Congress Review

Review of the International Society of Gynecological Endocrinology (ISGE) Congress 2026

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THIS YEAR, Rome, Italy, welcomed the International Society of Gynecological Endocrinology (ISGE) Congress 2026, marking a significant moment of renewed momentum and expansion for the field. With participation nearing 3,000 delegates and over 750 scientific contributions submitted, this meeting reflected both the scale of engagement and the growing global relevance of gynaecological endocrinology.

In the opening ceremony, Tommaso Simoncini, President of the ISGE, highlighted the transformation of the ISGE from a smaller, specialist meeting to a truly international congress. Once hosted in more intimate settings, including earlier editions in mountain locations and later across major global cities, the Congress has evolved into a large-scale scientific forum attracting participants from across Europe, Asia, the USA, Africa, and Oceania. Reflecting on this trajectory, Simoncini emphasised the importance of in-person exchange, noting that the ability to travel, collaborate, and share knowledge once again represents a defining strength of the current meeting.

This year's Congress also marked a clear turning point following the disruption of recent years. Previous editions were significantly impacted, including the cancellation of the Florence meeting at the onset of the COVID-19 pandemic, followed by smaller-scale or transitional formats. In contrast, ISGE 2026 demonstrated a strong resurgence, with attendance figures approaching pre-pandemic growth trajectories and signalling renewed confidence in international scientific gatherings.

A defining feature of the Congress was the scale and diversity of its scientific programme. It included an extensive range of sessions, with over 30 symposia organised by affiliated and partner societies, representing a wide spectrum of regional, national, and specialist groups. The programme also incorporated a broad range of educational formats, from plenary sessions and symposia to workshops and discussion-based sessions, designed to encourage both knowledge exchange and practical engagement.

The volume of submitted research was particularly notable. With more than 750 abstracts presented, ISGE 2026 recorded one of the highest levels of scientific contribution in its history. A large proportion of these submissions came from early-career researchers, showing strong engagement from the next generation of clinicians and scientists. This emphasis was

further supported by dedicated scholarship initiatives, which enabled younger participants, including trainees and early-stage investigators, to attend and present their work. These programmes, alongside reduced registration opportunities for contributors, reflect a broader commitment to accessibility and inclusivity within the Society.

International representation was another key strength of the Congress. While European participation remained prominent, there was clear expansion in contributions from regions including Asia, the USA, and Africa. Discussions throughout the Congress highlighted both regional differences in practice and shared challenges, particularly in translating emerging evidence into clinical care across varied healthcare systems.

Beyond its scientific content, the Congress reflected a broader shift in the field of gynaecological endocrinology. As new concepts emerge and longstanding assumptions are re-evaluated, there is increasing emphasis on integrating scientific advances into clinical practice. The discussions at ISGE 2026 stressed the importance of addressing this gap, ensuring that innovation translates into tangible improvements in patient care.

ISGE 2026 ultimately demonstrated a field that is both expanding in scale and evolving in scope. With growing international participation, increasing scientific output, and a strong focus on collaboration and education, the Congress reaffirmed its position as a key meeting point for clinicians and researchers worldwide. As the specialty continues to develop, the importance of platforms such as ISGE in facilitating global exchange, supporting the next generation, and advancing patient-centred care remains clear.

> **ISGE 2026 demonstrated a strong resurgence, with attendance figures approaching pre-pandemic growth trajectories**

Optimising Transdermal Oestradiol Therapy in Menopause: Dose, Serum Levels, and Clinical Outcomes

MENOPAUSAL hormone therapy remains the most effective treatment for vasomotor symptoms, genitourinary syndrome of menopause, and the prevention of bone loss and fractures. However, real-world evidence indicates that uptake remains below 10%, highlighting a persistent gap between efficacy and clinical use. Optimisation of treatment, including dose selection and delivery method, is therefore essential to improve outcomes, and this was explored in an analysis presented at the ISGE Congress 2026.[1]

This analysis brings together evidence from two pivotal Phase III RCTs evaluating a transdermal oestradiol hydroalcoholic gel formulation, alongside findings from the KEEPS study, to better define oestradiol serum levels associated with meaningful symptom relief.

A total of 567 patients were included in the intent-to-treat populations of the Phase III studies. Daily administration of oestradiol gel at doses of 1.25 g and 2.5 g was assessed and compared with outcomes observed using a transdermal patch delivering 50 µg of oestradiol per day.

