ICD-11 and Endometriosis

International Classification of Disease CODE GUIDE

Decision making at the patient level

Common standards for a connected world



@endostats | www.endometriosisalliance.org

Content

- Overview
- Medical Informatics
- Surgery Codes
- Signs and Symptoms
- Associated Illness
- Pain Assessment
- Endocrine, nutritional & metabolic
- Imaging
- Traditional Medicine
- Harmful Effects



Health, social and economic benefits of addressing endometriosis

Endometriosis has significant social, public health and economic implications. It can decrease quality of life due to severe pain, fatigue, anxiety and infertility. Some individuals with endometriosis experience debilitating endometriosis- associated pain that prevents them from going to work or school. In these situations, addressing endometriosis can reduce absence from school or increase an individual's ability to contribute to the labor force. Addressing endometriosis will empower those affected by it, by supporting their human right to the highest standard of sexual and reproductive health, quality of life, and overall wellbeing. In addition to fertility problems and reduced quality of life, this enigmatic disease also has serious economic consequences. Direct healthcare costs for women with endometriosis are more than twice as high as women without the disease. This amount also includes additional costs beyond hospitalization of the disease e.g. lost days at work, layoffs, having to change jobs, sick leave, and time off for having surgery.

Endometriosis Mapping

Endometriosis Lesions Connect to Symptoms and Clinical Findings

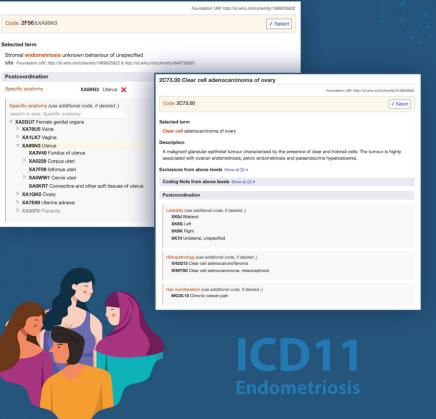
GA10.C Endometriosis of the digestive system	Associated with
Parent	Associated with
GA10 Endometriosis	 Symptoms or signs involving the digestive system or abdomen
	MD80 Symptoms or signs of the orofacial complex
	 MD81 Abdominal or pelvic pain
	MD81.0 Abdominal tenderness
Postcoordination ?	MD81.1 Localised abdominal pain
	MD81.2 Generalised abdominal pain
Add detail to Endometriosis of the digestive system	MD81.3 Acute abdomen
Relational (use additional code, if desired .)	MD81.4 Other and unspecified abdominal pain
XK7F Superficial	MD82 Intra-abdominal or pelvic swelling, mass or lump
XK16 Deep	 Symptoms related to the upper gastrointestinal tract
One offer another (see additional and a life desired)	MD90 Nausea or vomiting
Specific anatomy (use additional code, if desired .)	MD91 Belching
Search	MD92 Dyspepsia
Has manifestation (use additional code, if desired .)	MD93 Dysphagia
MG30.40 Chronic visceral pain from mechanical factors	MD94 Halitosis
MG30.42 Chronic visceral pain from persistent inflammation	MD95 Heartburn
Associated with (use additional code, if desired .)	MD9Y Other specified symptoms related to the upper gastrointestinal tract
	 Symptoms related to the lower gastrointestinal tract or abdomen
Search	ME00 Abdominal compartment syndrome
	ME01 Abdominal distension
	ME02 Abdominal rigidity
	ME03 Abnormal bowel sounds
	ME04 Ascites
	ME05 Change in bowel habit
	ME06 Chronic enteritis of uncertain aetiology
	ME07 Faecal incontinence
	ME08 Flatulence and related conditions
	ME09 Rectal tenesmus
	ME0A Visible peristalsis
	ME0B Problems with defaecation, not otherwise specified
	ME0Y Other specified symptoms related to the lower
Clinical findings in the digestive system	gastrointestinal tract or abdomen
ME20 Clinical findings in specimens from digestive organs or abdominal cavity ME01 Clinical findings on diagonatic imposing of lives on billion toot.	ME10 Abnormalities related to hepatobiliary system ME1Y Other specified symptoms or signs involving the digestive
ME21 Clinical findings on diagnostic imaging of liver or biliary tract ME22 Clinical findings on diagnostic imaging of digestive tract	system or abdomen
ME22 Clinical infolings on diagnostic maging of digestive tract ME23 Results of function studies of the digestive system	Clinical findings in the digestive system
ME24 Clinical manifestations of the digestive system	ME4Y Other specified symptoms, signs or clinical findings of the
ME2Y Other specified clinical findings in the digestive system	digestive system or abdomen

@EndoStats



IDC-11 has new cluster coding.

WHO Classification of Tumours



endoStats

The novel and powerful ICD-11 classification system for neoplasm coding: a comparative study with the ICD-O

Yicong Xu, Jingya Zhou & Yi Wang 🖂

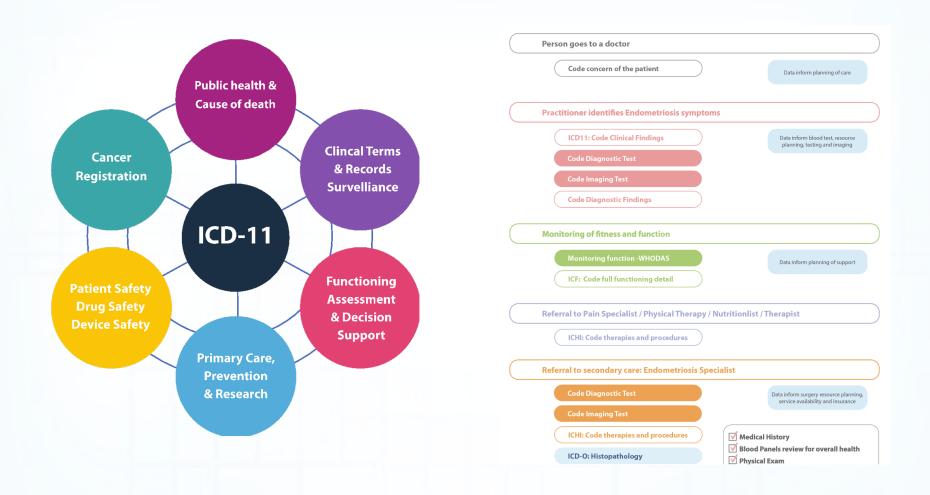
BMC Medical Informatics and Decision Making 22, Article number: 333 (2022)

The ICD-11 and ICD-O have remarkable differences in coding structure. Compared to the ICD-O, the ICD-11 has the following advantages: adding histopathology to the stem codes, obtaining a meaningful minimum amount of information through stem codes for statistics, supporting the usage of ICD-O morphology categories and capturing clinical details via extension codes for multiaxial coding. In addition, the rich Foundation Component, linearization derived from the Foundation Component and updating mechanism all support the compatibility of the ICD-11 with other classification systems. Notably, the WHO provides terminology coding with a smart coding tool, and coding in the ICD-11 can draw on statistical codes and uniform resource identifiers (URIs) simultaneously.

@EndoStats

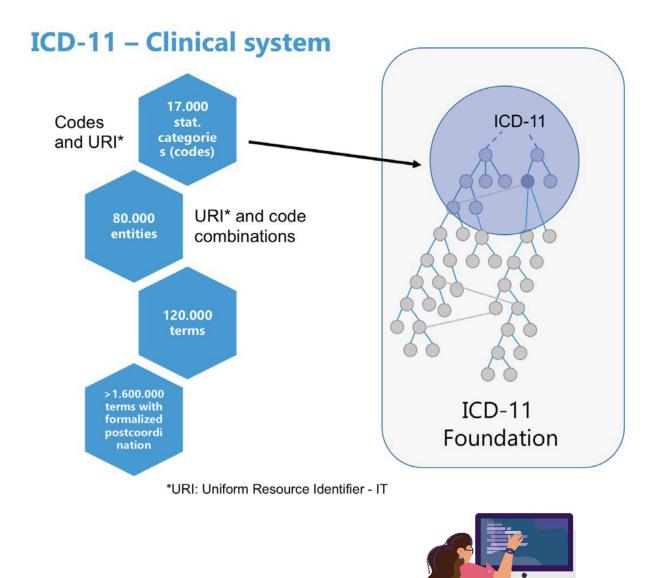
ICD11 Endometriosis

IDC-O 2020 Blue Books contain a stand-alone chapter on endometriosis and leiomyomas

