

Presents

SCIATIC ENDO

Please note: This presentation is provided for information purposes only on a not for profit basis and may contain copyrighted material. Such copyrights retained by respective authors or sources. Thank you.

UNCOMMON MANIFESTATIONS OF ENDOMETRIOSIS

As we enter the new millenium, more and more physicians are finally beginning to recognize Endometriosis for the significant issue that it is. Better still, more and more teens and women with the disease are beginning to advocate for themselves - armed with education and knowledge about Endometriosis, they are becoming partners in their own healthcare and taking an active role in their disease management.

But we still have a long way to go. There are many who still maintain that Endometriosis "can be cured by pregnancy or hysterectomy," and who believe that the disease only occurs in and on the reproductive organs. Though referred to as "uncommon," two specific manifestations of the disease are becoming more prevalent: pleural and sciatic Endometriosis. This recognition may be due in part to the practitioner's increased understanding and awareness of the disease, and/or to the patient's active role in her own care; speaking up and making herself heard about new or different symptoms she may be experiencing. We are sharing basic information herein about Sciatic Endometriosis in order to provide a better understanding of this less common form of the disease. For information about Pleural Endometriosis, please obtain a copy of the ERC's "Endometriosis & the Lung" Article.

SCIATIC ENDOMETRIOSIS

Pelvic Endometriosis is a common gynecological problem. The most common sites are the ovaries, cul-de-sac, uterine tubes, the pelvic peritoneum, the recto-vaginal septum, the cervix, and the bowel. Sciatic nerve endometriosis is less common, but should be included in the diagnosis of pain in the sciatic nerve distribution.

The first case of sciatic Endometriosis was described by Denton and Sherill in 1955. Symptoms that may lead to the suspicion of Sciatic Endometriosis include pain which begins just before menstruation and lasts several days after the end of the flow, motor deficit, low back discomfort radiating to the left leg, left foot drop and weakness, cramping in the left leg when walking for long distances, and tenderness of the sciatic notch. There is generally a previous history of pelvic Endometriosis. If left untreated, the symptoms can lose their cyclical nature with time, due to scarring; resulting in a progressively shorter pain-free interval until constant pain prevails.[1] Early recognition is necessary to prevent permanent damage to the sciatic nerve.[2] The disease may be seen on diagnostic imaging tests in select cases; other cases require visual diagnosis. Sciatic Endometriosis is generally treated the same way as pelvic disease; surgical eradication and/or a course of medical therapy.

Extensive empirical data discussing this condition exists in peer-reviewed literature. In a 1999 Review of Neurology case report[3] authors Calzada-Sierra, Fermin-Hernandez, Vasallo-Prieto, Gomez-Fernandez and Santana de la Fe discussed a patient with cyclical sciatica due to implantation of endometrial tissue in the sciatic nerve in the region of the sciatic notch. Authors noted, "if it is not treated, a sensomotor mononeuropathy of the sciatic nerve develops." Their patient had complained of right-sided sciatic pain from the age of 36 years, and over the years a motor deficit had slowly and progressively appeared causing foot drop. The painful crises were related to her menstrual periods. At the age of 44 years, a pyramidal muscle syndrome was diagnosed and treated surgically. This was followed by increase in the crises of sciatic pain. A year later, she

started to have sciatic pain on the left side, which was similar to that of the right side. At the time of publication, the patient was still being treated with depot medroxyprogesterone (Depo Provera), and her pain has disappeared. Authors concluded that "cyclical sciatica due to endometriosis is little known and may lead to permanent disability. Computerized axial tomography of the pelvis using contrast material is very useful for diagnosis. The use of depot medroxyprogesterone seems to be a satisfactory treatment in some patients."

In a 1999 Fertility & Sterility article, authors Fedele, Bianchi, Raffaelli, Zanconato and Zanette published a study in which they attempted to assess the efficacy and diagnostic value of GnRH agonist (GnRH-a) therapy in cases of hidden sciatic nerve endometriosis. In this case report, authors reviewed the treatment of three patients with cyclic, catamenial ("upon menstruation") sciatica associated with pelvic endometriosis, who had electromyographic evidence of sciatic nerve damage but negative computed tomography (CT Scan) and magnetic resonance imaging (MRI) findings. Their patients were given a monthly administration of Lupron plus 25 mcg. of addback. As a result, all three patients had clear decreases in pain and partial amelioration of claudication. Authors concluded that "Endometriosis of the sciatic nerve may be hard to diagnose with the use of current imaging techniques, but may be proved by clinical response to GnRH analogue treatment and may be more frequent than previously thought."

