Careful management of severe dysmenorrhea, using analgesics and amenorrhea obtained with continuous low-dosage contraceptive pills, is possible. If the goal is to prevent a spontaneous worsening of the disease, prevention of menstruation is enough.[4] Finally, the absence of a noninvasive diagnostic test does not demonstrate that the cause of endometriosis is permanent, that the number of lesions is constantly increasing, or that recurrences are unavoidable thus implying that deep hypoestrogenism may be indicated when endometriosis is "suspected" on clinical symptoms. ■

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REPLY

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Thank you for your letter entitled "Years of unjustified hypoestrogenism, fear, and stress will not improve the management of chronic pelvic pain!" The goal of our manuscript entitled "Clinical diagnosis of endometriosis: a call to action" [1] was to highlight the current unacceptable delay in diagnosis and to encourage a focus on pain, functioning, and quality of life, with or without a previous surgical diagnosis endometriosis. We agree with your statement "Even minimally invasive surgery is too invasive to manage minimal endometriosis, which is not always progressive and may heal during medical treatment or even spontaneously."

You mention that as a result of an empiric diagnosis of endometriosis, "young patients will experience years of unjustified fear and anxiety about probable infertility induced by a possible mysterious chronic disease which cannot be cured." We contend that years of pelvic pain without answers or a diagnosis is a far greater tragedy—one that leads to women seeking multiple medical opinions and tests often without diagnosis and effective improvement in pain, functioning, and quality of life. Such an existence has substantial negative psychological and other consequences.

We are not proposing a paradigm in which women will have to endure "years of unnecessary hypoestrogenism." On the contrary, we propose trying effective endometriosis medical therapy and, if it does not work, to consider more extensive and possibly more invasive investigation and management. As highlighted in our manuscript, by excluding common confounding diagnoses before making the clinical diagnosis of endometriosis and initiating therapy, one has a high likelihood of improving the patient's pain, functioning, and quality of life in an expeditious and relatively noninvasive manner. ■

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Bacterial vaginosis and the risk of human papillomavirus and cervical cancer

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TO THE EDITORS: In response to the article titled "Vaginal dysbiosis and the risk of human papillomavirus and cervical cancer: systematic review and metaanalysis," we the authors believe that the findings of Brusselaers et al[1] potentially could support the theory that there is a causal link between vaginal dysbiosis and cervical cancer.