

Proposed ICD-11 Coding for Endometriosis

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GA10 Endometriosis

Superficial peritoneal endometriosis

GA10.0 Superficial endometriosis of the Pouch of Douglas

GA10.1 Superficial endometriosis of the uterosacral ligaments

XA2NB2 Uterosacral ligaments

GA10.2 Superficial endometriosis of the pelvic side wall

GA10.3 Superficial endometriosis of the surface of the intestine

XA6452 Small Intestine

XA1B13 Large Intestine

XA6J68 Caecum

XA03U9 Colon

XA8PW4 Appendix

XA8YJ9 Sigmoid colon

XA4KU2 Rectum

GA10.4 Superficial endometriosis of the surface of bladder

XA77K2 Bladder

GA10.5 Superficial endometriosis of the surface of uterus

XA99N3 Uterus

GA10.6 Superficial endometriosis of the surface of Fallopian tube

XA3EF0 Fallopian tube

GA10.7 Superficial endometriosis of the surface of ovary

XA1QK0 Ovary

GA10.8 Superficial endometriosis of the surface of diaphragm

XA2JL0 Diaphragm

GA10.9 Superficial endometriosis of the surface of liver

XA6E54 Liver

GA10.10 Superficial endometriosis of the surface of gallbladder

XA8KL9 Gallbladder

GA10.11 Peritoneal pockets

Endometrioma

GA10.12 Cystic ovarian disease (endometrioma)

XK70 Unilateral

XK9J Bilateral

Deep endometriosis

GA10.13 Deep endometriosis of the rectovaginal septum

GA10.14 Deep endometriosis of the uterosacral ligaments

XA2NB2 Uterosacral ligaments

GA10.15 Deep endometriosis of the pelvic side wall

GA10.16 Deep endometriosis of the intestine

XA6452 Small Intestine

XA1B13 Large Intestine

XA6J68 Caecum

XA03U9 Colon

XA8PW4 Appendix

XA8YJ9 Sigmoid colon

XA4KU2 Rectum

GA10.17 Deep endometriosis of the bladder

XA77K2 Bladder

GA10.18 Deep endometriosis of the ureter

GA10.19 Deep endometriosis of the kidney

XA6KU8 Kidney

GA10.20 Deep endometriosis of the liver

XA6E54 Liver

GA10.21 Deep endometriosis of the diaphragm

XA2JL0 Diaphragm

Endometriosis of the lower genital tract

GA10.22 Endometriosis of the cervix

XA5WW1 Cervix

GA10.23 Endometriosis of the vagina

XA1LK7 Vagina

GA10.24 Endometriosis of the urethra

XA5TA5 Urethra

GA10.25 Endometriosis of the Bartholin gland

XA27K9 Bartholin gland

GA10.26 Endometriosis of an episiotomy scar

Endometriosis of the abdominal wall

GA10.27 Endometriosis of the umbilicus

XA3MT8 Umbilicus

GA10.28 Endometriosis of the inguinal canal

XA0084 Inguinal canal

GA10.29 Endometriosis of a Caesarean section scar

GA10.30 Endometriosis of a port site scar

GA10.31 Endometriosis of other previous abdominal incisions

Cardiothoracic endometriosis

GA10.32 Endometriosis of the pleura

XA5TT2 Pleural

XA57M6 Lung

XA7WA2 Mediastinal

XA2XU0 Pericardial

GA10.33 Catamenial pneumothorax

Endometriosis of the nervous system

GA10.34 Endometriosis of the peripheral nervous system

XA0SA1 Sacral splanchnic nerves

XA9KK8 Sciatic Nerve

XA6WU3 Pudendal Nerve

XA9ZM0 Phrenic Nerve

GA10.35 Endometriosis of the central nervous system

Other extra-abdominal sites

GA10.36 Endometriosis of the nasopharynx

XA9AZ1 Nasopharynx

GA10.37 Other extra-abdominal sites

(other than those described in GAGA10.0-GA10.39)

GA11 Adenomyosis

Not further subcategorised as of this ICD coding revision due to no agreed standardised international classification at present.

GA10 Endometriosis

Endometriosis is a chronic inflammatory disease characterized by the presence of endometrium-like epithelium and stroma outside the endometrium and myometrium. It is associated with scarring, pelvic pain, and/or infertility. It affects 6-10% of women of reproductive age but may be rarely found in neonates, pre-pubertal girls, and post-menopausal women. The large number of affected women and the manifested symptoms has a considerable socioeconomic cost.

