Endometriosis is a medical condition where tissue similar to the inner lining of the uterus, called the endometrium, grows outside of the uterus. Normally, the endometrium is the special lining that thickens each month to prepare for pregnancy and sheds during menstruation.

When this tissue grows in places where it doesn't belong, such as the ovaries, fallopian tubes, or intestines, it can cause a variety of problems. The ovaries are the organs that release eggs, the fallopian tubes carry the eggs to the uterus, and the intestines are part of the digestive system that processes food.

Even outside the uterus, this endometrial-like tissue behaves the same way it would inside. It thickens, breaks down, and bleeds during the menstrual cycle. However, since the blood has no exit pathway, it becomes trapped. This leads to irritation and swelling, known as inflammation.

Over time, the repeated cycles of trapped tissue and blood can lead to scar tissue. Scar tissue is the body's natural way of healing, but in endometriosis, it can build up abnormally. These scars sometimes form sticky bands between organs called adhesions, which can make organs stick together and move less freely.

The most common symptom of endometriosis is pelvic pain. The pelvis is the region below your belly button and above your thighs. While many people experience cramps during menstruation, the pain with endometriosis is often much more severe and can last longer than a normal period.

Pain isn't limited to menstruation. Endometriosis can also cause discomfort during sexual intercourse, painful bowel movements, and even pain when urinating, especially during menstruation. These happen because the misplaced tissue interferes with nearby organs.

Another serious issue linked to endometriosis is infertility, which means difficulty becoming pregnant. This occurs because adhesions and scar tissue can block the fallopian tubes or damage the ovaries, making it harder for eggs to travel and fertilize properly.

Some people with endometriosis may not even realize they have it. Symptoms can be mild or mistaken for normal period pain, which often delays diagnosis. On average, it can take years before someone is officially diagnosed with the condition.

The exact cause of endometriosis is still not fully understood. One theory is called retrograde menstruation, where menstrual blood flows backward through the fallopian tubes and into the pelvic cavity instead of out through the vagina. Other theories involve genetics, immune system problems, or the way the body responds to hormones.

Hormones, especially estrogen, play a major role in endometriosis. Estrogen is the hormone responsible for regulating the menstrual cycle and helping the endometrium grow. Too much estrogen can fuel the growth of misplaced endometrial tissue.

To diagnose endometriosis, doctors often begin with a discussion of symptoms and a physical exam. Imaging tests, like ultrasound or MRI, can help, but the only sure way to confirm endometriosis is through a surgery called laparoscopy. In laparoscopy, a small camera is inserted into the abdomen to look for patches of misplaced tissue.

Treatment depends on how severe the symptoms are and whether the person wants to become pregnant. Pain relievers, like anti-inflammatory drugs, are often the first step. These medicines can ease discomfort but don't treat the actual tissue growth.

Hormonal therapies are another treatment option. Birth control pills, hormone-releasing IUDs, or medications that reduce estrogen can all slow down or stop the growth of endometrial tissue. However, these treatments are not cures, and symptoms often return if medication is stopped.

For those struggling with infertility, surgery may be recommended. Laparoscopic surgery can remove patches of endometriosis, scar tissue, and adhesions. This can improve fertility and reduce pain, though sometimes the tissue grows back.

In severe cases where pain is uncontrollable and pregnancy is not a concern, a hysterectomy may be considered. A hysterectomy is the surgical removal of the uterus, sometimes along with the ovaries. This is usually a last resort because it is permanent.

Living with endometriosis can be physically and emotionally challenging. Chronic pain can interfere with daily life, work, and relationships. Because of this, many people also seek support groups or counseling to help manage the emotional toll.

Research into endometriosis is ongoing, with scientists looking for better diagnostic tools and more effective treatments. Since so many people are affected, raising awareness and reducing the stigma around menstrual pain can help more people get diagnosed earlier and receive proper care.