

Are miliary and vesicular lesions classical?

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World Congress of Endometriosis 2017

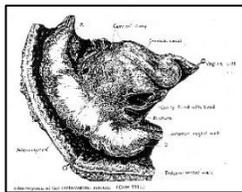
Vancouver, British Columbia, Canada

Some clear and red, subtle miliary lesions suggestive of endometriosis have been inflammatory. (Martin 1994, Martin 1995, Marsh 2005, Cabana 2010) This suggests a research or clinical need to clarify the role of bacteria including chlamydia, mycoplasma, mycobacteria including tuberculous, viruses, spirochetes, talc, douching and other inflammatory agents in these cases.

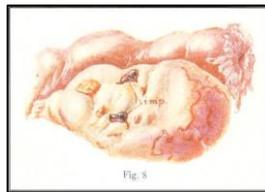
This need is reinforced by the suggestions for future research from the 2011 and 2014 World Congresses of Endometriosis that study of the microbiome of the reproductive tract and/or the gut in women with or without endometriosis is needed. (Rogers et al. 2013, Rogers, et al. 2017)

There is research in the rheumatologic literature on *Chlamydia*-induced reactive arthritis that is not paralleled in the gynecologic literature. This suggests we need to be extend our concern to include not only *C. trachomatis*, but also *C. Pneumoniae* and *C. Psittaci*. (Carter 2010, Carter 2017)

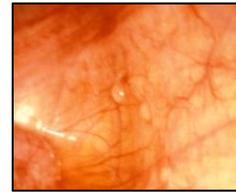
Clinicians can anticipate that 1.4% to 18% of their patients with pelvic pain, but no salpingitis or adhesions will have chlamydia (Schliep 2016, Taylor-Robinson 2009) and up to 64% with adhesions. But, we do not know if how many having laparoscopy for endometriosis will have peritoneal chlamydia or other agents.



Cullen 1917



Sampson 1924



Amenorrheic Endometriosis 1990



Granulation Tissue - Cabana 2010



Psammoma Bodies in Martin files



Borderline Malignancy in Martin files



Peritoneal carcinomatosis – Jung 2015



Tuberculosis - Swe 2016



Coexistent deep endometriosis & chlamydia – Martin 1990

The coexistent deep endometriosis & chlamydia are on page 22 of the 1991 Laparoscopic Appearance of Endometriosis Color Atlas, Second Edition. This is a free download at: <http://www.danmartinmd.com/files/coloratlas1990.pdf>.

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