

Endometriosis is defined as the presence of endometrial cells outside the uterine cavity. The underlying symptom is pain, endometriosis is often associated with primary or secondary sterility, and it is assumed to be involved in the development of female dyspareunia and algopareunia.

There are many theories regarding the cause of the disease, however, none of them affects the complex state of the disease which occurs in the population according to statistics in 10-15 % of women. In women with a diagnosis of sterility and infertility, the incidence of endometriosis is described in more than 40 %. Also, more than 50 % of women describe the most diverse forms of dyspareunia and algopareunia that affect not only women's own lives but also their relationships. The illness thus becomes important not only from a purely medical point of view but also from a psychosocial point of view.

It should be noted that there is currently no known specific laboratory marker to diagnose endometriosis. Likewise, there is no unambiguous solution within the therapy, whether it is conservative, surgical, or combined. An important fact is that endometriosis is diagnosed with a considerable delay, according to statistics; it takes up to 11 years from the discovery of the first, often indefinite symptoms, to the unequivocal confirmation of the diagnosis.

This thesis is based on several studies where we summed up practically all the available options resulting from the immunological view of endometriosis, its origin, spread, diagnosis and possible treatment.

Women with endometriosis were evaluated for general anamnestic data, and in addition, hormone levels (FSH, LH, PRL, oestradiol, progesterone, TSH, DHEA-S, cortisol) and oncomarkers (CA-125 and CA-19-9) were measured. The statistical results show significant Spearman correlations of CA-125 and CA-19-9 with dehydroepiandrosterone sulphate (DHEA-S). This finding, according to the literature, represents the first recorded evidence documenting elevated androgen levels as significant markers of endometrial pathology in endometriosis. Set of patients with endometriosis was evaluated using Rosen's questionnaire for female sexual dysfunction, a TSC-40 questionnaire evaluating the symptoms of traumatic stress, and somatoform dissociative symptoms in endometriosis patients were measured using twenty questions in the SDQ-20 questionnaire. The results of this study had shown a significant correlation according to Spearman, which was also confirmed by the Mann-Whitney test, between traumatic stress and endometrial pathology.

The last part of the dissertation thesis is focused on the conservative and surgical treatment of endometriosis.

In conclusion, the studies presented in the dissertation proved not only the possibility of early diagnosis of endometriosis but also the influence of this disease on dyspareunia and algopareunia in women with endometriosis.