

**JESSICA** So this slide just shows you-- this is more advanced. So stage 3 to 4 disease. And you  
**OPOKU-ANANE:** can see all the way towards the left, there's really significant scar tissue that can happen with endometriosis. And these are the patients that are the hardest to treat. Because once you start getting anatomic distortion, a lot of times they have very significant pain and very significant impacts on their fertility. However, a patient can have only one or two spots of endometriosis and still have very significant pain. The extent of disease does not correlate necessarily with the amount of pain.

And then this is the most advanced stage of endometriosis. It's deeply infiltrative endometriosis, where you're getting in several centimeters thick of the endometriosis. The first picture up top on the left is inside the bladder-- all of that blue area. And that ultrasound to the right correlates to what that looks like under ultrasound imaging. So the clearer black part is the bladder, and the whiter tissue next to the arrow is that whole big implant of endometriosis. And when he gets to this big, we often have to cut out big pieces of the bladder in order to get rid of the endometriosis.

Additionally, on the bottom panel, that's deeply infiltrative endometriosis on the bowel. And the difficult thing about treating these are, if you just look at the blue or black part of the endometriosis that's just on the top of the bowel, people will often miss the disease because you only see a little bit of the tip of the iceberg. And so this patient actually really needs a bowel resection because the implant has invaded through the muscular wall of the bowel, many centimeters deep. And if you just treat the implant that's just on the outside, they'll still have underlying disease.