In the first trial (n=216), both gel doses led to substantial reductions in the frequency of moderate-to-severe hot flashes, with mean values decreasing from approximately 10 episodes per day at baseline to 2.8 and 2.0 with the 1.25 g and 2.5 g doses, respectively, corresponding to reductions of 73% and 82%. In comparison, placebo was associated with a smaller reduction, from 11.0 to 5.2 episodes per day (53%).

In the second trial (n=351), similar improvements were observed, with hot flash frequency decreasing from baseline values of 11.7 and 11.8 to 2.9 and 2.3 with the 1.25 g and 2.5 g doses, respectively. Outcomes in the active comparator group showed a reduction from 10.9 to 1.3 episodes per day with the transdermal patch.

The proportion of patients achieving a clinically meaningful response, defined as experiencing only mild or no hot flashes, increased progressively across all treatment arms. By Week 12, response rates reached 28.6%, 34.4%, and 47.6% with escalating gel doses (0.625 g, 1.25 g, and 2.5 g), and 47.7% in the transdermal patch group, demonstrating a clear dose–response relationship and comparable efficacy between the highest gel dose and patch therapy.

Overall, the 2.5 g oestradiol gel dose consistently demonstrated superior clinical benefit compared with the 1.25 g dose, achieving circulating oestradiol levels of approximately 60 pg/mL, which were associated with optimal symptom control. These findings support an individualised approach to menopausal hormone therapy, in which treatment is guided by target oestradiol levels to maximise relief of menopausal symptoms while also contributing to long-term benefits in bone and cardiovascular health.

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Lower FSH Linked to Adverse Glucose Metabolism in Postmenopausal Women

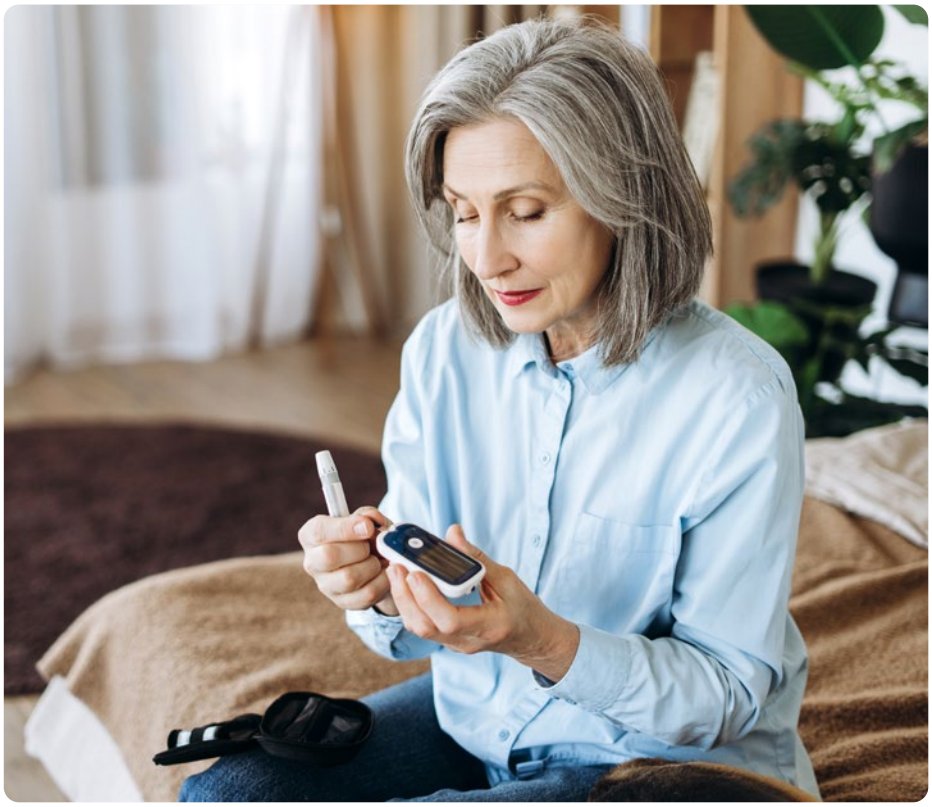
NEW RESEARCH presented at the ISGE Congress 2026 provides emerging evidence that follicle-stimulating hormone (FSH) may play a role in metabolic regulation beyond its established reproductive function. The findings offer relevant insights for clinicians who are managing the long-term health of postmenopausal women.[2]

Menopause is associated with increased cardiometabolic risk, including insulin resistance and Type 2 diabetes. While FSH is traditionally viewed as a marker of ovarian function, the identification of FSH receptors in extra-ovarian tissues such as the liver and adipose tissue has prompted investigation into its potential metabolic effects.

