

## OC-125 immunostaining in endometriotic lesion samples

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### Abstract

**Purpose** To determine the presence of OC-125 staining in endometriotic lesions and to verify whether there is an association with endometriosis stage.

**Methods** Thirteen patients from the Family Planning programs (group I) and 53 patients from the Chronic Pelvic Pain outpatient clinic (group II) were studied. Endometriotic lesions were excised from areas of endometriosis incidence and studied by histopathological assay and by immunohistochemistry for OC-125 staining.

**Results** The histopathological study disclosed that all patients from group I had minimal/mild endometriosis. In group II, 39.6% had minimal/mild endometriosis, and 60.4% had moderate/severe endometriosis. OC-125 staining was negative in all samples from group I. In group II, OC-125 staining was positive in 52.4% patients with minimal/mild endometriosis and in 81.2% with moderate/severe endometriosis.

**Conclusion** The data suggest that the OC-125 antibody is probably related to endometriosis activity and, consequently, to the progression and severity of the illness.

**Keywords** Endometriosis · OC-125 immunoreactivity · Laparoscopy surgery · CA-125 · Pelvic pain

### Introduction

Endometriosis is a condition that often leads to a variety of symptoms that range from pain to infertility, but it is also found in women who are asymptomatic. Management of this disease remains challenging, as the prevalence in clinical populations varies from a 4% occurrence of largely asymptomatic endometriosis found in women undergoing tubal sterilization to 60% of patients with chronic pelvic pain [1].

Endometriosis is a polygenic/multifactorial disease, including hormonal and immunological as well as genetic factors [2]. The natural history of this disease is still to be clarified. Endometriosis may have a dynamic and moderately progressive behavior, with periods of progression and regression and active remodeling among different types of lesions. Consensus can be easily established regarding the relationship of moderate and severe endometriosis with chronic pelvic pain and/or infertility [3]. Indeed, most of the patients present with ovarian endometriosis and/or peritoneal lesions. However, because of the limited information currently available about the activity of lesions described in studies on mild and minimal endometriosis, any absolute statement on these endometriosis stages and chronic pelvic pain is probably inappropriate at this time [4, 5].

The only way to positively determine the existence of peritoneal endometriosis is by surgical inspection and

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