

Assessment of sexual function in women with endometriosis: preliminary results in a single- institutional study.

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INTRODUCTION:

Sexual function is affected in patients with endometriosis mainly because of pain during intercourse.

OBJECTIVE:

The aim of our study is to evaluate sexual function in women with endometriosis and to assess the impact of endometriosis symptoms and type of lesions on it.

MATERIAL AND METHODS:

A cross-sectional study was performed at the Endometriosis Unit of La Paz University Hospital between June and July 2021. Female Sexual Function Index (FSFI) and Female Sexual Distress Scale (FSDS) questionnaires were given to patients. FSFI evaluates aspects of patients' sexual life (score 0-5, 5 is the best value). FSDS assesses psychological impact of these sexual problems. It has 11 items (score 0-4, 4 is the worst value). Female sexual dysfunction is considered if the sum is ≥ 11 . We interviewed our patients about specific location of dyspareunia (superficial, at the introitus or deep, at the pelvis and vagin) and in case of coexistence, which one developed first.

RESULTS:

94 patients were enrolled. 18(19.1%) presented ovarian endometriosis, 14(14.9%) deep endometriosis, 5 (5.3%) adenomyosis and 57(60.6%) ovarian and deep endometriosis.

Mean age 40.77($\pm 7,72$).

Concerning the six domains of FSFI: 26(27.7%) reported absence of desire (desire score:2,32); 10(10.4%) referred no arousal (arousal score:2,13); 18(18.8%) inadequate lubrication (lubrication score:2,25); 12(12.5%) never reached orgasm (orgasm score:2,65); 17(17.7%) were moderately dissatisfied and 8(8.3%) very dissatisfied (satisfaction score:2,85).

Regarding pain, 13(13.5%) reported pain most of the time during intercourse.

Respecting to FSDS, the most affected items were: worried about sex(26.1%), guilty about sexual difficulties(34.1%), angry about sexual life(22%).

93 had a FSDS score ≥ 11 . Medium score was 12,26(SD: 0,82).

Concerning dyspareunia localization, 51(53.1%) reported superficial dyspareunia and 72(75%) deep dyspareunia. 46(47.9%) patients firstly experimented deep dyspareunia. On the contrary, 27(28.1%) reported superficial dyspareunia as the first symptom.

Analysis of data about the dyspareunia localization according to the type of endometriosis, showed:

- Ovarian endometriosis: 13(72.2%) reported superficial and deep dyspareunia.
- Deep endometriosis: 6(42.9%) reported superficial dyspareunia, 11(78.6%) deep dyspareunia.
- Adenomyosis: 3(60%) reported superficial dyspareunia, 5(100%) deep dyspareunia.
- Ovarian and deep endometriosis: (5)50.9% reported superficial dyspareunia, 43(75.4%) deep dyspareunia.

We investigated first onset dyspareunia following the type of endometriosis: in 6(33.3%) patients with ovarian endometriosis, first onset was superficial dyspareunia and in 8(44.4%), deep dyspareunia. In 4(28.6%) with deep endometriosis, first onset was superficial dyspareunia and in 7(50%), deep dyspareunia. In 2(40%) patients with adenomyosis, first symptom was superficial dyspareunia and in 2(40%), deep dyspareunia. In 15(26.3%) with ovarian and deep endometriosis, first symptom was superficial dyspareunia and in 29(50.9%), deep dyspareunia.

We didn't show statistically significant association between different types of endometriosis and dyspareunia location ($p 0,375$).

CONCLUSIONS:

Deep dyspareunia occurs earlier than superficial dyspareunia in patients with endometriosis. Although significant association wasn't demonstrated, patients with adenomyosis and deep endometriosis seems to be most affected. Larger series are needed to validate these results.