



Endometriosis



What is endometriosis?

Endometriosis, often called endo, is a chronic inflammatory disease in which tissue similar to the lining of the uterus grows outside the uterus. These growths can attach to the ovaries, fallopian tubes, bladder, bowel, or other organs in the pelvis. This tissue responds to monthly hormone changes, causing inflammation, severe pain, scar tissue, adhesions and infertility.

How common is endometriosis among Texas women?

Endometriosis affects 10% of women of childbearing age, **approximately 659,000 Texas women** live with endometriosis. Key symptoms include severe menstrual cramps, chronic pelvic pain, pain during intercourse, fatigue, heavy bleeding, gastrointestinal distress (bloating, diarrhea, nausea).

What causes endometriosis?

The exact cause of endometriosis is unknown. Experts believe it is linked to a combination of hormones (estrogen), genetics, immune system challenges, and inflammation. Because estrogen helps endometriosis grow, many treatments work by lowering estrogen levels or reducing its effect to slow the growth of the tissue and relieve symptoms.

What is the biggest challenge patients currently face in getting care?

The average diagnostic **delay is 7 to 10 years**. Symptoms are frequently dismissed as “normal period cramps” or misdiagnosed as conditions like irritable bowel syndrome (IBS).

- **School & Workforce Impact:** Diagnostic delays lead to chronic middle/high school absenteeism
- **Coverage Barriers:** 1 in 5 Texas women of childbearing age is uninsured, making specialist visits and surgical diagnosis unaffordable.

What pregnancy & fertility complications are linked to endometriosis?

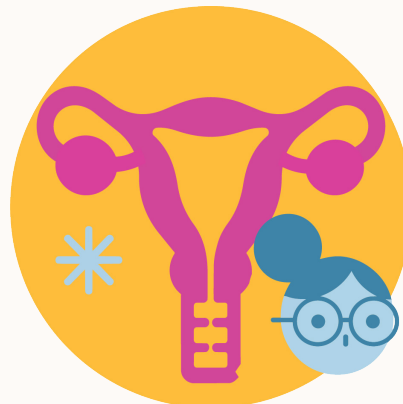
Affecting **30–50% of women diagnosed with endometriosis**. It hinders pregnancy by damaging eggs/sperm through inflammation, blocking fallopian tubes with scar tissue, and disrupting embryo implantation. Pregnant women with endometriosis face higher risks of miscarriage, ectopic pregnancy, preeclampsia, preterm labor, and placental complications.

Can endometriosis occur in men?

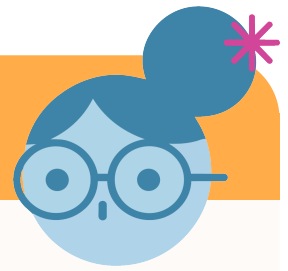
Yes, though extremely rare (**<20 cases worldwide**), primarily in men with high estrogen levels from prostate cancer therapy, liver disease, or hormonal conditions. This demonstrates that endometriosis is a broader hormone and cell-driven systemic disease rather than a menstrual disorder.

How is endometriosis currently diagnosed and treated?

- **Diagnosis:** Relies on symptom history, pelvic imaging (ultrasound/MRI), and definitively on invasive laparoscopic surgery. Imaging often misses early-stage disease, while surgery carries high cost and access barriers.
- **Treatment:** Focuses on symptom management via pain medications, hormone therapies (birth control, IUDs) to slow tissue growth, surgical removal of lesions, and fertility care.



Endometriosis



How does delayed diagnosis impact state healthcare costs and the economy?



Endometriosis costs the **U.S. \$49 billion annually** in medical care and lost wages.

In Texas, severe endometriosis cases cause women to lose an average of 16 productive work hours per week. Research indicates that endometriosis patients face significantly higher healthcare expenditures regardless of coverage, with annual Medicaid costs jumping to approximately \$13,670 post-diagnosis compared to \$5,779 for those without endo. These high costs are driven primarily by hospital stays, followed closely by frequent clinic visits and prescriptions, highlighting a critical, ongoing need for earlier diagnosis and treatment.

What noninvasive diagnostic technologies are emerging to shorten diagnostic delays?

Shifting diagnosis from late-stage surgery to early, noninvasive primary care screening drastically lowers emergency care costs and protects patient fertility. To reduce reliance on costly and invasive laparoscopic surgery, international pilot programs (such as those in the U.K. and France) are evaluating advanced noninvasive diagnostic tools:

- **Salivary MicroRNA Biomarker Tests (e.g., Ziwig Endotest®):** Uses AI sequencing to evaluate over 100 microRNA biomarkers from a simple saliva sample in primary care settings (~4-week results).
- **Abdominal Sensor Technology (e.g., EndoSure):** Uses adhesive sensors to measure digestive electrical activity and provide a same-day probability score.

