Answer form for the article titled “New insights on the pathogenesis of endometriosis and novel non-surgical therapies” within the scope of CME/CPD

1. Which one of the following is the gold standard diagnosis of endometriosis?
   a. History of chronic pelvic and infertility, vaginal examination shows frozen pelvis
   b. Endometriotic implant visualization by laparoscopy
   c. Ultrasound findings of low-echogenic adnexal cyst and diffuse echogenic peritoneal implants
   d. Laparoscopic biopsy, confirmed by histologic examination

2. Which one of the following is the most common complaint in endometriosis?
   a. Infertility
   b. Chronic pelvic pain
   c. Dysmenorrhea
   d. Menstrual cycle disorder

3. Which of the following theories regarding endometriosis pathogenesis would best explain the occurrence of endometriotic peritoneal implants far from pelvic compartment?
   a. Sampson’s theory
   b. Ferguson’s theory
   c. Mullerian remnant theory
   d. Stem cell theory

4. Which of the following statements is true about the pathophysiology of endometriosis?
   a. Various biomolecular changes are involved in the development of endometriosis lesions, including: impaired immune response, increased angiogenesis, excessive estrogen production, and progesterone resistance
   b. Ectopic endometrial tissues may avoid normal apoptotic and phagocytosis mechanisms, due decreased production of dissolved intercellular adhesion molecule-1 and increased MMP expression
   c. Increased inflammatory activity is also present in endometriosis, through the overproduction of Interleukin (IL) -1, IL-6, IL-8, monocyte chemo-attractant protein (MCP-1), RANTES, tumor necrosis factor (TNF)-α and TNF-β. These mediators will further stimulate the prostaglandins production and triggers the release of vascular endothelial growth factor (VEGF) that serves as pro-angiogenic agent [19]
   d. Hypomethylation of the CpG cluster changes the balance of estrogen receptors, from beta subtypes (ERβ) dominance into alpha subtypes (ERα) dominance
   e. Prostaglandins are known to increase the immune response to endometriotic implant

5. Which one of the following statements is not true regarding the use of aromatase inhibitor in endometriosis?
   a. Aromatase inhibitors directly decrease aromatase activity in endometriotic tissue and estrogen level, thereby suppressing COX-2 activity, decreasing PGE2 level, and breaking the positive feedback loop
   b. In premenopausal women, AI suppresses estrogen production and increases the FSH production by the pituitary gland
   c. When combined with progestogen, COC, or GnRH agonist, it significantly increases the side effects without improving patient’s quality of life
   d. AI is superior in preventing postoperative recurrence when compared to GnRH or Danazol, within 6 months period

6. The use of high-intensity focused ultrasound for endometriosis is supported by many researchers. Which one of the following is not the physical basis of its mechanisms of action on human tissues?
   a. Thermal coagulation
   b. Acoustic cavitation
   c. Radiation forces (microflow of liquid around the bubbles)
   d. Tumor desensitization
Answer form for the article titled “New insights on the pathogenesis of endometriosis and novel non-surgical therapies” within the scope of CME/CPD

1st Question

| A | B | C | D |

2nd Question

| A | B | C | D |

3rd Question

| A | B | C | D |

4th Question

| A | B | C | D |

5th Question

| A | B | C | D |

6th Question

| A | B | C | D |

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