

What else can we do? A complementary treatment for pain in deep endometriosis using electrotherapy

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Context Endometriosis is a chronic disease impairing on quality of life and sexual function. Hormonal therapy is not sufficient sometimes, failing to control symptoms and to improve other aspects.

Objective Evaluate the effectiveness of electrotherapy in the relief of pelvic pain as well as its impact on the pain complaints, quality of life and sexual function in women with deep infiltrating endometriosis (DIE).

Methods Registered Multicenter Clinical Trial (n° 51799115.3.1001.5404) with two treatment groups in which patients were randomized between those who received physical therapy with self-applied transcutaneous electrical nerve stimulation (TENS) (GE) or control (GC). For inclusion, they all should be in hormonal treatment for endometriosis for 3 or more months without medication changes during the study.

Patients We evaluated 64 women with deep endometriosis diagnosed by ultrasound and/or Nuclear Magnetic Resonance, divided into two groups: control group (n=31) and treatment group (n=33).

Interventions The treatment group maintained hormonal therapy and used a self-applied electrotherapy device twice a day for 20 min, while the control group maintained only hormonal therapy. We applied Endometriosis Health Profile (EHP-30), Female Sexual Function Index (FSFI), Deep Dyspareunia Scale (DDS) and Visual Analogue Scale (to evaluate pain complaints), pre and post 8 weeks follow-up in both groups.

Main Outcome Results Improvement in pain complaints, sexual function and quality of life with the use of self-applied electrotherapy TENS.

Results Women were diagnosed with DIE for 6.42 and 4.93 years for EG and CG, all of whom used hormonal therapy for 24 months in both groups and maintained complaints of chronic pelvic pain (CPP) pain. After 8 weeks of use self-applied TENS (GE) or just monitoring (GC), there was relief of chronic pelvic pain ($p < 0.001$) and dyspareunia ($p = 0.002$) for GE. There was also an improvement in the general quality of life score ($p < 0.001$) and improvement of domain "intercourse" ($p = 0.003$) for GE. In assessing the FSFI, there was improvement in satisfaction ($p = 0.02$) and dyspareunia ($p = 0.003$) just to GE.

Conclusions In endometriosis with hormone treatment and persistence of the CPP and deep dyspareunia, a complementary treatment using self-applied TENS proved effective with reduction of pain complaints and improvement on the quality of life, proving to be a good option in cases where only the hormone treatment is not enough.

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