Women with endometriosis may present with cyclical and non-cyclical pelvic pain, dysmenorrhea (pain during menses), dyspareunia (pain related to intercourse), pain on defecation (dyschezia), bowel disturbance (constipation, loose stools, frequency or blood in the stool), voiding pain, referred pain (back or legs), or pain from extra-abdominal sites. Women with endometriosis may also present with infertility, fatigue, or can be entirely asymptomatic.

The pelvis is the most frequently affected area but lesions may be found in other parts of the abdomen and, rarely, in more distal sites.

Whilst endometriosis may be suspected by symptomatology and imaging, diagnosis at present can only be confirmed by laparoscopy and/or histology.

Superficial peritoneal endometriosis

GA10.0 Superficial endometriosis of the Pouch of Douglas

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.1 Superficial endometriosis of the uterosacral ligaments

XA2NB2 Uterosacral ligaments

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.2 Superficial endometriosis of the pelvic side wall

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only been identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.3 Superficial endometriosis of the surface of the intestine

XA6452 Small Intestine

XA1B13 Large Intestine

XA6J68 Caecum

XA03U9 Colon

XA8PW4 Appendix

XA8YJ9 Sigmoid colon

XA4KU2 Rectum

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only been identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. Superficial disease of the bowel may also be associated with pain on defecation (dyschezia) and bowel disturbance (constipation, loose stools or frequency). The presenting symptoms often do not correspond with the localisation of lesions.

GA10.4 Superficial endometriosis of the surface of bladder

XA77K2 Bladder

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, voiding pain, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.5 Superficial endometriosis of the surface of uterus

XA99N3 Uterus

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.6 Superficial endometriosis of the surface of Fallopian tube

XA3EF0 Fallopian tube

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases

they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.7 Superficial endometriosis of the surface of ovary

XA1QK0 Ovary

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Superficial ovarian lesions involve the cortex only though may co-exist with cystic ovarian disease (see GA10.12). Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.8 Superficial endometriosis of the surface of diaphragm

XA2JL0 Diaphragm

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain (possibly in the upper abdomen / shoulder), or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.9 Superficial endometriosis of the surface of liver

XA6E54 Liver

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain (possibly in the right upper abdomen), or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.10 Superficial endometriosis of the surface of gallbladder

XA8KL9 Gallbladder

Description

Superficial endometriosis is characterized by the ectopic growth of endometrial-like tissue lesions extending 5 millimetres or less under the peritoneal surface. In contrast, deep disease (GA10.13-21) is defined as more than 5mm depth of infiltration.

Originally, lesions were defined as those that appear as black, bluish or dark brown 'powder burn' or 'gunshot' lesions, which may be puckered, nodular, or comprised of small cysts containing haemorrhagic material. Additionally, lesions may be clear papules, red lesions (haemorrhagic, petechial or flame like lesions), yellow-brown discolouration of the peritoneum, or as white fibrotic plaques where active disease has been replaced by fibrosis and scarring. In some cases they may only be identified following microscopic histological assessment of macroscopically normal peritoneum. Histologically, deposits appear similar to normal endometrium, containing both endometrial gland and stroma along with fibrous tissue and blood.

Lesions maybe single or multiple. Lesions associated with dense fibrotic adhesions are more commonly associated with deep disease.

Peritoneal lesions may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain (possibly in the right upper abdomen), or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

GA10.11 Peritoneal pockets

Description

Peritoneal pockets are usually observed in the pouch of Douglas but may occur in other parts of the pelvis, and microscopic endometriosis may be found at the base of the defect.

Peritoneal pockets may be diagnosed incidentally at surgery among asymptomatic women, or may be associated with dysmenorrhoea, dyspareunia, cyclical or non-cyclical pain, or infertility. The presenting symptoms often do not correspond with the localisation of lesions.

Endometrioma

GA10.12 Cystic ovarian disease (endometrioma)

XK70 Unilateral

XK9J Bilateral

Description

Endometriosis can present as formation of ovarian cysts known as endometriomas. These either lie between the ovary and adjacent structures or are found within the ovary. They may be either invagination cysts or true cysts with the cyst wall containing ectopic endometrium that bleeds, resulting in fluid filled cavities containing dark blood stained fluid, the colour and consistency of which gives rise to the name 'chocolate cysts'. Endometrioma can be unilateral or bilateral and may vary in size. Multiple cysts may be found in one ovary.