This retrospective study evaluated 82 naturally postmenopausal women (mean age: 65.2 years) not receiving hormone therapy. Researchers examined the relationship between circulating FSH levels and key metabolic parameters, including fasting glucose, insulin, glycated haemoglobin (HbA1c), lipid profile, and insulin resistance as measured by the Homeostatic Model Assessment for Insulin Resistance (HOMA-IR) index.

FSH levels were not significantly associated with lipid abnormalities. However, a clear relationship emerged with glucose metabolism. Women with Type 2 diabetes had significantly lower FSH concentrations compared with those with insulin resistance or normal glucose metabolism (44.3 IU/mL versus 60.6 IU/mL and 69.4 IU/mL, respectively; p=0.045). In addition, participants in the lowest FSH quartile demonstrated higher fasting glucose, fasting insulin, and HOMA-IR values, indicating greater insulin resistance.

> **“Women with Type 2 diabetes had significantly lower FSH concentrations compared with those with insulin resistance or normal glucose metabolism”**



A modest but significant inverse correlation was observed between FSH and fasting insulin levels (r=–0.30; p=0.03), which persisted after adjustment for confounders. This association was more pronounced among women more than 6 years beyond menopause (r=–0.34; p=0.016), suggesting that the metabolic relevance of FSH may increase over time following the menopausal transition.

These findings indicate that lower circulating FSH levels are associated with impaired glucose metabolism in postmenopausal women, particularly in the late postmenopausal phase. FSH could serve as an additional biomarker in metabolic risk stratification, although further prospective studies are needed to clarify causality and underlying mechanisms.

Ongoing Menopausal Symptoms Drive Declines in Women's Quality of Life

PERSISTENT sleep disturbances and vasomotor symptoms (VMS), such as hot flashes and night sweats, are strongly associated with poorer health-related quality of life (HRQoL) in women undergoing menopause, according to new longitudinal findings from the SWAN study presented at the ISGE Congress 2026.[3]

The study analysed data collected between 1999–2008, including baseline and 10 annual follow-up visits. Two groups of participants were examined: 1,176 women who consistently reported on sleep disturbances, and 1,159 who reported on VMS.

Sleep disturbances were defined as experiencing issues such as waking multiple times per night, difficulty falling asleep, or early waking at least 3–4 nights per week over the past 2 weeks. VMS were defined as hot flashes or night sweats occurring on at least 1–5 days within the same timeframe.

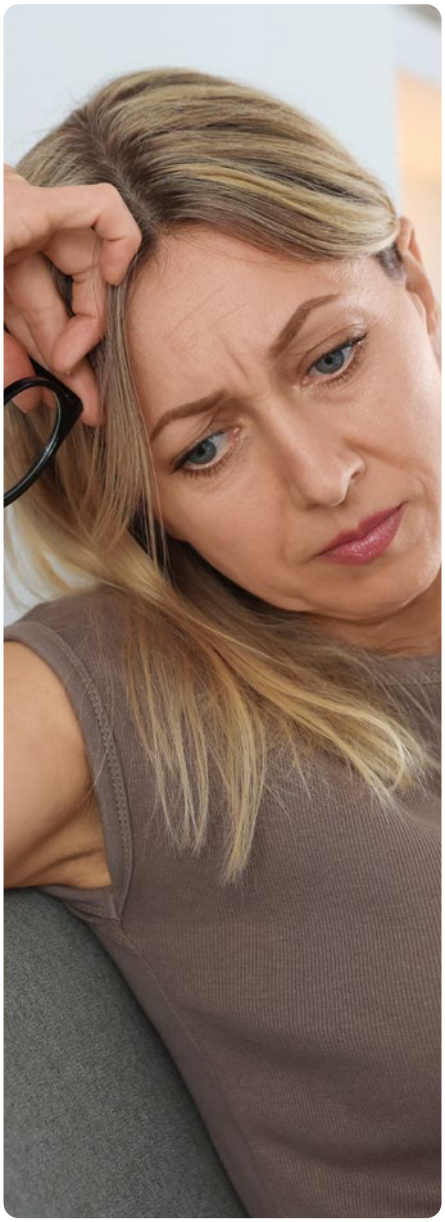
Researchers assessed HRQoL using three subscales from the Short Form Health Survey (SF-36): role limitations due to physical health, role limitations due to emotional problems, and energy/fatigue. Higher scores indicate better quality of life.