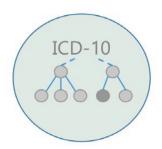


Informatics

ICD-11 and Endometriosis



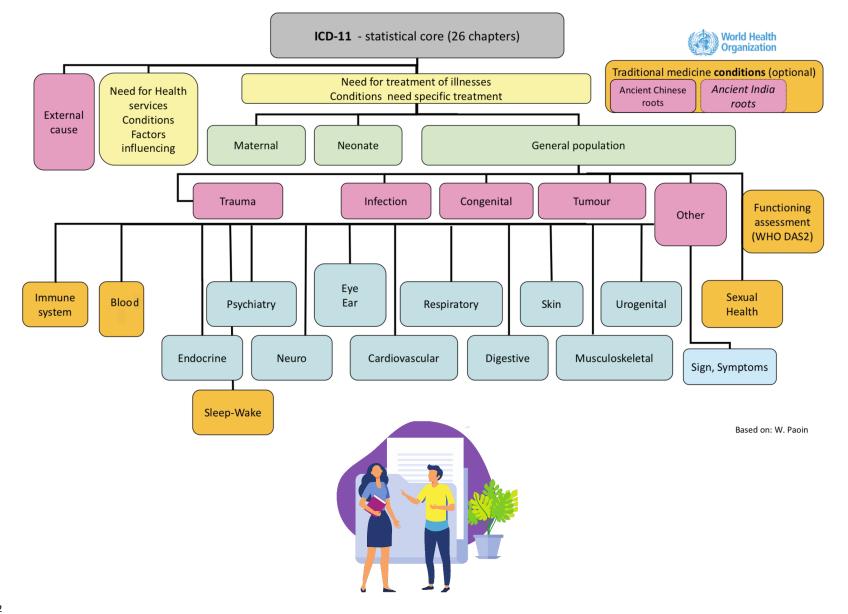




14000 categories Separate text index Separate rule base Need terminology link Outdated content

Statistical system used in clinical setting

Chapters: Stem Codes





ICD-11 – more than diagnoses

Traditional Classes and Terminology



Functioning assessment – WHO-DAS2

Extension codes - Terminology

Anatomy

Laterality

Infectious agents and AMR

Histopathology (ICD-O)

Chemicals and Medicaments (INN)

Devices

Mechanisms of harm (Safety) Activities Places

Objects

e.g. devices: IMDRF Terminology embedded



Downloads

Download Area contains files that are updated frequently based on the changes made on the classification such as:

print versions simplified tabular versions proposal summary outputs

Download Area

Linearization Print Versions

- ICD-11 for Mortality and Morbidity Statistics
- Primary Care Low Resource Setting Linearization
- ICD-11 Classification of Dermatological Diseases
- Neurology Speciality Linearization
- Ophthalmology Speciality Linearization
- ICD-O Linearization
- International Classification of Functioning, Disability and Health (ICF)
- International Classification of Health Interventions (ICHI)

Simplified Linearization Outputs

- ICD-11 for Mortality and Morbidity Statistics
- Primary Care Low Resource Setting Linearization
- ICD-11 Classification of Dermatological Diseases
- Neurology Speciality Linearization
- Ophthalmology Speciality Linearization
- International Classification of Functioning, Disability and Health (ICF)
- International Classification of Health Interventions (ICHI)
- Comparative linearization output for the Linearization for Mortality and Morbidity Statistics and Primary Care Linearizations

Print Versions

Print Versions for the ICD-11 ICD-11 for Mortality and Morbidity Statist

You may download individual chapters or the full linearization using the all chapters link t

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Title	Print Vers
Top level category list	
All Chapters	
01 Certain infectious or parasitic diseases	
02 Neoplasms	
03 Diseases of the blood or blood-forming organs	
04 Diseases of the immune system	
05 Endocrine, nutritional or metabolic diseases	
06 Mental, behavioural or neurodevelopmental disorders	
07 Sleep-wake disorders	
08 Diseases of the nervous system	
09 Diseases of the visual system	
10 Diseases of the ear or mastoid process	
11 Diseases of the circulatory system	
12 Diseases of the respiratory system	
13 Diseases of the digestive system	
14 Diseases of the skin	
15 Diseases of the musculoskeletal system or connective tissue	
16 Diseases of the genitourinary system	
17 Conditions related to sexual health	
18 Pregnancy, childbirth or the puerperium	
19 Certain conditions originating in the perinatal period	
20 Developmental anomalies	
21 Symptoms, signs or clinical findings, not elsewhere classified	
22 Injury, poisoning or certain other consequences of external causes	
23 External causes of morbidity or mortality	
24 Factors influencing health status or contact with health services	
25 Codes for special purposes	
26 Supplementary Chapter Traditional Medicine Conditions - Module I	
V Supplementary section for functioning assessment	
X Extension Codes	

Health Status with Health Services

Primary Care Low Resource Setting Linearization Search Endometriosis [Advanced Search] Home Founda Postmenopausal uterine bleeding (GA30 1) Foundation URI : http://id.who.int/icd/ × Postmenopausal atrophic vaginitis (GA3 Menopausal hot flush (GA30.4) **Endometriosis (GA10)** Primary female infertility (GA31.0) Secondary female infertility (GA31.1) Parent Recurrent pregnancy loss (GA33) Diseases of the female ger Vulval pain (GA34.00) Perineal pain (GA34.01) Description Vulvodynia (GA34.02) A condition of the uterus that is fi Female pelvic pain (GA34.2) characterised by ectopic growth Mittelschmerz (GA34_PCL) the uterine cavity. This condition Vulvodynia (GA34.02) tissue from the wolffian or mulleri refluxed backward into the perito Female pelvic pain, unspecified (GA34.2Z) condition may also present with (Dysmenorrhoea (GA34.3) pelvic pain, infertility, alteration of Confirmation is by laparoscopy a Female genital pain (GA34.6) fragments. Vulval pruritus (GA42.0) Endometriosis (GA10) **Coded Elsewhere** Adenomyosis (GA11) Salpingitis isthmica nodos Neoplasms of the female genital organs

Factors influencing health status or contact with health services

Problems associated with finances QD50 Poverty QD51 Low income

Problems associated with drinking water or nutrition

QD60 Problems associated with inadequate drinking-water QD61 Inadequate food

Problems associated with the environment

QD70 Problems associated with the natural environment or human-made changes to the environment QD71 Problems associated with housing

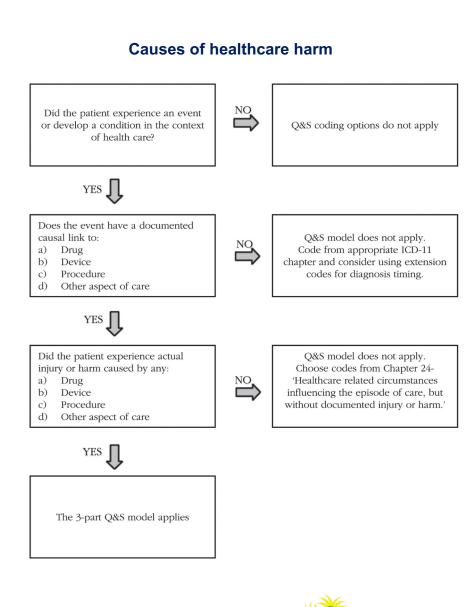
Problems associated with employment or unemployment

QD80 Problem associated with unemployment QD81 Problem associated with change of job QD82 Problem associated with threat of job loss QD83 Problem with employment conditions QD83.1 Problem associated with stressful work schedule OD85 Burnout

Problems associated with education

QD90 Problem associated with illiteracy or low-level literacy QD91 Problem associated with education unavailable or unattainable





