

Concerning the article by Meaddough et al:
Sexual Activity, Orgasm and Tampon Use Are
Associated with a Decreased Risk for
Endometriosis

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We commend Dr. Kliman and his Associates [1] for broadening the scope of essential Endometriosis research. However, we have several misgivings regarding this study. Indeed, our concerns are shared by many within the Endometriosis community, particularly in light of the manner in which the results were reported by mainstream media immediately following release of the report. Similar reservations have been voiced by the Endometriosis Association, whose own members were used for this study see [<http://endometriosisassn.org/sex.html>].

Patients with this disease are acutely aware of the cavalier attitude with which Endometriosis is regarded – as a largely insignificant condition shrouded in myths and misinformation (‘a disease of middle-aged career women; curative by hysterectomy/pregnancy; does not cause pain’; etc). This latest study serves to further confound matters, as some would interpret that such simple measures as having intercourse during menses and/or wearing tampons is preventive.

We are familiar with the 1996 ASRM report by the same authors [2]. Then-current research findings were cited in that paper; 6 years later, many advances have been made in Endometriosis investigations and treatment, yet the documents used to cite references in this parallel study remain dated (some as early as 1927, none later than 1996). We are disappointed to note that more timely data was not included, such as that reviewed at the recent World Congresses on Endometriosis.

While we do not question the validity of the investigation, we do question the particulars upon which the initial assumptions were based. For example, Sampson’s Theory (circa 1927) is no longer ‘widely accepted’ as playing an important role in disease etiology. In truth, Sampson’s Theory is flawed [3] on many points, including its failure to account for extrapelvic Endometriosis and the rare presence of disease in males [4]. Genetic makeup [5], immunology [6] and heredity [7] are all more likely to play roles in disease origin. Dioxin, the significance of which was discounted in the report, may well also play an important role in disease etiology.

Contrary to some positions, it has been exhibited by the ERC in our testimony before the California State Legislature that feminine hygiene products (i.e., tampons) do indeed test positive for Dioxin. Tampons come in direct contact with some of the most absorbent tissue in a woman’s body and risk exposing her to a hazardous toxin which can cause severe reproductive and developmental problems (at levels 100× lower than those associated with its cancer causing effects); immune system damage; and interference with regulatory hormones. In one study, authors noted ‘accumulating data’ linking Dioxin to Endometriosis in humans [8]. In another study, authors noted ‘Dioxin exposure and Endometriosis may be explained in part by the up-regulation of the CYP1A1 gene expression in endometriotic tissues’ [9].

Still more evidence exists. In another study, authors noted that while exposure through tampons does not significantly contribute to Dioxin exposures in the US, their assessment of four brands of tampons obtained from commercial establishments revealed that Dioxins ‘were present at detectable concentrations in all samples’ [10]. Later, Roets et al. [11] wrote, ‘recent research indicated that a correlation between the use of tampons during menstruation and Endo-

metriosis exists. It seems that an educational program, by primary health care workers, indicating the potential dangerous effects of tampon use will lower the incidence of Endometriosis, thus the problems with infertility could lessen and optimal health care to women could be improved’.

All other evidence notwithstanding, this study fails to address 2 facts. Simply put, many with Endometriosis cannot bear the pain caused by tampons. As for sex: painful intercourse is a hallmark symptom of Endometriosis. Many women with Endometriosis did in fact engage in both practices at one point in their lives; however, most were diagnosed with the disease prior to doing either, and such practices have had no role in aiding or relieving their symptoms or in preventing the disease. Still others with Endometriosis, who have no pain with intercourse or tampon usage, were diagnosed with the disease regardless of either practice and do not experience any preventive or symptomatic benefit as a result of engaging in such practices.

For example, it may interest authors to note that in 2 small polls conducted on a sampling of ERC Members, we received the following input (note that feedback was restricted to surgically diagnosed patients only):

- 20.69% of respondents indicated that they have no problem using tampons (any brand/size).
- 20.69% of respondents indicated that they have never used tampons and did not expect to in the future.
- 58.62%, an overwhelming majority, indicated that they had previously used tampons (any brand/size) and discontinued usage due to pain.
- 25.00% of respondents indicated that they have engaged in intercourse during menses with no pain.
- 33.33% of respondents indicated that they have not engaged in intercourse during menses and are unlikely ever to do so.
- 41.67%, an overwhelming majority, indicated that they have engaged in intercourse during menses, but that doing so caused significant enough pain to prevent them from doing so again.

In summary, the preponderance of the women (ages 20–40) we surveyed had at some point in their lives engaged in such practices. The pain and discomfort from doing so were enough to make them stop. While the complete report does indeed address the potential role of these unasked confounders, it is highly unlikely that the general public, and many physicians, will access the complete data, relying instead upon such headlines as ‘Use of Tampons and Sexual Activity Protect Women Against Endometriosis’ to make their treatment choices and recommendations.

Do painful symptoms of Endometriosis occur because women with the disease do not wear tampons or engage in intercourse during menses, or do those women not wear tampons or engage in intercourse during menses because they have Endometriosis and painful symptoms prevent them from doing so? This particular study does not adequately address this concern enough to arrive at any specific conclusions. Again, while the full report acquiesces this point, the ensuing media commentary does not; preferring rather to convey a definitive message from the authors that such measures are protective/preventive.

Indeed, this study ‘raises interesting issues deserving further investigation’; however, it is unfortunate that it was released and quickly promulgated before further conclusive investigations were performed.

References

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