The information on this brochure is not intended or implied to be a substitute for professional medical advice, diagnosis or treatment. All content, including text, graphics, images and information, contained on or available through this web site is for general information purposes only. Reference in this brochure to any specific commercial product, process, or service is for the information and convenience of the public and does not constitute endorsement or recommendation by TWHC.

References

1. Bendifallah, S., Dabi, Y., Suisse, S., Delbos, L., Spiers, A., Poilblanc, M., Golfier, F., Jornea, L., Bouteiller, D., Fernandez, H., Madar, A., Petit, E., Perotte, F., Fauvet, R., Benjaor, M., Akladios, C., Lavoué, V., Darnaud, T., Merlot, B., Roman, H., ... Descamps, P. (2023). Validation of a Salivary miRNA Signature of Endometriosis - Interim Data. *NEJM evidence*, 2(7), EVID002200282. <https://doi.org/10.1056/EVID002200282>
2. Endometriosis Foundation of America. (n.d.). What is endometriosis? <https://www.endofound.org/endometriosis>
3. Fertility and Sterility. (2024). Mechanisms of oocyte degradation and IVF outcome metrics in patients with advanced endometriomas. *Fertility and Sterility*, 121(3), 512–521.
4. Fryer, J., Mason-Jones, A. J., & Woodward, A. (2025). Understanding diagnostic delay for endometriosis: A scoping review using the social-ecological framework. *Health Care for Women International*, 46(3), 335–351. <https://doi.org/10.1080/07399332.2024.2413056>
5. Inceboz, U. (2015). Endometriosis in male patients and the role of estrogen therapy. *Fertility and Sterility*, 104(3), e112.
6. Lee, H. J., Yoon, S. H., Lee, J. H., Chung, Y. J., Park, S. Y., Kim, S. W., Hong, Y. H., Kim, S. E., Kim, Y., Chun, S., & Na, Y. J. (2025). Clinical evaluation and management of endometriosis: 2024 guideline for Korean patients from the Korean Society of Endometriosis. *Obstetrics & gynecology science*, 68(1), 43–58. <https://doi.org/10.5468/ogs.24242>
7. March of Dimes. (2026). Maternity care deserts dashboard: Texas indicators. *Peristats*. <https://www.marchofdimes.org/peristats/>
8. Sarkar, P. K., Koslowski, M., & Streeter, E. (2024). Vesical Endometriosis in a male patient on treatment for papillary urothelial carcinoma. *Journal of West African College of Surgeons*, 14(3), 345–347. https://doi.org/10.4103/jwas.jwas_130_23
9. Silva, T., Oliveira, M., Oliveira, E., Macena, R., de Oliveira Silva, G. T., Câmara, S. M. A., & Micussi, M. (2024). Are women with endometriosis more likely to experience reduced physical performance compared to women without the condition? *PeerJ*, 12, e16835. <https://doi.org/10.7717/peerj.16835>
10. Saliman, A. M., Surrey, E. S., Bonafede, M., Nelson, J. K., Vora, J. B., & Agarwal, S. K. (2019). Health care utilization and costs associated with endometriosis among women with Medicaid insurance. *Journal of Managed Care and Specialty Pharmacy*, 25(5), 566–572. <https://doi.org/10.18553/jmcp.2019.25.5.566>
11. Tzikouras, P., Oikonomou, E., Bothou, A., Chaitidou, P., Kyriakou, D., Nikolettos, K., Andreou, S., Gaitatzi, F., Nalbanti, T., Peitsidis, P., Michalopoulos, S., Zervoudis, S., Iatrakis, G., & Nikolettos, N. (2024). The Impact of
12. Endometriosis on Pregnancy. *Journal of personalized medicine*, 14(1), 126. <https://doi.org/10.3390/jpm14010126>
13. UCLA Health. (2023, February 7). Endometriosis [Video]. YouTube. https://youtu.be/4cJDbTL8bk?si=pjJuhGbZBr2__fd07
14. Wilder, L. H., Cabre, H. E., Dickey, S. M., & Redman, L. M. (2026). Endometriosis: Pathophysiology and diet. *Advances in Physiology Education*, 50(1), 45–54.
15. Wise, J. (2026). Endometriosis: "Game changing" new tests may speed up diagnosis in primary care. *BMJ*, 394, bmj-2026-100215. <https://doi.org/10.1136/bmj-2026-100215>