Causes of healthcare Related harm	Code for mode/mechanism	Code description		
Surgical or other medical procedure	PL11	Mode of injury or harm associated with a surgical or other medical procedure		
(any of codes PK80-PK8Z)	PL11.0	Cut, puncture or tear, as mode of injury or harm		
	PL11.1	Burn arising during procedure, as mode of injury or harm		
	PL11.2	Embolisation, as mode of injury or harm		
	PL11.20	Air embolism, as mode of injury		
	PL11.3	Foreign body accidentally left in body, as mode of injury or harm		
	PL11.4	Failure of sterile precautions, as mode of injury or harm		
	PL11.5	Procedure undertaken at wrong site or wrong side, as mode of injury or harm		
	PL11.6	Pressure, as mode of injury or harm		
Surgical or other medical device, implant or graft	PL12	Mode of injury or harm associated with a surgical or other medical device, implant or graft		
(any of codes PK90-PK9C)	PL12.0	Structural device failure, as mode of injury or harm		
	PL12.1	Functional device failure, as mode of injury or harm		
	PL12.2	Perforation or protrusion by device, as mode of injury or harm		
	PL12.3	Obstruction of device, as mode of injury or harm		
	PL12.4	Dislodgement, misconnection or de-attachment, as mode of injury or harm		
	PL12.5	Operator error, as mode of injury or harm		
	PL12.6	Combination or interaction of operator error and device failure, as mode of injury or harm		
Drug, medicament or biological substance	PL13	Mode of injury or harm associated with exposure to a drug, medicament or biological substance		
(Code PL00)	PL13.0	Overdose of substance, as mode of injury or harm		
	PL13.1	Underdosing, as mode of injury or harm		
	PL13.2	Drug-related injury or harm in the context of correct administration or dosage as mode of injury or harm		
	PL13.3	Incorrect substance, as mode of injury or harm		
	PL13.5	Incorrect administration of drug or medicament, as mode of injury		
	PL13.50	Incorrect route of drug or medicament, as mode of injury		
	PL13.51	Incorrect rate of drug or medicament, as mode of injury		
	PL13.52	Incorrect timing of drug or medicament, as mode of injury		
	PL13.53	Incorrect duration of drug or medicament, as mode of injury		
	PL13.6	Medication or substance that is known to be an allergen, as mode of injury or harm		
	PL13.7	Medication or substance that is known to be contraindicated for the patient, as mode of injury or harm		
	PL13.8	Expired or deteriorated medication or substance, as mode of injury or harm		
	PL13.9	Drug or substance interactions, as mode of injury or harm		
	PL13.A	Inappropriate stoppage or discontinuation of drug, as mode of injury or harm		
Other healthcare-related causes	PL14	Mode of injury or harm associated with other healthcare-related causes		
(Code PL10)	PL14.0	Non-administration of necessary drug		
	PL14.1	Non provision of necessary procedure		
	PL14.2	Problem associated with physical transfer of patient		
	PL14.3	Mismatched blood used in transfusion		
	PL14.4	Other problem associated with transfusion		
	PL14.5	Problem associated with physical restraints		
	PL14.6	Problem associated with isolation protocol		
	PL14.7	Problem associated with clinical documentation		
	PL14.8	Problem associated with clinical software		
	PL14.9	Incorrect diagnosis		
	PL14.A	Delayed diagnosis		
	PL14.B	Delayed treatment		
	PL14.C	Patient received diagnostic test or treatment intended for another patient		
	PL14.0	Problem associated with transitions of care, hand offs, or handovers		
	PL14.E	Fall in healthcare		



Signs and Symptoms ICD-11 and Endometriosis

Course of the Condition

- Extension Entities
 - ICD Extension Code
 - Extension Codes
 - Severity Scale Value
 - Temporality
 - Course of the Condition
 - Pattern, Activity, or Clinical Status
 - Intermittent-Persistent Scale Value Intermittent
 - Persistent
 - Persistent with overlaid attacks
 - Asymptomatic
 - Subclinical
 - Active
 - Episodic
 - Prodromal
 - Recurrent
 - Relapse
 - Cause of late effect
 - Course
 - Acute-Chronic Scale Value
 - Acute
 - Chronic
 - Acute-Subacute-Chronic Scale Value
 - Acute
 - Subacute
 - Chronic
 - Onset
 - Time in Life
 - Duration of pregnancy











Symptoms and signs

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- 21 Symptoms, signs or clinical findings, not elsewhere classified
 - Symptoms, signs or clinical findings of blood, blood-forming organs, or the immune system
 - Symptoms, signs or clinical findings of endocrine, nutritional or metabolic diseases
 - Symptoms, signs or clinical findings of speech or voice
 - Mental or behavioural symptoms, signs or clinical findings
 - Symptoms, signs or clinical findings of the nervous system
 - Symptoms, signs or clinical findings of the visual system
 - Symptoms, signs or clinical findings of ear or mastoid process
 - Symptoms, signs or clinical findings of the circulatory system
 - Symptoms, signs or clinical findings of the respiratory system
 - Symptoms, signs or clinical findings of the digestive system or abdomen
 - Symptoms, signs or clinical findings involving the skin
 - Symptoms, signs or clinical findings of the musculoskeletal system
 - Symptoms, signs or clinical findings of the genitourinary system
 - Symptoms, signs or clinical findings involving the female genital system
 - MF30 Breast lump or mass female
 - MF31 Breast or lactation symptom or complaint
 - MF32 Menopausal symptom or complaint
 MF33 Premenstrual symptom or complaint
 MF34 Pregnancy symptom or complaint
 MF35 Postpartum symptom or complaint
 MF36 Other symptom or complaint of vagina
 MF37 Symptom or complaint of female nipple
 MF38 Symptom or complaint of female pelvis
 MF39 Symptom or complaint of the vulva
 MF3A Vaginal discharge

MG24.D Fear of complications of pregnancy

MG24.F Fear of female genital or breast disease
 MG24.E Fear of sexually transmitted disease female

- GA34 Female pelvic pain associated with genital organs or menstrual cycle
- GA34.0 Pain related to vulva, vagina or pelvic floor
 GA34.1 Vaginal laxity
- GA34.2 Female pelvic pain
 GA34.3 Dysmenorrhoea
- GA34.4 Premenstrual disturbances
 - GA34.40 Premenstrual tension syndrome
 GA34.41 Premenstrual dysphoric disorder
 GA34.4Y Other specified premenstrual disturbances
 GA34.4Z Premenstrual disturbances, unspecified
 GA34.5 Ovarian remnant syndrome
 GA34.6 Female genital pain
 GC00.3 Interstitial cystitis
- 17 Conditions related to sexual health
 - Sexual dysfunctions
 - Sexual pain disorders
 - HA20 Sexual pain-penetration disorder GA12 Dyspareunia



Symptoms and Signs



MG22 Fatigue

A feeling of exhaustion, lethargy, or decreased energy, usually experienced as a weakening or depletion of one's physical or mental resource and characterised by a decreased capacity for work and reduced efficiency in responding to stimuli. Fatigue is normal following a period of exertion, mental or physical, but sometimes may occur in the absence of such exertion as a symptom of health conditions.

DA96.02 Malabsorption or intolerance of specific nutrients

Food intolerance is a term used for difficulty in digesting a food because of widely for varied physiological responses associated with a particular food, or compound found. Food intolerance should not be mistaken for food allergy, which is primarily involving the immune reaction against the food.

GB23.5 Mastodynia

The symptom of breast pain. This symptom may be classified as cyclic or non-cyclical depending on the clinical patterns

Symptoms, signs or clinical findings

Reproductive

MD82 Intra-abdominal or pelvic swelling, mass or lump GA12 Dyspareunia (Painful Intercourse)

Urinary System

MF50.0 Frequent micturition MF50.2 Urinary incontinence MF50.7 Dysuria (Pain) MF50.4 Haematuria

Digestive system or abdomen

MD81 Abdominal or pelvic pain MD82 Intra-abdominal or pelvic swelling, mass or lump

Upper gastrointestinal tract

MD90.0 Nausea MD90.1 Vomiting

Lower gastrointestinal tract or abdomen

ME01 Abdominal distension ME05 Change in bowel habit • ME05.0 Constipation • ME05.1 Diarrhoea ME24.A3 Haematochezia ME24.A4 Melaena ME24.A6 Positive occult blood in stool

Thoracic

MD11.5 Dyspnoea (Shortness of Breath) MD30.0 Chest pain on breathing MC81.0 Tachycardia MC81.2 Heart Palpitations MD22 Haemoptysis (Coughing up blood) CB26 Haemothorax CB27 Pleural effusion

Diaphragm > Phrenic Nerve

MD20 Epistaxis (Nose Bleeds) AB70.2 Otalgia (Earache) 8A06.21 Chronic Hiccups

Musculoskeletal

ME81 Musculoskeletal chest pain ME84.2 Low back pain ME84.3 Sciatica Nerve ME86.D Symptom or complaint of the shoulder ME86.C Symptom or complaint of the neck



Overall Symptoms

Mental or behavioural symptoms, signs or clinical findings MB24.3 Anxiety MB22.3 Hopelessness MB23.H Panic attack MB23.R Suicide attempt

Coded Elsewhere Premenstrual dysphoric disorder (GA34.41)

6B42 Prolonged grief disorder 6B43 Adjustment disorder QE84 Acute stress reaction 6B40 Post traumatic stress disorder

Caregiver Burnout

QF27 Difficulty or need for assistance at home and no other household member able to render care



- GA31 Female infertility
 - GA31.0 Primary female infertility
 - GA31.1 Secondary female infertility

GA31.10 Secondary female infertility of uterine origin
 GA31.11 Secondary female infertility of tubal origin
 GA31.1Y Secondary female infertility of other specified origin
 GA31.1Z Secondary female infertility of unspecified origin
 QA33 Contact with health services for preconception counselling

QA34 Contact with health services for fertility preservation counselling QA35 Contact with health services by gestational carrier

GA31.Z Female infertility without specification whether primary or secondary

GA32 Complications associated with medically assisted reproduction
 GA33 Recurrent pregnancy loss

Postcoordination ?