Endometriomas are often adherent to the pelvic side-wall and back of the uterus. Bilateral endometriomas can meet in the midline as so called 'kissing ovaries". The rectum can be adherent to the uterus in the centre to complete the obliteration of the pouch of Douglas. In this context, endometriomas are associated with deep disease (GA10.13-21). As with superficial peritoneal disease, endometrioma may be asymptomatic or present with dysmenorrhoea, dyspareunia, non-cyclical pelvic pain, or infertility.

Deep endometriosis

GA10.13 Deep endometriosis of the rectovaginal septum

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (occasionally with direct extension into the vagina) but may also occur elsewhere in the abdomen (GA10.14-21). Nodules may be solitary or multiple and affect more than one organ.

Symptoms may reflect associated organ involvement: deep endometriosis affecting the rectovaginal septum can present with dyspareunia, dyschezia (pain on defecation), cyclical rectal bleeding, obstructed stool passage, bloating, and non-cyclical pain. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.14 Deep endometriosis of the uterosacral ligaments

XA2NB2 Uterosacral ligaments

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also occur in the uterosacral ligaments as well as elsewhere within the abdominal cavity. Nodules may be solitary or multiple and affect more than one organ.

Deep endometriosis of the uterosacral ligaments can present with dyspareunia, dysmenorrhoea and non-cyclical pain. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.15 Deep endometriosis of the pelvic side wall

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also occur, on the pelvic sidewalls. Lesions affecting the pelvic sidewall may involve the ureter (GA10.18) and lead to ureteric obstruction and subsequent hydronephrosis. Nodules may be solitary or multiple and affect more than one organ.

Pelvic side wall endometriosis may present with dyspareunia, dysmenorrhea and non-cyclical pain. Symptoms may reflect associated organ involvement: ureteric involvement can present with loin pain, hydronephrosis, and renal impairment. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.16 Deep endometriosis of the intestine

XA6452 Small intestine

XA1B13 Large intestine

XA6J68 Caecum

XA8PW4 Appendix

XA03U9 Colon

XA8YJ9 Sigmoid colon

XA4KU2 Rectum

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also occur elsewhere on the bowel. The sigmoid and rectum are the most commonly affected bowel sites. Nodules may be solitary or multiple and affect more than one organ.

Symptoms may reflect associated organ involvement: deep endometriosis affecting the rectovaginal septum and bowel can present with dyspareunia, dyschezia (pain on defecation), cyclical rectal bleeding, obstructed stool passage, bloating, and non-cyclical pain. Endometriosis affecting the appendix can present as acute appendicitis or intussusception. Rarely bowel endometriosis may cause obstruction and perforation. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.17 Deep endometriosis of the bladder

XA77K2 Bladder

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also occur in bladder. Nodules may be solitary or multiple and affect more than one organ.

Deep endometriosis involving the bladder can present with voiding difficulties, voiding pain and/or haematuria as well as dyspareunia, dysmenorrhea and non-cyclical pain. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.18 Deep endometriosis of the ureter

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also involve the ureters, typically in association with pelvic sidewall lesions (GA10.15) Nodules may be solitary or multiple and affect more than one organ.

Ureteric involvement can present with loin pain, hydronephrosis, and renal impairment. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.19 Deep endometriosis of the kidney

XA6KU8 Kidney

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but deeply infiltration lesions of the pelvic sidewall (GA10.15) may invade the retroperitoneum to involve the kidney directly. There may be adjacent involvement of the corresponding ureter (GA10.18). Nodules may be solitary or multiple and affect more than one organ.

Lesions affecting the kidney may present with loin pain, hydronephrosis, and renal impairment. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.20 Deep endometriosis of the liver

XA6E54 Liver

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also involve other organs within the abdominal cavity including the liver. Nodules may be solitary or multiple and be associated with diaphragmatic lesions (GA10.21).

Lesions of the liver may present with cyclical pain or deranged liver function tests and tumour markers. Conversely, deep endometriosis may be found among asymptomatic women.