On average, participants reported sleep disturbances at 6.8 visits and VMS at 5.8 visits over the study period. Both symptoms were negatively correlated with HRQoL across all domains. Sleep disturbances showed slightly stronger correlations, particularly with energy/fatigue. Statistical modelling revealed that each additional visit at which sleep disturbances were reported corresponded to a decrease of 0.94 points in role limitations due to physical health, 0.75 in role limitations due to emotional problems, and 0.95 in energy/fatigue scores. Similarly, each additional report of VMS was linked to declines of 0.70, 0.64, and 0.44 points, respectively.

Importantly, other factors also played a significant role. High anxiety levels and lower income were among the strongest predictors of reduced HRQoL across all measures, highlighting the multifactorial nature of wellbeing during menopause.

The findings underscore the cumulative impact of persistent menopausal symptoms over time. Rather than being transient inconveniences, ongoing sleep disturbances and VMS may lead to meaningful declines in physical, emotional, and energy-related aspects of daily life.

The authors emphasise the importance of regular monitoring and proactive management of these symptoms. Improved communication between women and healthcare providers, alongside targeted interventions, may help mitigate the long-term effects on quality of life.



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Dydrogesterone May Reduce Dysmenorrhoea in Endometriosis While Supporting Fertility Goals

NEW DATA presented at the ISGE Congress 2026 suggest that dydrogesterone may be an effective and well-tolerated treatment option for patients with endometriosis, particularly those wishing to preserve fertility.[4]

In a retrospective follow-up study from China, dydrogesterone was associated with significant improvements in dysmenorrhoea, while cyst size remained stable and no significant adverse effects on liver function, kidney function, or blood lipids were observed.

The study included 247 patients with endometriosis who had received dydrogesterone for more than 6 months at Women's Hospital, School of Medicine, Zhejiang University, Hangzhou, China, between 1st January 2018–30th September 2024. Among these, 153 patients had dysmenorrhoea.

Pain severity, assessed using the visual analogue scale (VAS), was significantly reduced over time, with statistically significant differences reported at baseline, 1 month, 3 months, and 6 months, regardless of whether patients received dydrogesterone on a Day 5–24 or Day 15–24 regimen ($p<0.0001$).

When the regimens were analysed separately, significant improvements in VAS scores were seen in both groups. In the Day 5–24 group, which included 67 patients, reductions were significant across all assessed time points ($p<0.001$). In the Day 15–24 group, which included 66 patients, improvements were also significant at baseline, 1 month, 3 months, and 6 months ($p<0.01$).

No significant differences were observed in changes in maximum cyst diameter or cyst volume between the two treatment schedules at baseline, 3 months, and 6 months ($p>0.05$). The authors therefore concluded that dydrogesterone may help control symptoms and maintain cyst stability, rather than reduce cyst size.

They also reported no significant effects on liver function, kidney function, or blood lipid levels, supporting the tolerability of treatment in this cohort.

Overall, these findings suggest that dydrogesterone may offer a useful treatment approach for patients with endometriosis who require symptom control and also wish to retain the opportunity for natural conception. As this was a retrospective single-centre study, the findings should be interpreted within the context of the study design.

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PGT-A Associated with Improved IVF Pregnancy Outcomes

PREIMPLANTATION genetic testing for aneuploidy (PGT-A) may improve pregnancy outcomes in assisted reproductive technology by enabling more accurate embryo selection, according to a study presented at the ISGE Congress 2026.[5]

Assisted reproductive technology has transformed infertility treatment, but selecting viable embryos remains critical to success. PGT-A identifies chromosomally normal (euploid) embryos, aiming to improve implantation rates, reducing miscarriage risk, and increasing overall IVF efficiency.

> **Embryo selection using genetic testing may improve IVF efficiency by enabling fewer transfers to achieve pregnancy**

Researchers conducted a retrospective comparative study of 225 patients undergoing IVF, analysing outcomes in those who received PGT-A versus those who did not. All patients underwent ovarian stimulation using a gonadotrophin-releasing hormone antagonist protocol, followed by oocyte retrieval and blastocyst transfer. In the PGT-A group, embryos were tested using next-generation sequencing.