Add detail to **Primary female infertility of tubal origin** Has causing condition *(code also)* Search

😮 😫

Laterality (use additional code, if desired .)

XK9J	Bilateral
XK8G	Left
ХК9К	Right
XK70	Unilateral, unspecified

GB04 Male infertility
 GB04.0 Azoospermia



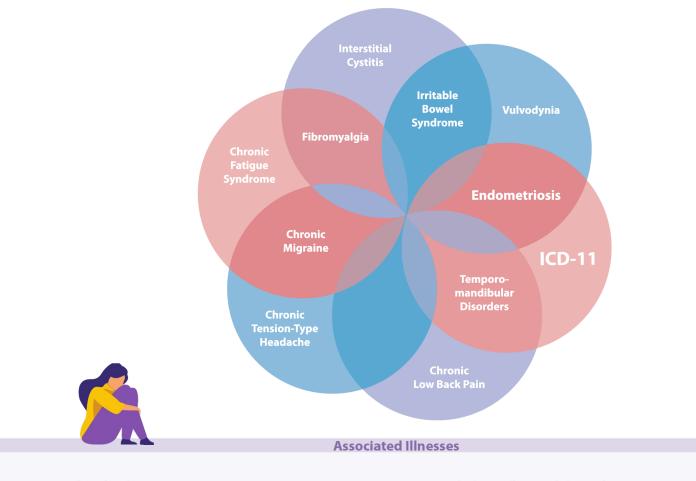
Infertility may be caused by:

• Tubal disorders such as blocked fallopian tubes, which are in turn caused by complications of unsafe abortion, postpartum sepsis or abdominal/pelvic surgery

• Uterine disorders which could be inflammatory in nature as Endometriosis or benign in nature as fibroids

• Ovary disorders, such as polycystic ovarian syndrome and other follicular disorders; disorders of the endocrine system causing imbalances of reproductive hormones.

Associated Illness



GA34.02 Vulvodynia

DD91.0 Irritable bowel syndrome

GC00.3 Interstitial cystitis

8E49 Postviral fatigue syndrome

Inclusions: Chronic fatigue syndrome

MG30.01 Chronic widespread pain

Inclusions: Fibromyalgia syndrome

8A80.2 Chronic migraine

8A81 Tension-type headache

MG30.02 Chronic primary musculoskeletal pain

Chronic primary low back pain

Pain Therapy

Pelvic floor dysfunction is a common condition with Endometriosis

GA34.0Y Pelvic floor dysfunction

Pelvic floor tension myalgia

GC40.4Z Pelvic floor muscle disruption

XA2J71 Muscles of the pelvis and perineum XA2E07 Bulbospongiosus muscle XA5FZ1 Cremaster muscle XA8HG2 Dartos muscle XA2LG6 Deep transverse perinei muscle XA3YC6 Iliococcygeus muscle XA73H8 Ischiocavernosus muscle XA9T66 Levator ani-coccygeus muscle XA9T66 Levator ani-coccygeus muscle XA3HP4 Pubococcygeus muscle XA3HP4 Puborectalis muscle XA4RK4 Pubovaginalis muscle XA4RK4 Pubovaginalis muscle XA3ML6 Sphincter ani muscle XA8FT0 Sphincter urethrae muscle XA56U7 Superficial transverse perinei muscle

GC40 Pelvic organ prolapse

GC40.0 Prolapse of anterior vaginal wall GC40.1 Prolapse of posterior vaginal wall GC40.2 Prolapse of the vaginal apex GC40.3 Uterovaginal prolapse GC40.4 Pelvic floor muscle disruption GC40.5 Urinary incontinence associated with pelvic organ prolapse GC40.6 Functional bladder disorders associated with pelvic organ prolapse



DD92.2 Pelvic floor dyssynergia

Functional defaecation disorders are characterised by paradoxical contraction or inadequate relaxation of the pelvic floor muscles during attempted defaecation (dyssynergic defaecation) or inadequate propulsive forces during attempted defaecation (inadequate defaecatory propulsion). The patients must satisfy diagnostic criteria for functional constipation.=



Sleep Disorders

- 07 Sleep-wake disorders
 - Insomnia disorders
 - 7A00 Chronic insomnia
 - 7A01 Short-term insomnia
 - 7A0Z Insomnia disorders, unspecified
 - Hypersomnolence disorders
 - 7A20 Narcolepsy
 - 7A21 Idiopathic hypersomnia
 - 7A22 Kleine-Levin syndrome
 - 7A23 Hypersomnia due to a medical condition
 - 7A24 Hypersomnia due to a medication or substance
 - 7A25 Hypersomnia associated with a mental disorder 7A26 Insufficient sleep syndrome
 - 7A2Y Other specified hypersomnolence disorders
 - 7A2Z Hypersomnolence disorders, unspecified
 - Sleep-related breathing disorders
 - Circadian rhythm sleep-wake disorders
 7A60 Delayed sleep-wake phase disorder
 7A61 Advanced sleep-wake phase disorder
 7A62 Irregular sleep-wake rhythm disorder
 7A63 Non-24 hour sleep-wake rhythm disorder
 7A64 Circadian rhythm sleep-wake disorder, shift work type
 7A65 Circadian rhythm sleep-wake disorder, jet lag type

7A23 Hypersomnia due to a medical condition

Parent

Hypersomnolence disorders

Show all ancestors 😻

Description

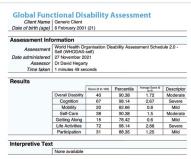
Hypersomnia due to a medical condition is characterised by excessive nocturnal sleep, daytime sleepiness, or excessive napping of at least several months duration that is attributable to a coexisting medical or neurological disorder (e.g. head trauma, Parkinson disease, certain genetic conditions, metabolic, neurologic or endocrine disorders) and is sufficiently severe to require an independent focus of clinical attention. Hypersomnia due to a medical condition is only diagnosed if the hypersomnia is a direct physiological consequence of the medical condition. Residual sleepiness in patients with adequately-treated obstructive sleep apnoea is classified here under the assumption that it is due to central nervous system damage from recurrent hypoxemia. Note: A definitive diagnosis requires use of polysomnography and multiple sleep latency test (MSLT) to rule out other hypersomnolence disorders or other sleep disorders (e.g. obstructive sleep apnea) which might better explain the sleepiness.

