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Regarding: Wüest A, Limacher JM, Dingeldein I, Siegenthaler F, Vaineau C, Wilhelm I, Mueller MD, Imboden S. Pain Levels of Women Diagnosed with Endometriosis: Is There a Difference in Younger Women? J Pediatr Adolesc Gynecol. 2023 Apr;36(2):140-147. doi: 10.1016/j.jpag.2022.10.011. Epub 2022 Nov 4. PMID: 36343859.

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Wüest et al.[1] are thanked for keeping the normalization of pain in adolescents at the forefront of clinical concerns. They support Shafrir et al.'s conclusion that only those with the most severe symptoms undergo surgery.[2] In spite of their adolescents having significantly higher pain scores for dysmenorrhea (VAS 7.3 vs 6.6; P = 0.015), surgery was recommended for only 15.3% ≤ 24 contrasted with 25.1% ≥ 25 years.[1]

Normalization was a problem in the 1980s when most adolescents in my practice who had laparoscopy were because their mothers had endometriosis. Those mothers said that their daughters had the same symptoms that they, the mothers, did when they were younger.[3] Those mothers did not normalize pain the way that other mothers, patients, and peers do in a general population. That normalization can be associated with a three-time longer delay in seeking treatment for pain by both patients and physicians due to a combination of normalization and resistance.[4]

A parallel issue to earlier diagnosis and treatment is the prevention of transitioning from a cell or origin to endometriosis. Knox et al. demonstrated that proactive, non-surgical care is associated with a limitation of the progression of endometriosis. They found that 1 in 5 women had only mild endometriosis, despite a mean of 10 years of preceding dysmenorrhoea. Impressively, none had more advanced stages than mild.[5] If that limitation of the progression is a general finding, then proactive, non-surgical care may also limit the initiation of the transition of a normal cell of origin into endometriosis. More research is needed into the possibility that proactive, non-surgical care can limit the progression and potentially the initiation of endometriosis.

There are questions for the authors. If your database contains family histories of endometriosis, is there an association between a family history of endometriosis and the use of surgery in adolescents? What other characteristics clarify the decreased use of surgery in those ≤ 24 compared with those ≥ 25 years in your study?

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