Another report in a 1996 edition of the journal Spine presented by authors Dhote, Tudoret, Bachmeyer, Legmann and Christoforov outlined a review of a case of cyclic sciatica secondary to ovarian cyst endometriosis[5]. Authors noted that "Endometriosis of the sciatic nerve is rare, but must be included in the differential diagnosis of sciatic mononeuropathies." The authors reported a case of a patient whose cyclic sciatica was caused by an ovarian cystic endometriosis lesion. Magnetic resonance imaging permitted a specific diagnosis of this unusual cause of sciatica by showing a hemorrhagic mass in the region of the sciatic nerve. Authors further concluded that "early recognition is necessary to prevent permanent damage to the sciatic nerve."

In "Endometriosis of the Sciatic Nerve: Case Report Demonstrating the Value of MR Imaging," authors Descamps et al. stated that "Endometriosis...should be considered in menstruating women in view of the diagnostic strategy and ensuing therapeutic implications." Authors related a case of sciatic nerve involvement with Endometriosis in contact with the nerve in the left sciatic notch which was discovered by MRI. Authors concluded that "MRI was invaluable for the diagnosis, revealing a signal on the stem of the nerve suggestive of a lesion with haemorrhagic content." [6]

Hysterectomies may also be indicated as treatment for patients who have completed their families (for more information on hysterectomies as treatment for Endometriosis, please contact us). One such case where a hysterectomy was effective treatment for the patient is presented in "Adenomyosis—An Unusual Cause of Sciatic Pain" by al-Khodairy AT; Gerber BE and Praz G.[7] Authors report the case of "a female patient who presented with a 5-month history of sciatic pain who had been referred for investigation and surgical treatment of a suspected herniated lumbar intervertebral disc. Because of an ill-defined clinical picture at admission, she was treated conservatively. After 2 weeks without any improvement, imaging of the spine by MR was performed. No signs of a herniated disc or intraspinal, space-occupying lesion were apparent, but a right paramedian pelvic mass was seen. Ultrasonography confirmed an enlarged, irregular uterus. Hysterectomy abolished the symptoms."

An excellent review by Mazin Elias, M.D., F.R.C.A., Director, Associate Professor, Pain Management Program, Medical College of Wisconsin, entitled "Endometriosis of the Sciatic Nerve"[8] outlines the importance of early diagnosis and detection to prevent permanent sciatic nerve damage. Dr. Elias states that "physical examination findings may reveal various neurological deficits involving the sciatic nerve rootlets. There may be localized tenderness over the sciatic notch, but this is not classical finding. Pelvic examination may be normal. Hormonal suppression of the endometrial tissue may also cause pain relief and aids in proper diagnosis. CT and MRI findings of endometriosis can be variable as they can appear as solid or complex cystic lesions, and involvement of the sciatic nerve at the sciatic notch has been a constant feature." Dr. Elias further states that "electromyography has been useful in diagnosis as well as differentiating between peripheral and root nerve involvement. However, normal findings on electromyography have been reported. An unequivocal diagnosis can be made by direct visualization during operative surgery/laparoscopy and confirmed by histopathology. The 'pocket sign' visualization under laparoscopy or surgery of a peritoneal evagination containing ectopic endometrial tissue has been described by Head et al. In patients with cyclic sciatic pain, this finding may be the only clue to the presence of endometriosis, however this sign may be overlooked by the surgeon."

References:

- [1] & [8] "Endometriosis of the Sciatic Nerve" by Mazin Elias, M.D., F.R.C.A., Director, Associate Professor, Pain Management Program, Medical College of Wisconsin. Froedtert Memorial Lutheran Hospital/Grand Rounds April/June, 1999: Volume 6, Number 2
- [2] & [5] "Cyclic sciatica. A manifestation of compression of the sciatic nerve by endometriosis: a case report;" Spine 1996 Oct 1;21(19):2277-9 (ISSN: 0362-2436). Dhote R; Tudoret L; Bachmeyer C; Legmann P; Christoforov B; Service de Medecine Interne, Hopital Cochin, Paris, France.
- [3] "Bilateral Cyclic Sciatica Caused by Endometriosis," Rev Neuro (Jul 1-15;29(1):34-6, ISSN: 0210-0010), Calzada-Sierra DJ; Fermin-Hernandez E; Vasallo-Prieto R; Gomez-Fernandez L and Santana de la Fe from the Centro Internacional de Restauracion Neurologica, Ciren, La Habana, Cuba
- [4] "Phantom Endometriosis of the Sciatic Nerve," Fertil Steril 1999 Oct;72(4):727-9 (ISSN: 0015-0282) by Fedele L; Bianchi S; Raffaelli R; Zanconato G; Zanette G; Department of Obstetrics and Gynecology, University of Verona, Italy
- [6] "Endometriosis of the Sciatic Nerve: Case Report Demonstrating the Value of MR Imaging," Eur J Obstet Gynecol Reprod Biol 1995 Feb;58(2):199-202 (ISSN: 0301-2115). Descamps P; Cottier JP; Barre I; Rosset P; Laffont J; Lansac J; Body G, Department of Obstetrics and Gynecology, University Hospital, Tours, France
- [7] "Adenomyosis-an Unusual Cause of Sciatic Pain" Eur Spine J 1995;4(5):317-9 (ISSN: 0940-6719). al-Khodairy AT; Gerber BE; Praz G, Department of Orthopaedic Surgery, Hopital de Pourtales, Neuchatel, Switzerland