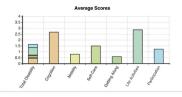


Functional Assessment



- V Supplementary section for functioning assessment
 - WHODAS 2.0 36-item version
 - Cognition [WHODAS]
 - Mobility [WHODAS]
 - VD10 Maintaining a standing position [WHODAS] VD11 Changing body position - standing [WHODAS] VD12 Moving around within the home [WHODAS] VD13 Moving around outside the home and other buildings [WHODAS] VD14 Walking [WHODAS]
 - Self-care [WHODAS]
 - Getting along [WHODAS]
 - Life activities [WHODAS]
 - Participation and impact of health problems [WHODAS]
 VD50 Recreation and leisure [WHODAS]
 VD51 Problems by barriers [WHODAS]
 VD52 Human rights [WHODAS]
 VD53 Time spent on health condition [WHODAS]
 VD54 Emotional effect of health condition [WHODAS]
 VD55 Health drain on financial resources [WHODAS]
 VD56 Health problems causing family problems [WHODAS]
 VD57 Problems in relaxation or pleasure [WHODAS]





other h			Sex: L	Male 🖬 F	emale	Date:			-
	stionnaire asks about <u>difficulties due to health/mental</u> haltb problems that may be short or long lasting, injurit hink back over the past <u>30 days</u> and answer these quest . For each question, please circle only <u>one</u> response.	is, menta	l or emo	tional prob	lems, and	problems v	with alc	cohol or	
							Oin	icion Use	Only
	Numeric scores assigned to each of the itoms:	1	2	3	4	5	ĺε.	AL DE	991
	last 30 days, how much difficulty did you have in: standing and communicating		_				12	233	100
D1.1	Concentrating on doing something for ten minutes?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.2	Remembering to do important things?	None	Mik	Moderate	Severe	Extreme or carrent do			
D1.3	Analyzing and finding solutions to problems in day-to-day life?	None	Mid	Moderate	Severe	Extreme or cannot do		1	
01.4	Learning a new task, for example, learning how to get to a new place?	None	Mild	Moderate	Severe	Extreme or cannot do		30	5
D1.5	Generally understanding what people say?	None	Mild	Moderate	Severe	Extreme or cannot do			
D1.6	Starting and maintaining a conversation?	None	Mild	Moderate	Severe	Extreme or cannot do			
Gettir	around		-			1 carrier co		-	
D2.1	Standing for long periods, such as 30 minutes?	None	Mild	Moderate	Severe	Extrame or cannot do			
D2.2	Standing up from sitting down?	None	Mild	Moderate	Severe	Extreme or carried do		1	
02.3	Moving around inside your home?	None	Mid	Moderate	Severe	Extreme or carrent do			
D2.4	Getting out of your home?	None	Mid	Moderate	Severe	Extreme or cannot do	- 25		5
D2.5	Walking a long distance, such as a kilometer (or equivalent)?	None	Mild	Moderate	Severe	Extreme or cannot do	or		
Self-c	are								
D3.1	Washing your whole body?	None	Mid	Moderate	Severe	Extreme or cannot do			
D3.2	Getting dressed?	None	Mild	Moderate	Severe	Extrame or cannot do			
D3.3	Eating?	None	Mild	Moderate	Severe	Extreme or cannot do		20	5
D3.4	Staying by yourself for a few days?	None	Mild	Moderate	Severe	Extreme or cannot do			
Gettir	g along with people								
D4.1	Dealing with people you do not know?	None	Mid	Moderate	Severe	Extreme or cannot do			
D4.2	Maintaining a friendship?	None	Mild	Moderate	Severe	Extrame or cannot do			
D4.3	Getting along with people who are close to you?	None	Mild	Moderate	Severe	Extrame or cannot do		25	
D4.4	Making new friends?	None	Mild	Moderate	Severe	Extreme or cannot do			
D4.5	Sexual activities?	None	Mild	Moderate	Severe	Extreme or cannot do			

Severity Level

NYHA Functional Classification: Class I-IV

XS3A NYHA Class I - No limitation of physical activity XS6B NYHA Class II - Slight limitation of physical activity XS9T NYHA Class III - Marked limitation of physical activity XS9F NYHA Class IV - Unable to carry on any physical activity without

Level of functionir	g
0 - None (no problem) 1 - Mild 2 - Moderate 3 - Severe 4 - Extreme or cannot do	
1 - Cognition – understanding & communicati	ng
2 - Mobility – moving & getting around	

- 3 Self-care hygiene, dressing, eating & staying alone
- 4 Getting along interacting with other people
- 5 Life activities domestic tasks, leisure, work & school
- 6 Participation joining in community activities

Mobility

VD10 Maintaining a standing position VD11 Changing body position - standing VD12 Moving around within the home VD13 Moving around outside the home VD14 Walking

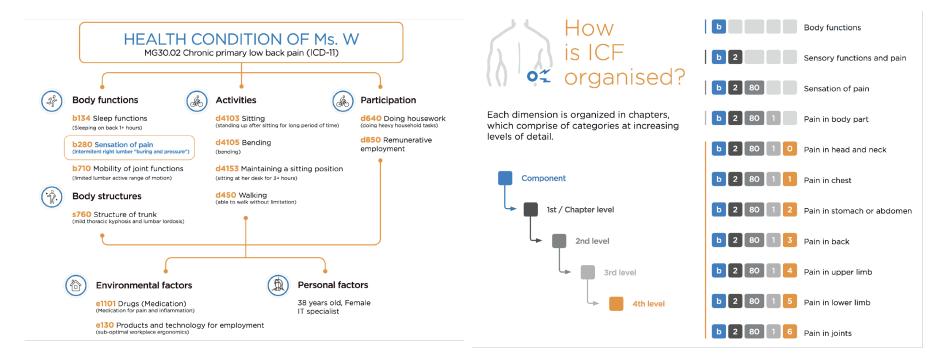
Life activities

VD40 Taking care of household responsibilities VD41 Doing most important household tasks VD42 Doing housework VD43. Remunerative employment VD43.0 Difficulties in daily work or school VD43.1 Doing most important work or school task VD43.2 Getting all needed work or school work done VD43.3 Getting remunerative work or school work done quickly

Participation and impact of health problems

VD50 Recreation and leisure VD51 Problems by barriers VD52 Human rights VD53 Time spent on health condition VD54 Emotional effect of health condition VD55 Health drain on financial resources VD56 Health problems causing family problems VD57 Problems in relaxation or pleasure

The ICF includes COdes for pain!







CHAPTER 16

Acquired abnormalities of uterus, except cervix

• GA16.0 Endometrial glandular hyperplasia

A condition of the uterus, caused by chronic, excess oestrogen stimulation due to obesity, anovulation, or oestrogen therapy. This condition is characterised by excessive proliferation of the endometrial gland cells and a greater gland-tostroma ratio of endometrial cells. This condition may also present with abnormal uterine bleeding, particularly among postmenopausal women and premenopausal women of increasing age. Confirmation is by sampling endometrial tissue through biopsy or dilation and curettage.

GA16.1 Malposition of uterus

A condition of the uterus, caused by weakened pelvic ligaments, enlargement of the uterus, scarred pelvic tissue from pregnancy, tumour, menopause, endometriosis, inflammation, or salpingitis. This condition is characterised by a deviation in the position of the uterus from normal.

GA16.2 Intrauterine synechiae

Intrauterine adhesions caused by pelvic inflammatory disease, uterine surgery, or complications related to spontaneous, incomplete or induced abortion. May be asymptomatic or associated with amenorrhea or light menstrual bleeding and subfertility.

Acquired abnormalities of fallopian tube

GA17.3 Haematosalpinx

A condition of the Fallopian tube, caused by tubal pregnancy, endometriosis, tubal carcinoma, or cryptomenorrhoea. This condition is characterised by bleeding and the presence of blood clots inside the Fallopian tubes, and pelvic pain or uterine bleeding. Confirmation is by imaging.

Symptoms, signs or clinical findings of the immune system

MA01 Enlarged lymph nodes MA01.0 Localised lymph node enlargement MA01.1 Generalised lymph node enlargement

CHAPTER 18: Pregnancy, childbirth or the puerperium

JA05 Complications following abortion, ectopic or molar pregnancy JA05.0 Endometriosis following pregnancy or abortion

CHAPTER 21

GA10.B Endometriosis in cutaneous scar

Clinical history and imaging findings are necessary for the diagnosis of abdominal wall endometriosis. Its management is challenging, and requires close collaboration between gynaecologists and visceral surgeons specially in complex procedures. Endometrial cells, both stroma and epithelium, are mechanically transferred to the abdominal fascia or subcutaneous tissue around sites of incision following procedures such as cesarean sections, hysterectomies, myomectomies appendectomies, tubal ligations and episiotomies.

MG30.4 Umbilicus

XA3KX0 Abdominal wall

- XA4SN6 Anterior abdominal wall
- XAONH8 Iliac region
- XA1DN2 Lateral lumbar region
- XA1LM1 Periumbilical region
- XA3MT8 Umbilicus
- XA0LF4 Suprapubic area
- XA8ZL8 Epigastrium
- XA3TD4 Hypochondrium
- XA00B4 Inguinal canal

Associated with (use additional code, if desired.)