GA10.21 Deep endometriosis of the diaphragm

XA2JL0 Diaphragm

Description

Deep endometriosis includes any intra-abdominal lesion >5mm deep under the peritoneal surface. Deep lesions are typically nodular, able to invade adjacent structures, and are associated with fibrosis. Microscopically, nodules contain aggregates of endometrial glands and stroma but usually with loss of architecture and fibrosis. At the time of surgical intervention, there is often significant disruption of pelvic anatomy, in particular complete or partial obliteration of the pouch of Douglas. Deep endometriosis is commonly found in the rectovaginal septum (GA10.13) but may also occur elsewhere in the abdomen including on the diaphragm. Lesions may invade through the diaphragm and involve the thoracic structures (GA10.31). There may be involvement of the phrenic nerve (GA10.34). Conversely diaphragmatic endometriosis may involve the liver (GA10.20). Nodules may be solitary or multiple and affect more than one organ.

Diaphragmatic endometriosis may present with pain as well as nodules and catamenial pneumothorax (GA10.33). Symptoms include: dyspnoea and a variety of pain patterns to include shouldertip (reflecting phrenic nerve involvement), upper abdominal, epigastrium, heartburn, and pressure. Conversely, deep endometriosis may be found among asymptomatic women.

Endometriosis of the lower genital tract

GA10.22 Endometriosis of the cervix

XA5WW1 Cervix

Description

Endometriosis of the lower genital tract not occurring as a direct extension of rectovaginal deep disease (GA10.13). Rarely, lower genital tract endometriosis occurs spontaneously. Lesions appear as bluish or red nodules on the epithelium of the cervix. Lesions may present with pain, post-coital bleeding, swelling or spontaneous bleeding, or be observed incidentally.

GA10.23 Endometriosis of the vagina

XA1LK7 Vagina

Description

Endometriosis of the lower genital tract not occurring as a direct extension of rectovaginal deep disease (GA10.13). Rarely, lower genital tract endometriosis occurs spontaneously. Mostly, lower genital tract endometriosis appears following surgery; typically at the vaginal vault following hysterectomy. Lesions appear as bluish or red nodules on the mucosa of the vagina. Lesions may present with pain, dyspareunia, swelling, post coital or spontaneous bleeding, or be observed incidentally.

GA10.24 Endometriosis of the urethra

XA5TA5 Urethra

Description

Endometriosis of the lower genital tract not occurring as a direct extension of rectovaginal deep disease (GA10.13). Rarely, lower genital tract endometriosis occurs spontaneously. Lesions appear as bluish or red nodules on the mucosa of the urethra. Lesions may present with pain, swelling or bleeding, or be observed incidentally. Urethral endometriosis can present with dysuria, frequency, and haematuria.

GA10.25 Endometriosis of the Bartholin gland

XA27K9 Bartholin gland

Description

Endometriosis of the lower genital tract not occurring as a direct extension of rectovaginal deep disease (GA10.13). Rarely, lower genital tract endometriosis occurs spontaneously. Lesions appear as bluish or red nodules within the Bartholin gland. Lesions may present with pain, swelling or bleeding, or be observed incidentally. Lesions associated with the Bartholin gland may mimic an abscess, but when drained release fluid like that found within endometriomas, akin to “chocolate cysts”.

GA10.26 Endometriosis of an episiotomy scar

Description

Endometriosis of the lower genital tract not occurring as a direct extension of rectovaginal deep disease (GA10.13). Lesions appear as bluish or red nodules incorporated into an episiotomy scar. Lesions may present with pain, swelling or bleeding, or be observed incidentally. Lesions associated with episiotomy scars may mimic an abscess, but when drained release fluid like that found within endometriomas, akin to “chocolate cysts”.

Endometriosis of the abdominal wall

GA10.27 Endometriosis of the umbilicus

XA3MT8 Umbilicus

Description

Endometriosis can occur within the abdominal wall and involve the epidermis, dermis, subcutaneous adipose, or fascial layers. Lesions may present as nodules, plaques, or discolorations. They typically occur in surgical scars but may occur spontaneously at the umbilicus. Lesions may be tender to palpate, swell, or bleed, particularly during menstruation, but equally can present with non-cyclical pain.

GA10.28 Endometriosis of the inguinal canal

XA0084 Inguinal canal

Description

Endometriosis can occur within the abdominal wall and involve the epidermis, dermis, subcutaneous adipose, or fascial layers. Lesions may present as nodules, plaques, or discolorations. They may occur spontaneously along the tract of the round ligament into the inguinal canal. Lesions may be tender to palpate, swell, or bleed, particularly during menstruation, but equally can present with non-cyclical pain.