HOW DO I RECEIVE ADDITIONAL INFORMATION?

Where can I get further materials, resources and support?

ERC Support & Contact Network - The ERC hosts over 50 active, in-person support groups throughout the US, Canada and Caribbean. To find a group near you, call us at 800/239-7280 or visit <http://www.endocenter.org/supportgroups.html> for more information. The ERC is also proud to host the Internet's largest electronic support group for Endometriosis, the ERC EndoAngel™ Listserv. The Listserv will allow you the opportunity to exchange ideas, experiences, information and support with others who are dealing with similar issues related to the disease. For more information, please join the ERC EndoAngel™ Listserv (for free, of course) by visiting the following URL: <http://groups.yahoo.com/group/erc>

Additionally, the ERC also offers a moderated discussion group specifically designed for the unique perspective and Endometriosis needs of Military dependents and personnel, located online at: <http://groups.msn.com/EndometriosisandtheMilitary>

Not online? No problem! If you would like to take part in the ERC contact network, but do not have Internet access or would prefer to speak with someone in an offline setting, please contact us with your full name, phone number and Endometriosis topic. We will put you in touch with one of our contact network volunteers, who have offered to speak with others on the subject.

Contact Us - Please do not hesitate to contact our offices. The ERC is an established 501(c)3 Tax Exempt-Tax Deductible Organization which was founded to address the International need for Endometriosis education, research and support. We are dedicated to finding a cure for this disease; providing support and helping to improve the quality of life for all those affected by Endometriosis; raising public awareness about the disease; educating healthcare providers, patients, policymakers and the public; providing an international network in which women can exchange information and ideas; and facilitating research on all aspects of the disease.

We are a resource center for education and support. Each individual who contacts the ERC will receive an initial Contact & Information Packet. The ERC offers educational literature on Endometriosis, accurate fact sheets on many topics pertaining to the disease, a monthly Newsletter, and much more. Please visit us on the web at www.endocenter.org or call our offices toll free at 800/239-7280 to obtain the ERC's Material Request Form, which contains an updated list of all our educational materials. Being added to the ERC's mailing list will enable you to be kept informed of the latest research and developments surrounding the disease. If you would like to receive a sample copy of our Newsletter, we will be happy to provide you with an edition. Simply send your request to us along with a self-addressed, stamped, #10 envelope (the SASE helps cover our postage costs). The ERC has maintained a strict privacy policy since we were founded; any personally identifiable information collected by the ERC is used solely for the purposes of sending materials. Your information is never shared outside headquarters for any reason, at any time.

The Endometriosis Research Center
630 Ibis Drive | Delray Beach, FL 33444 USA
toll free - 800/239-7280 | direct - 561/274-7442
fax - 561/274-0931
URL - <http://www.endocenter.org> | EndoFL@aol.com

Material presented herein is offered for informational purposes only. This material is not intended to offer or replace medical advice offered by your personal physicians or healthcare professionals. Additionally, the Endometriosis Research Center does not recommend or endorse any physicians, medications, organizations or treatment methods. Please consult your personal physician or other medical professional for treatments and diagnoses. All material © 1997-2003 by the Endometriosis Research Center except where otherwise explicitly noted. All rights reserved. No part of this presentation may be reproduced or utilized in any form, electronic or mechanical, including photocopying, recording, or by any information storage and retrieval system, without written permission from the ERC.

Date of Publication: 1997 Updated: Sept. 2003

The Endometriosis Research Center & Women's Hospital is a 501 (c) 3 non-profit organization. A copy of the official registration and financial information may be obtained from the Division of Consumer Services by calling 1-800-435-7352 toll-free within the State of Florida. Registration does not imply endorsement, approval or recommendation by the State. Registration #SC-07844. Donations are received 100% by the ERC.