 PK80.30 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, open approach

 PK80.32 Gastrointestinal, abdominal, or abdominal wall procedure associated with injury or harm, endoscopic approach



Severity Codes

Endocrine, nutritional or metabolic diseases ICD-11 and Endometriosis

Metabolic disorders

- Inborn errors of metabolism
- Disorders of metabolite absorption or transport
 - **5C60** Disorders of amino acid absorption or transport
 - 5C61 Disorders of carbohydrate absorption or transport 5C62 Disorders of lipid absorption or transport
 - 5C63 Disorders of vitamin or non-protein cofactor absorption or transport
 - 5C64 Disorders of mineral absorption or transport
 - 5C64.0 Disorders of copper metabolism
 - 5C64.1 Disorders of iron metabolism
 - 5C64.10 Iron overload diseases
 - **5C64.1Y** Other specified disorders of iron metabolism **5C64.1Z** Disorders of iron metabolism, unspecified
 - 5C64.2 Disorders of zinc metabolism
 - 5C64.3 Disorders of phosphorus metabolism or phosphatases
 - 5C64.4 Disorders of magnesium metabolism
 - 5C64.40 Hypermagnesaemia
 - 5C64.41 Hypomagnesaemia
 - KB61 Transitory neonatal disorders of calcium or magnesium metabolism

5C64.4Z Disorders of magnesium metabolism, unspecified

- 5C64.5 Disorders of calcium metabolism
- 5C64.6 Disorders of sodium metabolism 5C64.7 Disorders of chloride metabolism



Foundation URI : http://id.who.int/icd/entity/1499531377

5C64.41 Hypomagnesaemia

Parent

品哈

5C64.4 Disorders of magnesium metabolism

Show all ancestors 😵

2

Description

This is an electrolyte disturbance in which there is an abnormally low level of magnesium in the blood. Normal magnesium levels in humans fall between 1.5 - 2.5 mg/dL. Usually a serum level less than 0.7 mmol/L is used as reference for hypomagnesemia (not hypomagnesia which refers to low magnesium content in food/supplement sources).

Coded Elsewhere

Neonatal hypomagnesaemia (KB61.0)

Postcoordination 🤅	2
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Add detail to Hypomagnesaemia

Associated with (use additional code, if desired .)

Search

t:

- Agents primarily affecting water and nutrition-balance and metabolism
 - Drugs affecting uric acid metabolism and other antigout preparations
 - Mineral salts and supplements, not elsewhere classified
 - Electrolytic, caloric and water-balance agents
 - Diuretics
 - Mineralocorticoids
 - Vitamins and antioxidants
 - Enzymes and digestants
 - Agents in bile and liver therapy
 - Antiobesity preparations
 - Drugs used to treat enzyme deficiencies and disorders of aminoacid, glycolipid and glycoprotein metabolism

Adrenal Glands Issues



ē

- Disorders of the adrenal glands or adrenal hormone system
- 5A70 Cushing syndrome
- 5A71 Adrenogenital disorders
- 5A72 Hyperaldosteronism
- 5A73 Hypoaldosteronism
- 5A74 Adrenocortical insufficiency
 - 5A74.0 Acquired adrenocortical insufficiency

5A61.1 Adrenocorticotropic hormone deficiency

5A74.1 Adrenal crisis

KA83.4 Neonatal haemorrhage originating in adrenal gland

5A74.Y Other specified adrenocortical insufficiency

5A74.Z Adrenocortical insufficiency, unspecified

- 5A75 Adrenomedullary hyperfunction
- 5A76 Certain specified disorders of adrenal gland
 5A61.2 Gonadotropin deficiency
 5A61.3 Growth hormone deficiency
- 5A61.4 Thyroid stimulating hormone deficiency
 5A61.6 Oxytocin deficiency

5A7Z Disorders of the adrenal glands or adrenal hormone

5A80.0 Clinical hyperandrogenism 5A80.1 Polycystic ovary syndrome 5A80.2 Polycystic ovary 5A80.3 Anovulation 5A80.4 Oligo-ovulation 5A80.5 Diminished ovarian reserve Foundation URI : http://id.who.int/icd/entity/1920929898

5A74.0 Acquired adrenocortical insufficiency

Parent

5A74 Adrenocortical insufficiency

Show all ancestors 😻

Description

This is a acquired condition in which the adrenal glands do not produce adequate amounts of steroid hormones, primarily cortisol; but may also include impaired production of aldosterone (a mineralocorticoid), which regulates sodium conservation, potassium secretion, and water retention.

Exclusions

Amyloidosis (5D00)

Coded Elsewhere

- Adrenocorticotropic hormone deficiency (5A61.1)
- Tuberculous Addison disease (1B12.3)

Postcoordination ?

Add detail to Acquired adrenocortical insufficiency

Associated with (use additional code, if desired .) Search

2 te

Endocrine issues

- Endocrine diseases
 - Disorders of the thyroid gland or thyroid hormones system
 - Diabetes mellitus
 - Other disorders of glucose regulation or pancreatic internal secretion
 - Disorders of the parathyroids or parathyroid hormone system
 - Disorders of the pituitary hormone system
 - Disorders of the adrenal glands or adrenal hormone system
 - Disorders of the gonadal hormone system
 - 5A80 Ovarian dysfunction

5A80.0 Clinical hyperandrogenism
5A80.1 Polycystic ovary syndrome
5A80.2 Polycystic ovary
5A80.3 Anovulation
5A80.4 Oligo-ovulation

- 5A80.5 Diminished ovarian reserve
- Endocrine diseases
 - Disorders of the thyroid gland or thyroid hormones system
 - Diabetes mellitus
 - Other disorders of glucose regulation or pancreatic internal secretion
 - 5A40 Intermediate hyperglycaemia
 - 5A41 Hypoglycaemia without associated diabetes 5A42 Increased secretion of glucagon
 - 5A43 Abnormal secretion of gastrin
 5A44 Insulin-resistance syndromes
 - 5A45 Persistent hyperinsulinaemic hypoglycaemia of infancy

- 05 Endocrine, nutritional or metabolic diseases
 - Endocrine diseases
 - Nutritional disorders
 - Metabolic disorders
 - Postprocedural endocrine or metabolic disorders
 - 5D40 Postprocedural hypothyroidism
 5D41 Postprocedural hypoinsulinaemia
 5D42 Postprocedural hypoparathyroidism
 5D43 Postprocedural hypopituitarism
 5D44 Postprocedural ovarian failure
 5D45 Postprocedural testicular hypofunction
 5D46 Postprocedural adrenocortical hypofunction



Nutrition Issues

- Nutritional disorders
 - Undernutrition

5B50 Underweight in infants, children or adolescents5B51 Wasting in infants, children or adolescents5B52 Acute malnutrition in infants, children or adolescents

5B53 Stunting in infants, children or adolescents 5B54 Underweight in adults

- **5B55** Vitamin A deficiency
- 5B56 Vitamin C deficiency
- 5B57 Vitamin D deficiency
- 5B58 Vitamin E deficiency
- 5B59 Vitamin K deficiency
- 5B5A Vitamin B1 deficiency
- 5B5B Vitamin B2 deficiency
- 5B5C Vitamin B3 deficiency
- 5B5D Vitamin B6 deficiency
 5B5E Folate deficiency
- 5B5F Vitamin B12 deficiency
 5B5G Biotin deficiency
 5B5H Pantothenic acid deficiency
 5B5J Choline deficiency
- 5B5K Mineral deficiencies
- Sequelae of malnutrition or certain specified nutritional deficiencies
 5B70 Essential fatty acid deficiency
 - 5B71 Protein deficiency

- Overweight, obesity or specific nutrient excesses
 - Overweight or obesity
 - 5B80 Overweight or localised adiposity
 - 5B80.0 Overweight
 - 5B80.1 Localised adiposity
 - 5B81 Obesity
 - 5B81.0 Obesity due to energy imbalance 5B81.1 Drug-induced obesity
 - 7A42.0 Obesity hypoventilation syndrome
 - LD29 Syndromes with obesity as a major feature
 5B81.Y Other specified obesity
 5B81.Z Obesity, unspecified
 - Certain specified nutrient excesses
 - 5B90 Vitamin excesses
 - 5B90.0 Hypervitaminosis A
 5B90.1 Hypercarotenaemia
 5B90.2 Hypervitaminosis D
 - 5B90.3 Megavitamin-B6 syndrome
 5B90.Y Other specified vitamin excess
 5B90.Z Unspecified vitamin excesses
 - 5B91 Mineral excesses
 - 5B91.0 Hypercalcaemia
 - 5B91.1 Zinc excess
 - 5B91.2 Sodium chloride excess
 - 5B91.3 Fluorine excess
 - 5B91.4 Aluminium excess
 - 5B91.5 Manganese excess
 - 5C76 Hyperkalaemia
 - 5C64.10 Iron overload diseases

