

ENDOMETRIOSIS SYMPOSIUM

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Endometriosis symposium: presentation Simposio endometriosis: presentación

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I would like to begin this presentation by noting that endometriosis first drew my attention—and subsequently became a subject of particular interest—during my medical training. This is due to the fact that it is a disease for which neither its etiology nor its progression is fully understood. It may be entirely asymptomatic or manifest with markedly florid symptoms, and, moreover, we currently lack a definitive treatment. In some cases, we are able to alleviate patients' discomfort, yet we remain unable to cure the condition.

It should be considered a public health problem due to its frequency, affecting 10% of women of reproductive age, its symptoms, and the fact that, as there is no known cure, it lasts a lifetime.

This is one of the reasons why the Editorial Committee of the Peruvian Journal of Gynecology and Obstetrics has convened a group of specialists dedicated to the study and management of this disease, resulting in an updated review designed to enable not only specialists but also general practitioners to care for their patients in the most effective and time-efficient manner.

The topic of 'Etiopathogenesis' was presented by Dr. Alfredo Celis López, President of the Peruvian Endometriosis Association. He began by reminding us that the pathogenesis of endometriosis remains unknown and proceeded to outline the principal theories proposed to explain the disease. He subsequently addressed genetic and epigenetic alterations, hormonal imbalance, and immune dysregulation.

Next, Dr. José Negrón Rodríguez from the Center for Endometriosis and Pelvic Pain refers to "Diagnosis," highlighting that one of the biggest problems with this disease is late diagnosis, mainly due to not giving pain the importance it deserves. He even suggests the importance of using pain scales to assess it properly. In medicine, it is always important to have a good medical history evaluating the classic symptoms of the disease, physical examination, use of biomarkers, and diagnostic imaging (transvaginal ultrasound, magnetic resonance imaging).

The third topic, "Medical treatment and other non-surgical therapeutic tools for symptomatic endometriosis," was commissioned from the Endometriosis Center at the INDISA Clinic in Santiago, Chile, where the lead author is Dr. Pablo Céspedes. They initially focus on the treatment of cyclical or non-cyclical pain accompanied by dyspareunia, dyschezia, urinary problems, anxiety, and/or depression. Identifying the type of pain is essential in order to provide personalized, multidisciplinary treatment. They then describe non-hormonal and hormonal approaches to pain management, pelvic floor rehabilitation for pelvic floor dysfunction, the management of associated pain, and strategies to improve quality of life in these patients. They also outline the psychological support that individuals with this condition should receive.



The topic “Surgical Management of Endometriosis” was presented by Dr. Mario Castillo Benites of the Peruvian Endometriosis Association. In this article, he reviews the different surgical approaches according to its presentation, whether superficial, endometrioma, or deep endometriosis, emphasizing that it is essential that surgical treatment be correctly planned, taking into account symptoms, previous interventions, extent of the disease, age, and reproductive desire.

The last topic is Endometriosis: Why Assisted Reproduction? The main author is Dr. Carlos Alfredo Vergara Herrera, Vice President of the Peruvian Fertility Society and Director of the Niu Vida Center, which specializes in assisted reproduction. The topics covered include the pathophysiology of infertility, the role of assisted reproduction in endometriosis, IVF results in endometriosis, international guideline recommendations, strategies for optimizing IVF, and clinical results.