Among the PGT-A group (n=110), 116 embryos were transferred, with 53.6% achieving pregnancy, compared with 35.7% in the non-tested group, where 220 embryos were transferred (mean: 1.91 per patient). PGT-A was associated with higher live birth rates and lower miscarriage risk, with miscarriage rates of 6.8% in the PGT-A cohort versus 21.9% in the non-tested group. Furthermore, 48.2% of transfers resulted in live birth, compared with 27.8% without testing.

Most patients in the PGT-A group underwent single embryo transfer, while more embryos per patient were transferred in the non-tested group, highlighting that embryo selection using genetic testing may improve IVF efficiency by enabling fewer transfers to achieve pregnancy.

However, the retrospective design and selected patient population (aged 35 years and under) may limit generalisability. Cost considerations and individual patient characteristics and preferences should also inform PGT-A use. Overall, while PGT-A appears to be associated with improved IVF outcomes, further large-scale studies are needed to refine patient selection and assess long-term benefits.

Decreased Risk of Venous Thromboembolism with Body-Identical Oestrogens

NEW EVIDENCE presented at the ISGE Congress 2026 has demonstrated that body-identical oestrogens are associated with a lower risk of thrombosis compared to other hormonal contraceptives.[6]

Venous thromboembolism (VTE) remains a significant global health concern and is known to be associated with the use of hormonal contraceptives. To address this, researchers conducted a living network meta-analysis, designed to be updated every 3 years to incorporate emerging evidence and maintain the relevance and accuracy of findings.

The objective was to systematically evaluate the risk of VTE associated with hormonal contraceptives (including combined oestrogen–progestin and progestin-only formulations) in women aged over 18 years, compared with non-users or users of alternative contraceptive methods.

A comprehensive literature search was performed in September 2024 and updated in October 2025 using Medline and Embase databases. Clinical studies assessing VTE risk among users of hormonal contraceptives versus non-users or users of other contraceptives were identified. Study selection followed rigorous screening procedures, and data extraction was conducted using standardised methodologies. Statistical analyses were performed using a random-effects model.

Preliminary results identified 85 studies through abstract and full-text screening, of which 12 cohort studies and 17 case–control studies were included in the primary quantitative analysis. Unadjusted analyses demonstrated that, compared with non-use, all ethinyl oestradiol-based combined contraceptives were associated with a significantly increased risk of VTE, with ethinyl oestradiol/desogestrel combinations showing the highest excess risk.

In contrast, progestin-only contraceptives were associated with a risk comparable to non-use and did not demonstrate statistically significant differences, except for injectable medroxyprogesterone acetate, which was associated with an increased risk.

Body-identical oestrogen-containing combined oral contraceptives did not show a statistically significant difference in VTE risk compared with the desogestrel-only pill. These findings were consistent across both cohort and case–control analyses.

Overall, while ethinyl oestradiol-based hormonal contraceptives have been widely used for decades, emerging evidence suggests that body-identical oestrogens may be associated with a lower risk of thrombosis.

> **“All ethinyl oestradiol-based combined contraceptives were associated with a significantly increased risk of VTE”**

Pre-conception Androgens Predict Pregnancy Outcomes in PCOS

A NEW study presented at the ISGE Congress 2026 has shown that pre-conception androgen levels may help predict both fertility treatment requirements and pregnancy outcomes in females with polycystic ovary syndrome (PCOS).[7]

PCOS is the most common endocrine–metabolic condition affecting females of reproductive age and is frequently associated with anovulation, subfertility, and infertility. While assisted reproductive technologies such as IVF are widely used, identifying which patients are most likely to require intervention or experience complications has remained a clinical challenge.

In this retrospective cohort study, researchers analysed 160 females with confirmed PCOS who achieved at least one live birth beyond 23 weeks of gestation. A total of 232 pregnancies were evaluated to explore how pre-conception androgen profiles and mode of conception influenced obstetric outcomes.

The findings revealed that elevated pre-conception androstenedione levels were significantly associated with an increased risk of miscarriage. In contrast, lower levels of dehydroepiandrosterone sulphate and androstenedione were strongly linked to the need for IVF, suggesting that reduced androgen activity may reflect impaired natural fertility potential in this population. Additionally, a lower luteinising hormone/follicle-stimulating hormone ratio was associated with a greater likelihood of requiring assisted reproductive interventions.