Anaemia

G

- Anaemias or other erythrocyte disorders
 - Nutritional or metabolic anaemias
 - 3A00 Iron deficiency anaemia
 - 3A00.0 Acquired iron deficiency anaemia due to blood loss
 3A00.1 Acquired iron deficiency anaemia due to low intake
 3A00.2 Acquired iron deficiency anaemia due to decreased absorption
 3A00.3 Acquired iron deficiency anaemia due to increased requirement
 3A00.Y Other specified iron deficiency anaemia
 3A00.Z Iron deficiency anaemia, unspecified
 - ▶ 3A01 Megaloblastic anaemia due to vitamin B12 deficiency
 - 3A02 Folate deficiency anaemia
 - 3A03 Other nutritional or metabolic anaemias
 - 3A03.0 Hereditary orotic aciduria
 - 3A03.1 Protein deficiency anaemia
 - 3A03.2 Scorbutic anaemia
 - 3A03.3 Copper deficiency anaemia
 - 3A03.4 Acquired other vitamin B deficiency anaemia
 3A03.5 Acquired vitamin A deficiency anaemia
 3A03.6 Acquired vitamin E deficiency anaemia
 - 5C55.1 Disorders of pyrimidine metabolism
 5C55.01 Lesch-Nyhan syndrome

3A03.Y Other and unspecified nutritional or metabolic anaemia **3A03.5** Acquired vitamin A deficiency anaemia





Foundation URI : http://id.who.int/icd/entity/1577750667

3A00 Iron deficiency anaemia

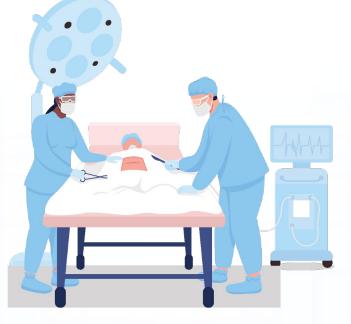
Parent

Nutritional or metabolic anaemias

Show all ancestors 😵

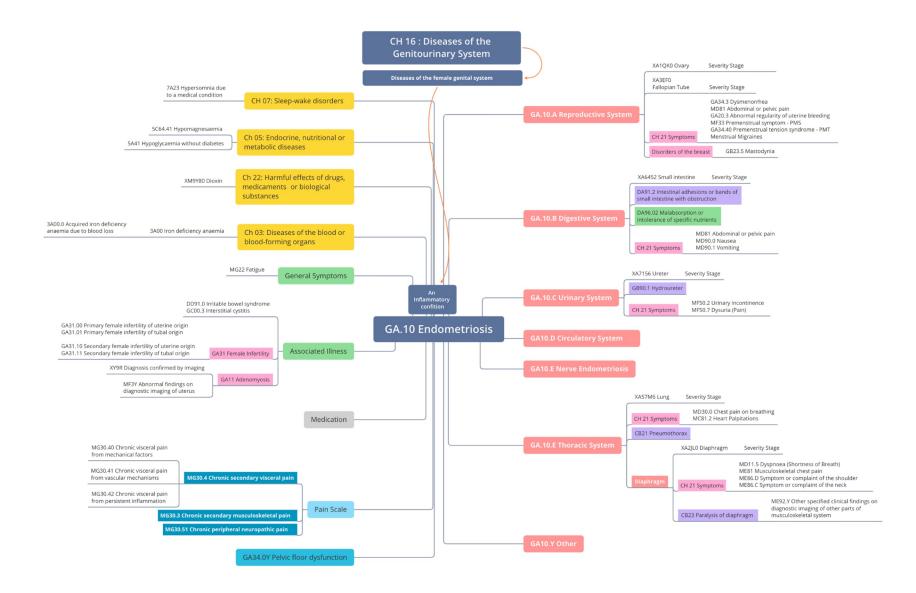
Description

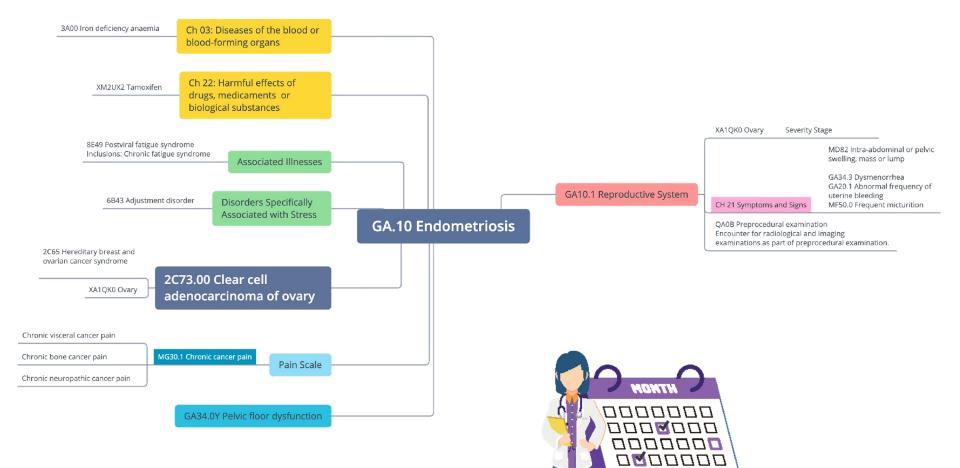
A disease caused by chronic or acute bleeding, excessive menstrual bleeding, inadequate intake, substances (in diet or drugs) interfering with iron absorption, malabsorption syndromes, inflammation, infection or blood donation. This disease is characterised by decreased levels of iron present in the body. This disease may present with fatigue, pallor or dizziness. Confirmation is by identification of decreased levels of iron in a blood sample.



Surgery Codes ICD-11 and Endometriosis

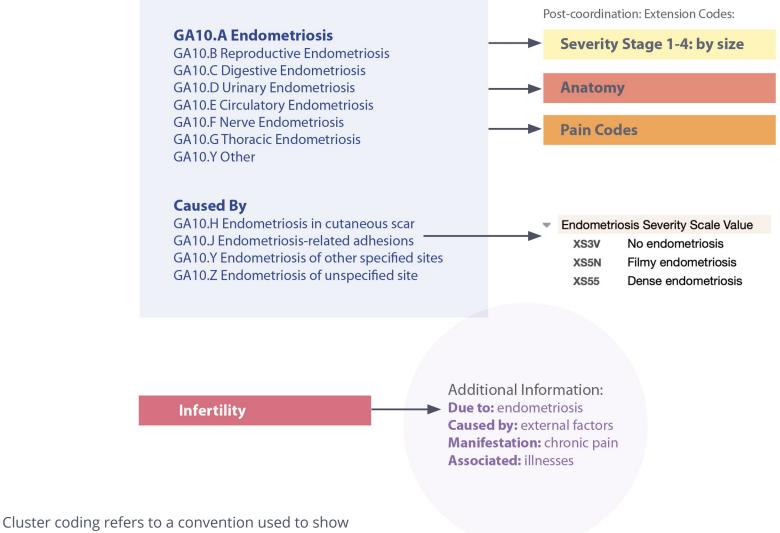
Patient Coding Experience





DD

Cluster Coding



more than one code used together (e.g. stem code/stem code & extension codes to describe a documented clinical concept. Show all ancestors

Stem code: Organ System

GA10.G Thoracic endometriosis

Parent		
GA10 Endometrio	sis	

Description

Thoracic endometriosis lesions can affect the diaphragm, pleura, lung and bronchi. There may be a greater affinity for the right hemi thorax, and the parenchyma is more commonly affected in the lower lobes. Macroscopically, the endometriotic implants appear as brown-yellow and sometimes red nodules surrounded by neovascularization. Symptoms include: dyspnea, shortness of breath, rapid heartbeat, coughing up blood and a variety of pain patterns to include scapula, chest, ipsilateral neck and shoulder, upper advominal and epigastric. Thoracic endometriosis may present with catamenial pneumothorax (recurrent pneumothorax occurring within 72 hours of menstruation), haemoptysis in case of bronchial location, haemothorax, pericardial effusions. A diagnosis of thoracic endometriosis is simple when both endometrial stroma and gland are present. In cases of endometriosis with stroma only, a further classification of "aggregated pattern", in which immunohistochemistry is ER-, PR- and CD10-positive might be necessary for diagnosis.

