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Endometriosis and Pregnancy Outcomes

Pregnant women with stage III or IV endometriosis are likely to have a higher incidence of placenta previa compared to pregnant women with stage I or II endometriosis, suggests a study published in the *European Review for Medical and Pharmacological Sciences*¹. But other pregnancy complications did not differ much in the two disease severity groups. Through this retrospective study, Zhao-Zhen Liu, from the Dept. of Obstetrics and Gynecology at the College of Clinical Medicine for Obstetrics, Gynecology, and Pediatrics at Fujian Medical University, China, and coauthors aimed to investigate the impact of endometriosis on pregnancy and assess any potential pregnancy complications and neonatal outcomes in patients with pregnancies complicated by endometriosis. Their goal was to contribute to a better understanding of the impact of endometriosis on pregnancy outcomes.

A total of 3,809 pregnant women who underwent cesarean section delivery at Fujian Maternity and Child Health Hospital in China between January 2014 and December 2020. Among them, 1,026 were diagnosed with endometriosis after the cesarean section, forming the endometriosis group. The control group consisted of 2,783 women without endometriosis. The endometriosis group was further categorized into subgroups based on the disease severity; the first subgroup consisted of 882 subjects with stage I or II endometriosis, while the second subgroup comprised 144 parturients with stage III or IV endometriosis. During the study, general data of all patients and medical records of pregnancy complications and neonatal outcomes were collected and retrospectively analyzed. Age, gestational age, gestation, and parity times were comparable between endometriosis and control groups.

Results showed no statistically significant differences in age, gestational age, gestation, and parity times between all groups ($p > 0.05$). However, the incidence of

pre-eclampsia and placenta previa in the endometriosis group was higher compared to the control group ($p < 0.05$). No significant between-group differences were observed with regard to other pregnancy complications such as chronic hypertension with pregnancy, pre-eclampsia with chronic hypertension, HELLP syndrome, gestational diabetes mellitus, pregestational diabetes mellitus, intrahepatic cholestasis of pregnancy, premature rupture of membranes, and placental abruption. When the two subgroups were analyzed, patients with more severe endometriosis, stage III/IV were found to have higher incidence of placenta previa compared to those with stage I/II endometriosis ($p < 0.05$). Additionally, the amount of postpartum hemorrhage (1,000-1,500 mL) was significantly greater in the endometriosis group compared to the control group. However, there was no significant difference in the incidence of postpartum hemorrhage among patients with pregnancies complicated by endometriosis at different stages.

These findings provide valuable insights into the potential risks and complications associated with endometriosis during pregnancy and suggest that endometriosis may contribute to an increased risk of certain pregnancy complications. They show that in pregnant women, endometriosis is associated with an increased incidence of placenta previa, and this correlation is influenced by the severity of the disease. Additionally, pregnant women with endometriosis have higher rates of pre-eclampsia and postpartum hemorrhage compared to women without endometriosis. It is important to consider these factors when managing and providing care for pregnant women with endometriosis.

REFERENCE

1. Liu ZZ, Tang SJ, Chen X, Wang JY, Zhang YL. Effects of endometriosis on pregnancy outcomes in Fujian province. *Eur Rev Med Pharmacol Sci.* 2023;27(22):10968-78.