric (824 vs. 737), abdominal distention (813 vs. 609), nausea and vomiting (568 vs. 513), change in bowel habits (231 vs. 144), iron deficiency anemia (206 vs. 147), and gastroparesis (208 vs. 164).

However, women without endometriosis were notably more likely to undergo evaluation for Crohn's disease (556 vs. 27) and abnormal weight loss (136 vs. 244).

This study underscores the significance of considering gynecologic conditions in the evaluation of perimenopausal or postmenopausal women with upper GI symptoms.

EDITORIAL

When digestive symptoms and gynecologic symptoms occur simultaneously, there is a risk of delaying diagnosis and appropriate treatment. This delay may occur due to the assumption that the symptoms are solely related to GI issues, overlooking the potential contribution of gynecologic conditions.

Clinicians should therefore maintain a high index of suspicion for gynecologic overlap when assessing women with upper GI symptoms and consider gynecologic conditions such as endometriosis in the

differential diagnosis, especially among women older than 50 years where the perimenopausal or postmenopausal changes can further obscure symptom presentation and diagnosis.

REFERENCE

1. Simons M, Cline M, Gubbels A, King C, Lembo A, Lupe S. Endometriosis is associated with higher healthcare utilization and upper gastrointestinal symptoms. *Clin Gastroenterol Hepatol.* 2024;22(10):2143-2146.e1.

