

Thesis focuses on the comparison of results obtained from the questionnaires MEDI-Q, PFIQ-7 and a questionnaire designed by the author between a group of women diagnosed with endometriosis who have not undergone surgery and a control group without dysmenorrhea. The theoretical part is dedicated to the etiology and clinical symptoms of the disease, mentioning risk factors, classification, diagnostical methods and treatment options. The thesis also mentions the typical postural findings in patients with endometriosis after a literature review.

Methodology: A total of 110 women were included in the study, 49 with endometriosis and 61 in a control group. Women completed the above-mentioned questionnaires electronically on the 1st day of their menstrual bleeding. Recruitment of subjects was mainly through the social network.

Results: Significant differences ($p < 0.001$) were demonstrated between the two groups using the MEDI-Q and PFIQ questionnaires with the endometriosis group achieving higher scores. Different types of endometriosis have varying distributions of symptoms within pelvic floor dysfunction. Almost 9/10 women with endometriosis need to suppress pain associated with menstrual cycle with analgetics for more than 1 day and often suffer from chronic pelvic pain.

Discussion: Women with endometriosis have significantly higher subjective difficulties associated with menstruation as well as pelvic floor dysfunction. Adenomyosis, ovarian endometriosis and deep infiltrating endometriosis are associated with discomfort in the vaginal and pelvic regions. These difficulties in peritoneal endometriosis are perceived during urination and in the area of the bladder. The most common symptom is pain which is necessary to alleviate with analgetics more than one day. Targeted questions about symptoms are a useful guide to this condition. The treatment of women with endometriosis requires complexity and interdisciplinary collaboration.