THE THEORY EXPLAINS ENDOMETRIOSIS IN DISTANT SITES IN MEN. IN WOMEN W/O UTERUS BUT CAN'T EXPLAIN IT'S 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 TRANSPORTED TO ECTOPIC 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 (ADHESIONS)

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 - IMPT MAINLY FOR THE CYSTS
- MRI - EXPENSIVE EQUIPMENT; BUT MORE VALUABLE THAN ULTRASOUND IN DIAGNOSIS & FOLLOW UP