Menopause and gynecological conditions: Endometriosis

Endometriosis is defined as the presence of endometrial tissue outside the uterine cavity. It is a chronic inflammatory, estrogen-dependent and progesterone-resistant disorder and affects 2–5% of women after the menopause.

The pain associated with endometriosis usually subsides after menopause.

Endometriosis as a risk factor

- Endometriosis may increase the risk of early menopause
- It impairs sexual function and health-related quality of life
- It is associated with increased risks of osteoporosis, cardiovascular disease and autoimmune diseases (e.g. systemic lupus erythematosus, coeliac disease, inflammatory bowel disease and multiple sclerosis)
- It is associated with increased risks of breast, ovarian and thyroid cancer
- Endometriosis-associated pelvic pain increases the risk of depression and anxiety

Management

- **Surgery** should be considered in women with postmenopausal onset of pain and a history of endometriosis
- If malignancy has been excluded, **non-surgical options** include aromatase inhibitors in **postmenopausal women** and LNG-IUS, combined oral contraceptives, progestins or GnRH agonist/antagonists in **premenopausal women**
- Medical treatment may be considered during menopausal transition

Menopause management for women with a history of endometriosis

Menopausal hormone therapy (MHT)

- MHT is effective in treating vasomotor symptoms and genitourinary syndrome of menopause (GSM)
- The safety of MHT is assessed in relation to the risk of **reactivation** of the endometriosis or pain-associated symptoms and the risk of **malignant transformation**
- Data regarding MHT regimens are limited, but it may be safer to give **continuous combined estrogen-progestogen** therapies in both hysterectomized and non-hysterectomized women to reduce the risk of recurrence and malignant transformation of residual disease

Non-hormonal interventions

- Selective serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs), fezolinetant or elinzanetant can be used to treat vasomotor symptoms as non-hormonal alternatives
- For **genitourinary syndrome of menopause**, vaginal moisturizers, lubricants, topical estrogen and DHEA can be used

Further information

Erel et al. (2025). Endometriosis and menopausal health: an EMAS clinical guide https://doi.org/10.1016/j.maturitas.2025.108715

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