GA10.29 Endometriosis of a Caesarean section scar

Description

Endometriosis can occur within Caesarean section scars and involve the epidermis, dermis, subcutaneous adipose, or fascial layers. Lesions may present as nodules, plaques, or discolorations. Lesions may be tender to palpate, swell, or bleed, particularly during menstruation, but equally can present with non-cyclical pain.

GA10.30 Endometriosis of a port site scar

Description

Endometriosis can occur within post site scars, both following surgery for endometriosis and unrelated procedures. Lesions can involve the epidermis, dermis, subcutaneous adipose, or fascial layers. Lesions may present as nodules, plaques, or discolorations. Lesions may be tender to palpate, swell, or bleed, particularly during menstruation, but equally can present with non-cyclical pain.

GA10.31 Endometriosis of other previous abdominal incisions

Description

Endometriosis lesions may appear in surgical scars other than Caesarean (GA10.29) and port site scars (GA10.30). Lesions may involve the epidermis, dermis, subcutaneous adipose, or fascial layers. Lesions may present as nodules, plaques, or discolorations. Lesions may be tender to palpate, swell, or bleed, particularly during menstruation, but equally can present with non-cyclical pain.

Cardiothoracic endometriosis

GA10.32 Endometriosis of the pleura

XA5TT2 Pleural

XA57M6 Lung

XA7WA2 Mediastinal

XA2XU0 Pericardial

Description

Endometriosis within the thorax. Macroscopically, the endometriotic lesions appear as brown-yellow and sometimes red nodules surrounded by neovascularization. Lesions can occur in the chest and affect both the pleura and the lung parenchyma as well as in the mediastinum and pericardium. There may be a greater affinity for the right hemithorax, and the parenchyma is more commonly affected in the lower lobes. Disease may be associated with diaphragmatic endometriosis (GA10.21) and there can be involvement of the phrenic nerve (GA10.34). Cardiothoracic endometriosis may present with haemoptysis, haemothorax, pericardial effusions as well as nodules. Symptoms include: dyspnoea, shortness of breath, fatigue, and a variety of pain patterns to include scapula, chest, ipsilateral neck and shoulder, upper abdominal, epigastrium, heartburn, and pressure.

GA10.33 Catamenial pneumothorax

Description

Cardiothoracic and diaphragmatic endometriosis may present with catamenial pneumothorax (recurrent pneumothorax occurring within 72 hours of menstruation).

Endometriosis of the nervous system

GA10.34 Endometriosis of the peripheral nervous system

XA0SA1 Sacral splanchnic nerves

XA9KK8 Sciatic Nerve

XA6WU3 Pudendal Nerve

XA9ZM0 Phrenic Nerve

Description

Endometriosis of peripheral nerve routes is well recognised. Lesions may cause nerve root or axon compression, or directly invade neurones. The sacral nerves roots are the most commonly affected and infiltration of the sciatic nerve and the pudendal nerve has been described but other neural structures within the pelvis may be affected. Symptoms include paraesthesia, allodynia, hyperaesthesia, and decreased sensation. Symptoms may be both local and also reflected in the

associated myotome and dermatomes distribution including weakness, paralysis, hyporeflexia, and loss of function.

GA10.35 Endometriosis of the central nervous system

Description

Endometriosis may be present in the central nervous system and lesions are more commonly observed within the spine than the brain. Lesions may be both cystic and nodular. Specific symptoms depend upon location of lesions but are typically cyclical and include headaches, seizures, hypertonicity, altered reflexes, ataxia, and altered cranial nerve function.

Other extra-abdominal sites

GA10.36 Endometriosis of the nasopharynx

XA9AZ1 Nasopharynx

Description

Endometriosis has been described within the nasopharynx and may present with cyclical epistaxis.

GA10.37 Other extra-abdominal sites

(other than those described in GA10.0-GA10.36)

Description

The specific entities GA10.0-GA10.36 are hoped to cover both common presentations of endometriosis and rarer forms. GA10.37 should be used to code for lesions not otherwise specified elsewhere.

GA11 Adenomyosis

Not further subcategorised as of this ICD coding revision due to no agreed standardised international classification at present.