



Endometriomas: Classification and surgical management

➔ Understanding the etiology of endometriomas and implementing a more nuanced classification system can aid in the successful management of this common condition

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Endometriosis, a disorder in which tissue resembling endometrium develops outside the uterine cavity, is a common cause of pelvic pain and infertility, affecting 6% to 10% of women.¹ Although endometriosis occurs in almost all organs and anatomic locations, it most often affects the pelvic organs.² An ovarian endometrioma, an ovarian cystic mass generally consisting of endometrial glands and stroma, is seen in 17% to 44% of women with endometriosis.³ Endometriomas are sometimes called *chocolate cysts* for the dark brown, thick, and tarry concentrated hemosiderin-laden fluid they contain, but histology shows that not all chocolate cysts have endometriosis within their walls.⁴ Understanding the etiology of endometriomas and implementing a

more nuanced classification system can aid in the successful management of this common condition.

Etiology

Endometriomas are extensively described in the literature, and their origin is the subject of several theories. In 1921, Sampson noted luteal membrane and ovarian epithelial tissues within endometriomas and was the first to indicate that endometriomas may result from the invasion of functional cysts by endometrial tissue.^{2,4,5} In 1979, Czernobilsky and Morris⁶ found endometrial and oviduct-like epithelium in ovarian endometriosis and concluded that ovarian tissue may be a common histologic precursor. Several other

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