The study also identified important differences in pregnancy outcomes based on mode of conception. Pregnancies achieved through IVF were associated with higher rates of preterm birth and Caesarean section compared with spontaneous conceptions. However, there were no significant differences in the incidence of preeclampsia or gestational diabetes between the two groups.

These findings highlight the potential role of pre-conception hormonal profiling in guiding fertility management for females with PCOS. By identifying patients at higher risk of miscarriage or those more likely to require IVF, clinicians may be able to personalise treatment strategies and optimise pre-pregnancy management.

The study was conducted at a single centre and included only females who achieved a live birth, which may limit generalisability to those who are unable to conceive or experience pregnancy loss. Nevertheless, the results provide important real-world evidence supporting the integration of hormonal markers into clinical decision-making.

Overall, the study suggests that pre-conception androgen levels could serve as valuable predictors of both fertility treatment needs and obstetric risks, offering a step towards more individualised care in PCOS.

HPV Vaccination Gaps and High Dysplasia Rates Identified in Patients with Müllerian Anomalies

NEW RESEARCH from a tertiary healthcare centre, presented at the ISGE Congress 2026, highlights concerning gaps in human papillomavirus (HPV) vaccination uptake and cervical cancer screening practices among patients with Müllerian anomalies (MA), alongside unexpectedly high rates of cervical dysplasia in this population.[8]

MAs, congenital variations of the female reproductive tract affecting up to 6.7% of females, present unique anatomical and clinical challenges. Despite recommendations for HPV vaccination to prevent HPV-related cancers, real-world uptake and screening adequacy in this group have remained poorly understood.

In this retrospective cross-sectional study, researchers analysed electronic medical records from 220 patients aged 9–36 years with MAs between 2012–2025. Data collected included demographics, MA subtype, HPV vaccination counselling and uptake, and cervical screening outcomes such as cytology, HPV co-testing, colposcopy, and histology.

Bicornuate uterus was the most common anomaly (45.0%), followed by septate uterus (20.9%) and uterus didelphys (9.1%). The mean age at diagnosis was 22.7 years. Just over half of patients (53.9%) were offered and accepted HPV vaccination, while 5.9% declined and a notable 40.2% had no documented counselling. Among those vaccinated, most (75.4%) completed the full vaccine series.

Of the 201 patients with a cervix, 89.1% underwent Pap smear screening. However, 29.1% had abnormal cytology results, most commonly low-grade squamous intraepithelial lesions (11.2%) and atypical squamous cells of undetermined significance with high-risk HPV positivity (7.3%). Among 114 patients who underwent HPV co-testing, 25.4% tested positive for high-risk HPV.

Screening practices were also inconsistent in patients with anatomical complexity. Among those with uterus didelphys, only 65% had Pap smears performed on both cervices. Of the 51 patients with abnormal cytology, just over half (54.9%) underwent colposcopy.

Histological analysis revealed cervical intraepithelial neoplasia (CIN) Grade I in 21.4%, CIN II in 17.9%, and CIN III in 14.3% of cases assessed. More than half of patients with CIN II or III required ablative or excisional treatment.

> **The high proportion of patients without documented HPV counselling, alongside incomplete screening in anatomically complex cases, suggests missed opportunities for early intervention**

The findings point to both a substantial burden of cervical dysplasia and clear gaps in preventive care. The high proportion of patients without documented HPV counselling, alongside incomplete screening in anatomically complex cases, suggests missed opportunities for early intervention.

While limited by its retrospective design and reliance on documentation within electronic records, this study is, to the authors' knowledge, the first to examine HPV vaccination and cervical dysplasia in a large cohort of patients with MAs.

These results underscore the need for improved education, standardised vaccination counselling, and tailored cervical cancer screening strategies for this population. The authors highlight that future prospective studies will be critical to inform evidence-based guidelines, similar to those developed for other high-risk or special populations.

Pulsatile GnRH Therapy Restores Fertility in Hypothalamic Amenorrhoea

A REAL-WORLD study presented at the ISGE Congress 2026 has shown that pulsatile gonadotropin-releasing hormone (GnRH) therapy is highly effective in restoring ovulation and achieving pregnancy in females with hypothalamic amenorrhoea (HA).[9]

HA is a condition characterised by disruption of the hypothalamic–pituitary–ovarian axis, leading to cessation of menstruation, anovulation, and infertility. It is often associated with factors such as low energy availability, stress, or excessive exercise, and can significantly impact reproductive health. Although pulsatile GnRH therapy is recommended as a first-line treatment because it mimics natural hormonal physiology, it has remained underutilised in routine clinical practice.

