



AMERICAN SOCIETY FOR REPRODUCTIVE MEDICINE REVISED CLASSIFICATION OF ENDOMETRIOSIS

Patient's Name _____ Date _____

Stage I (Minimal) - 1-5 Laparoscopy _____ Laparotomy _____ Photography _____

Stage II (Mild) - 6-15 Recommended Treatment _____

Stage III (Moderate) - 16-40

Stage IV (Severe) - > 40

Total _____ Prognosis _____

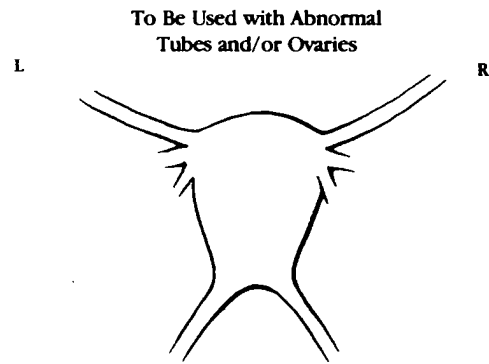
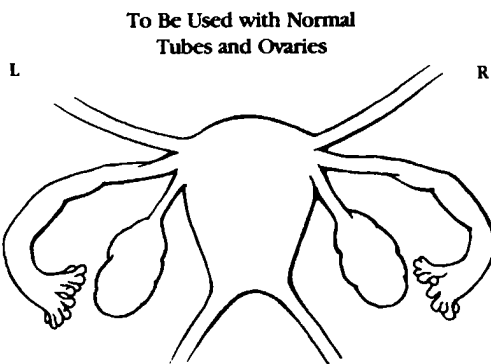
PERITONEUM	ENDOMETRIOSIS	< 1cm	1-3cm	> 3cm
	Superficial	1	2	4
	Deep	2	4	6
OVARY	R Superficial	1	2	4
	Deep	4	16	20
	L Superficial	1	2	4
	Deep	4	16	20
POSTERIOR CULDESAC OBLITERATION		Partial	Complete	
		4	40	
OVARY	ADHESIONS	< 1/3 Enclosure	1/3-2/3 Enclosure	> 2/3 Enclosure
	R Filmy	1	2	4
	Dense	4	8	16
	L Filmy	1	2	4
	Dense	4	8	16
TUBE	R Filmy	1	2	4
	Dense	4*	8*	16
	L Filmy	1	2	4
	Dense	4*	8*	16

*If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16.

Denote appearance of superficial implant types as red [(R), red, red-pink, flamelike, vesicular blobs, clear vesicles], white [(W), opacifications, peritoneal defects, yellow-brown], or black [(B) black, hemosiderin deposits, blue]. Denote percent of total described as R____%, W____% and B____%. Total should equal 100%.

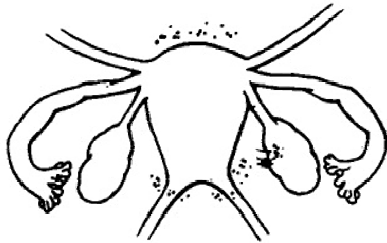
Additional Endometriosis: _____

Associated Pathology: _____



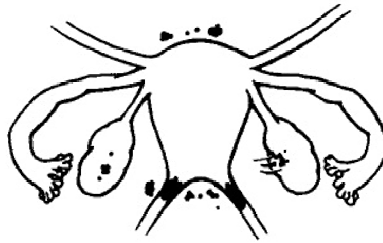
EXAMPLES & GUIDELINES

STAGE I (MINIMAL)



PERITONEUM		
Superficial Endo	- 1-3cm	- 2
R. OVARY		
Superficial Endo	- < 1cm	- 1
Filmy Adhesions	- < 1/3	- 1
TOTAL POINTS		4

STAGE II (MILD)



