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What is the aim for the meeting?

We are using the weekend before NFOG 2018 to discuss important aspects of endometriosis at a conference where we seek to inform through a group of excellent speakers and to deliberate on the ways forward for us as professionals and for our patients in the Nordic countries. How do we improve services for women with endometriosis through different levels of management options? Where and how can we create centers of excellence for research, diagnostics, treatment, advice and referrals within our communities? Is a Nordic network needed to promote such activities? After all the Nordic countries have only 27 million inhabitants, a few large hospitals and academic institutions, but most are medium-sized or small units, located within a wide geographical area. Still our cultural background and health care organizations have much in common. Through established Nordic channels we might advance co-operation and help development of rational services appropriate for the various aspects of endometriosis. In a complex disease with unclear origins like endometriosis, not every unit can offer top services on everything. Research needs concentrated large scale efforts if it is going to contribute in the current and future scientific world. We must develop surgical excellence centers for the Nordic countries and establish prime units that offer advice and patient care for complex medical, hormonal, pain, psychological and sexual problems. In research there are centers that could pull their efforts together to optimize what can be achieved in areas such as genetics, epidemiology, imaging, and other field where much deeper understanding is imperative. Patient associations must be part of this as well. NCE abstracts

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How common is endometriosis really?

Endometriosis can be considered a genetically controlled and culture-related condition, where unknown genetic multifactorial influences interact with immune and cytokinetic defence mechanisms to produce disease penetrance. As a chronic condition it ranges from asymptomatic and incidentally diagnosed to being associated with chronic or intermittent pelvic pain, severe dysmenorrhea, menstrual disorder and infertility, often with long-lasting somatic and psychological sequelae. There is no biomarker available, but modern laparoscopy should have made surgical diagnosis easier.

A prevalence of 5%-10%, even up to 20%, is often postulated, but based on weak evidence. A few population-based studies have indicated that 1-2/1000 women during reproductive age (15-49 years) are newly diagnosed each year, that 2-3% of women have a disease condition at any time, and that an additional 2%-5% have minimal/mild, often temporary disease with no, or milder, symptoms. There is high heritability, clustering in families, with a higher kinship coefficient and close female relatives having a raised chance of being affected. Referral center studies or studies based on selected populations show incidence and prevalence rates that are biased towards higher figures. But even a relatively stable incidence of about 10/10 000/year and a prevalence of around 3-4% means, however, that a large number of women will be afflicted in any society. This is a major issue for women's health. Symptomatic endometriosis is usually serious and the deeply infiltrating, inflammatory, scar- and adhesion-forming disease is of as much concern now as before, - to the individual and society alike.