THE THEORY EXPLAINS ENDOMETRIOSIS IN DISTANT SITES IN MEN. IN WOMEN WHO UTERUS BUT CAN'T EXPLAIN ITS PREPONDERANCE IN THE PELVIS.

IMPLANTATION THEORY
RETROGRADE MENSES SUSPECTED
HEMATOGENOUS, LYMPHATIC SPREAD OF MENSES TO DISTANT SITES
IATROGENIC IMPLANTATION - MAY EXPLAIN IT'S PRESENCE IN SURGICAL SCARS.

INDUCTION THEORY
COMBINATION OF FIRST 2 THEORIES
UNKNOWN SUBSTANCES FROM THE ENDOMETRIUM TRANSPLANTED TO EPITHELIAL SITES, INDUCE UNDIFFERENTIATED MESENCHYMES TO FORM ENDOMETRIOTIC TISSUE.

SITES USUALLY AFFECTED
REPRODUCTIVE TRACT - OVARIES, P.O.D, UTERO-SACRAL LIGAMENTS, (COMMON SITES), OTHERS - BROAD LIGAMENTS, FALLOPIAN TUBES.
PHYSICAL SIGNS

- MAY BE NO SIGNS ON EXAM.
- NODULES IN SURGICAL SCARS & UMBILICAL AREA.
- ABDOMINAL TENDERNESS.
- LARGE CYSTS MAY BE PALPABLE PER ABDOMEN.
- RARELY ASCITES.
- VE - DARK NODULES AT THE VULVA, VAGINA AND PERINEUM MAY BE PRESENT.
  - MAY PALPATE NODULES IN THE POSTERIOR FORNIX.
  - MAY PALPATE ADNEXAL MASS.
  - UTERUS LESS MOBILE IN THE SIGNS.

INVESTIGATIONS

- LAPAROSCOPY - THE GOLD STANDARD FOR DIAGNOSIS.
- BIOPSY FOR HISTOLOGY IS OK WHEN POSSIBLE; BUT VISUAL RECOGNITION BY SURGEON AT LAPAROSCOPY IS QUITE VITAL.
- PELVIC ULTRASONOGRAPHY - IMPUT MAINLY FOR THE CYSTS.
- MRI - EXPENSIVE EQUIPMENT, BUT MORE VALUABLE THAN ULTRASOUND IN DIAGNOSIS & FOLLOW UP.