



## **Influence of Endometriosis on Sexual Satisfaction and Pain Intensity: Does Pain Make a Difference?**

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### **Dear Editor-in-Chief**

In reproductive age women, endometriosis is one of the most common gynecologic disorder, appearing in an estimated 10% of reproductive age women (1). Pain is the main symptom in this patient, that cause reduces quality of life (QOL), fertility (reduces sexual intercourse), and sexual function (2, 3). The presence of chronic diseases is one of the most important factors that can affect sexual satisfaction. Chronic pelvic pain, problems relates to infertility and treatment costs can increase psychological stress and anxiety disorders in individuals (4) , ultimately, it reduces the intimate and sexual satisfaction of couples. With regard to the role of sexual satisfaction in family strength, QOL and mental health, the aim of present study was to compare sexual satisfaction and pain in women with and without pelvic endometriosis. Furthermore in this essay the impact of pain severity on individual's sexual satisfaction is determined.

This case-control study was conducted at the Infertility Clinic of Arash Hospital, Tehran, Iran from May 2016 – February 2017. The total number of infertile women who underwent diagnostic laparoscopy was allocated. Based on laparoscopic findings, individuals who had abnormalities other

than endometriosis were excluded from the study, so 116 women were enrolled. The women were divided into two groups according to the laparoscopy findings: A case group consisted of 58 women with pelvic endometriosis, and a control group included 58 women with a normal pelvis.

The Ethics Committee of Tarbiat Modares University, Tehran, Iran approved this study (EC#528239). All participant were entered into voluntarily and provided a signed informed consent. Participants were assured that any personal information collected would remain confidential. At first, the socio-demographic questionnaire contains questions about socio-economic status was completed. The following questions were asked about the presence of dysmenorrhea, dyspareunia, back pain, chronic pelvic pain, dysuria, and dyschezia. Patients' pain intensity was measured based on the Visual Analog Scale (VAS). Sexual satisfaction was assessed by validated Linda Berg's Sexual Satisfaction Scale (5). Data were analyzed using Correlation, *t* Test, Mann-Whitney's test (MW), and Chi-square tests using SPSS (Chicago, IL, USA) ver. 21.



Regarding the results, there was a significant difference between pain intensity and sexual satisfaction in women with and without endometriosis

( $P < 0.05$ ) (Table 1), but sexual satisfaction did not effect on severity of pain (Table 2). It seems that there are other factors that influence the sexual satisfaction independent of pain.

**Table 1:** Sexual satisfaction of women with and without endometriosis

<i>Level of sexual satisfaction</i>	<i>Case *</i>	<i>Control*</i>	<i>P-value *</i>
Weak	22 (37.93)	8 (13.79)	0.02
Moderate	25 (43.10)	42 (72.41)	
High	11(18.96)	8 (13.79)	

\*Values are given as number (%) using Chi-squared test

**Table 2:** Correlation between pain intensity with sexual satisfaction

<i>Variables</i>	<i>Sexual satisfaction</i>	
	Spearman's correlation coefficient	<i>P-value</i>
Dyspareunia	-0.06	0.55
Dysmenorrhea	-0.03	0.76
Chronic pelvic pain	-0.00	0.99
Inguinal pain	-0.02	0.80
Back pain	-0.04	0.69
Dyschezia	-0.12	0.19
Dysuria	-0.18	0.06

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## Conflict of interest

The authors declare that there is no conflict of interest.

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