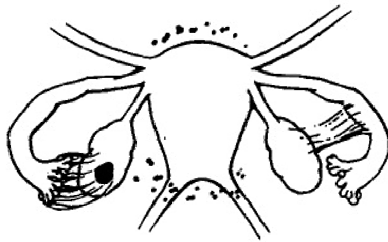
PERITONEUM		
Deep Endo	- > 3cm	- 6
R. OVARY		
Superficial Endo	- < 1cm	- 1
Filmy Adhesions	- < 1/3	- 1
L. OVARY		
Superficial Endo	- < 1cm	- 1
TOTAL POINTS		9

STAGE III (MODERATE)



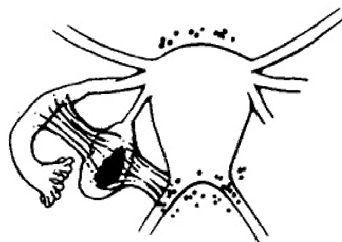
PERITONEUM		
Deep Endo	- > 3cm	- 6
CULDESAC		
Partial Obliteration		- 4
L. OVARY		
Deep Endo	- 1-3cm	- 16
TOTAL POINTS		26

STAGE III (MODERATE)



PERITONEUM		
Superficial Endo	- > 3cm	- 4
R. TUBE		
Filmy Adhesions	- < 1/3	- 1
R. OVARY		
Filmy Adhesions	- < 1/3	- 1
L. TUBE		
Dense Adhesions	- < 1/3	- 16*
L. OVARY		
Deep Endo	- < 1 cm	- 4
Dense Adhesions	- < 1/3	- 4
TOTAL POINTS		30

STAGE IV (SEVERE)

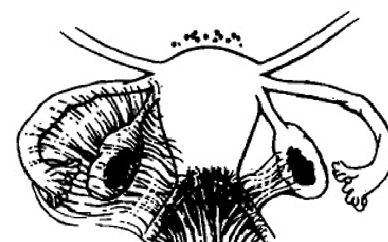


PERITONEUM		
Superficial Endo	- > 3cm	- 4
L. OVARY		
Deep Endo	- 1-3cm	- 32**
Dense Adhesions	- < 1/3	- 8**
L. TUBE		
Dense Adhesions	- < 1/3	- 8**
TOTAL POINTS		52

*Point assignment changed to 16

**Point assignment doubled

STAGE IV (SEVERE)



PERITONEUM		
Deep Endo	- > 3cm	- 6
CULDESAC		
Complete Obliteration		- 40
R. OVARY		
Deep Endo	- 1-3cm	- 16
Dense Adhesions	- < 1/3	- 4
L. TUBE		
Dense Adhesions	- > 2/3	- 16
L. OVARY		
Deep Endo	- 1-3cm	- 16
Dense Adhesions	- > 2/3	- 16
TOTAL POINTS		114

Determination of the stage or degree of endometrial involvement is based on a weighted point system. Distribution of points has been arbitrarily determined and may require further revision or refinement as knowledge of the disease increases.

To ensure complete evaluation, inspection of the pelvis in a clockwise or counterclockwise fashion is encouraged. Number, size and location of endometrial implants, plaques, endometriomas and/or adhesions are noted. For example, five separate 0.5cm superficial implants on the peritoneum (2.5 cm total) would be assigned 2 points. (The surface of the uterus should be considered peritoneum.) The severity of the endometriosis or adhesions should be assigned the highest score only for peritoneum, ovary, tube or culdesac. For example, a 4cm superficial and a 2cm deep implant of the peritoneum should be given a score of 6 (not 8). A 4cm

deep endometrioma of the ovary associated with more than 3cm of superficial disease should be scored 20 (not 24).

In those patients with only one adenexa, points applied to disease of the remaining tube and ovary should be multiplied by two. **Points assigned may be circled and totaled. Aggregation of points indicates stage of disease (minimal, mild, moderate, or severe).

The presence of endometriosis of the bowel, urinary tract, fallopian tube, vagina, cervix, skin etc., should be documented under "additional endometriosis." Other pathology such as tubal occlusion, leiomyomata, uterine anomaly, etc., should be documented under "associated pathology." All pathology should be depicted as specifically as possible on the sketch of pelvic organs, and means of observation (laparoscopy or laparotomy) should be noted.

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For additional supply write to: American Society for Reproductive Medicine,
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