In this retrospective, single-centre cohort study, researchers evaluated the real-world effectiveness and safety of subcutaneous pulsatile GnRH therapy in 69 females aged 20–40 years with confirmed HA and a desire for pregnancy. Participants were treated between 2013–2025 using an infusion pump delivering individualised GnRH doses.

The findings demonstrated a remarkably high ovulation restoration rate of 95.7% (66/69), confirming the therapy's ability to re-establish normal reproductive function. The clinical pregnancy rate reached 81.2% (56/69), with a median time-to-pregnancy of 117 days, indicating relatively rapid fertility restoration following treatment initiation.

Pregnancy outcomes were also favourable. Among the 56 pregnancies, there were 46 singleton live births, six ongoing pregnancies, and four miscarriages.

> **By closely replicating natural endocrine rhythms, the treatment achieves high rates of ovulation, singleton pregnancy, and live birth**

Notably, no multiple pregnancies were reported, a key advantage compared with other fertility treatments that carry higher risks of multiple gestations. Furthermore, all infants demonstrated normal development at follow-up, and no severe adverse events were observed, supporting the therapy's strong safety profile.

The study's retrospective design and single-centre setting may limit generalisability, and the absence of a comparator group prevents direct comparison with alternative fertility treatments. However, the consistency of outcomes across a substantial number of treatment cycles strengthens the reliability of the findings.

Overall, this study reinforces pulsatile GnRH therapy as a highly effective, physiological, and safe approach for fertility restoration in females with HA. By closely replicating natural endocrine rhythms, the treatment achieves high rates of ovulation, singleton pregnancy, and live birth, highlighting its potential for broader clinical adoption in reproductive medicine.

IBD and Endometriosis Link Highlights Diagnostic Overlap

INFLAMMATORY bowel disease (IBD) and endometriosis frequently coexist, with new findings highlighting overlapping symptoms and the need for heightened clinical suspicion, according to data presented at the ISGE Congress 2026.[10]

In this retrospective observational study, researchers evaluated premenopausal women with IBD who underwent 2D and 3D transvaginal ultrasound between January 2021–January 2025. Among 111 patients with IBD, endometriosis or adenomyosis was identified in 65 cases, representing a prevalence of 58.6%. The study compared these individuals with two control groups consisting of patients with IBD without endometriosis or adenomyosis and women with endometriosis or adenomyosis without IBD, matched for age and BMI.

The findings confirm that endometriosis is highly prevalent among patients with IBD, reinforcing the importance of recognising co-existing inflammatory conditions in this population. Patients with both conditions commonly presented with characteristic gynaecological symptoms, suggesting overlapping inflammatory mechanisms.

Patients with co-existing IBD and endometriosis reported significantly higher rates of dysmenorrhoea, dyspareunia, and heavy menstrual bleeding compared with those with IBD alone. Reported frequencies were dysmenorrhoea (90.8% versus 65.2%; p=0.0009), dyspareunia (63.1% versus 32.6%; p=0.001), and heavy menstrual bleeding (61.5% versus 37.0%; p=0.01).

When compared with women with endometriosis without IBD, those in the study group demonstrated a higher prevalence of bowel symptoms, particularly diarrhoea (32.3% versus 15.9%; p=0.004). In addition, adenomyosis was more common (75.4% versus 61.5%; p=0.04), alongside increased involvement of the left uterosacral ligament (p=0.03). Conversely, ovarian endometriosis and posterior deep infiltrating lesions were more frequently observed in patients without IBD.

These findings suggest that IBD should be suspected in women with endometriosis who present with bowel symptoms, especially diarrhoea. Equally, clinicians managing patients with IBD should consider the high likelihood of concurrent endometriosis in the presence of gynaecological pain symptoms.

The frequent co-existence of adenomyosis and site-specific pelvic involvement points towards shared inflammatory pathways between the two conditions. A multidisciplinary approach is therefore essential to reduce diagnostic delays and optimise reproductive health outcomes in this patient population.

> **“Patients with co-existing IBD and endometriosis reported significantly higher rates of dysmenorrhoea, dyspareunia, and heavy menstrual bleeding compared with those with IBD alone”**

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