Exclusions

• Endometriosis of the heart (GA10.E)

Add detail to Thor	acic endometriosis			
Relational (use add	litional code, if desired .)			
XK7F	Superficial			
XK16	Deep			
Specific anatomy (use additional code, if desired .)			
Search		🛛 ដ		
Has manifestation	(use additional code, if desired .)			
MG30.40 Chronic visceral pain from mechanical factors				
MG30.42	Chronic visceral pain from persistent inflammation			
Associated with (u	se additional code, if desired .)			
BB25	Pericardial effusion			
CB21 Pneumothorax				
CB21.0 Spontaneous tension pneumothorax				
CB21.1 Other spontaneous pneumothorax				
CB21.Y	Other specified pneumothorax			
CB21.Z	Pneumothorax, unspecified			
CB26 Haemothorax				
	CB27 Pleural effusion			
CB27	Pleural effusion Diaphragmatic hernia			

Extension code: Anatomy

	ICD-11 Coding Too	Mortality and Morbidity Statistics (MMS) 2022-02
	Endometriosis Pulm	
	Endometriosis Puin	ionary X
	Guessing the word being typed	
	Word list	Destination Entities
	Couldn't find additional matching words	GA10.G&XA Thoracic endometriosis [Lung] GA10.G&XA Thoracic endometriosis [Right lung] GA10.G&XA Thoracic endometriosis [Left lung] GA10.G&XA Thoracic endometriosis [Artery of lung] GA10.G&XA Thoracic endometriosis [Pulmonary trunk]
		GA10.G&XAThoracic endometriosis [Lobe of lung] GA10.G&XAThoracic endometriosis [Lung parenchyma] GA10.G&XAThoracic endometriosis [Pulmonary vasculature] GA10.G&XAThoracic endometriosis [Pulmonary vein]
		GA10.G&XAThoracic endometriosis [Pulmonary capillaries] GA10.G&XAThoracic endometriosis [Pulmonary artery] GA10.G&XAThoracic endometriosis [Hilum of left lung] GA10.G&XAThoracic endometriosis [Hilum of right lung]
		GA10.G&XAThoracic endometriosis [Right pulmonary vein] GA10.G&XAThoracic endometriosis [Left pulmonary vein] GA10.G&XAThoracic endometriosis [Inferior pulmonary vein]
		GA10.G&XAThoracic endometriosis [Superior pulmonary vein] GA10.G&XAThoracic endometriosis [Upper lobe of lung] GA10.G&XAThoracic endometriosis [Middle lobe of lung]
		GA10.G&XA Thoracic endometriosis [Lower lobe of lung] GA10.G&XA Thoracic endometriosis [Connective and other soft tissues of lung]
] (

Rare Endometriosis

Haemoperitoneum due to uterine artery erosion

Hemoperitoneum can be due to bleeding endometriotic implants or spontaneous rupture of vessels covering the uterine wall in a pregnancy complicated by endometriosis. Abdominal and pelvic ultrasound can confirm fluid in the abdominal cavity with areas of mixed echogenicity on both sides of the uterus.

Diaphragm Holes

Some serious and life-threatening conditions associated with diaphragmatic endometriosis are the results of the expansion of the fenestrations or holes in the diaphragm due to necrosis of endometriosis lesions. These conditions are as follows: Catamenial pneumothorax causing the lungs to collapse during menses. It occurs alone or with different manifestations of thoracic endometriosis syndrome, including hemopneumothorax and catamenial hemoptysis. Hemopneumothorax is known as presence of blood and air in the chest cavity. as well as Intrathoracic endometriosis nodules.

Intramedullary

Most cases of IEM present a mass with hematoma. Thus, the differential diagnosis includes underlying neoplasm or vascular lesion. Patients who present with occupancy of the nidus in the spinal canal might suffer from spinal cord- or cauda equina-related deficits. IEM demonstrates the importance of maintaining a broad differential diagnosis when evaluating spinal cord injuries and the necessity of a comprehensive history for each patient. Young female patients with acute or menstruation-related neurological symptoms should raise suspicion for IEM. Most IEM reported cases are associated with an actively bleeding mass. However, a mass intraspinal lesion without evident hematoma must also include EM as a differential diagnosis. Moreover, timely intervention and appropriate management in patients with neurological symptoms can control the disease and improve neurological function.

Pleural effusion

Common causes of bloody pleural effusion include trauma, iatrogenesis, and malignancy. Thoracic endometriosis syndrome is characterized by the presence of functioning endometrial tissue in pleural, lung parenchyma, and airway.



Endometriosis of the Eyelid

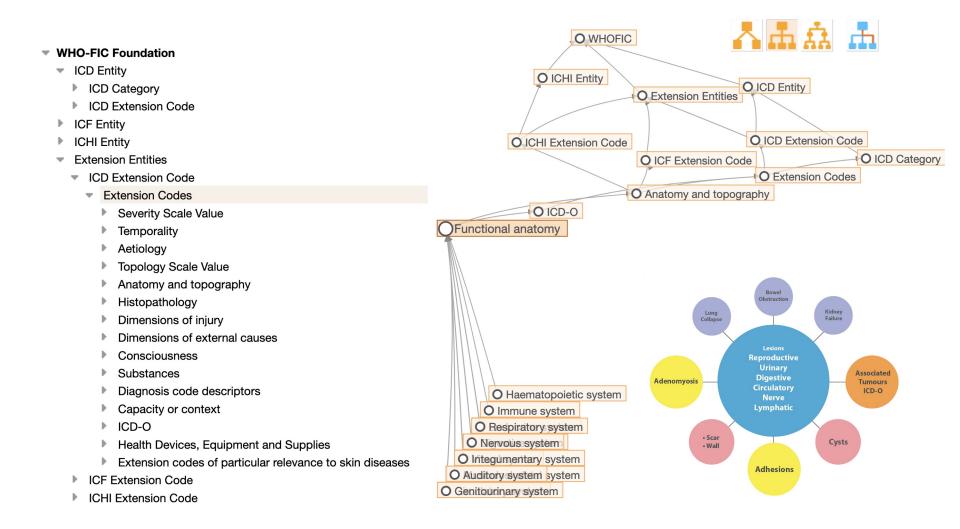
Ocular surface changes, including squamous metaplasia, may be observed in the conjunctiva of patients with endometriosis. Symptoms include bleeding of the eye. Evaluation of the ocular surface by impression cytology in patients with endometriosis.



Endometrial carcinoma

Sciatic nerve endometriosis presents with cyclical sciatica and is often difficult to diagnose as it mimics many other causes of sciatica. Histological proven endometrial carcinoma arising in a pre-existing is managed by surgery with the aim of better symptom control and long-term prognosis.

Extension Codes

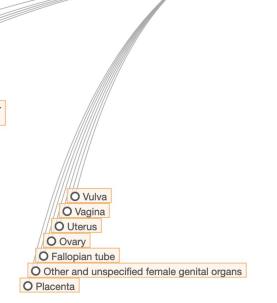


Extension Codes: Anatomy

- XA2GU7 Female genital organs
 - XA78U5 Vulva
 - XA1LK7 Vagina
 - XA99N3 Uterus
 - XA3V49 Fundus of uterus
 - XA5229 Corpus uteri
 - XA8QA8 Endometrium
 - XA9DM0 Endometrial gland
 - XA3FR4 Endometrial stroma
 - XA2LU5 Myometrium
 - XA9HG1 Parametrium
 - XA3QZ2 Uterine cavity
 - XA8XR0 Amnion
 - XA7F09 Isthmus uteri
 - XA3V49 Fundus of uterus
 - XA7F09 Isthmus uteri
 - XA5WW1 Cervix uteri
 - XA0KR7 Connective and other soft tissues of uterus
 - XA1QK0 Ovary
 - XA6FA5 Cortex of ovary
 - XA44X6 Medulla of ovary
 - XA7E69 Uterine adnexa
 - XA3EF0 Fallopian tube
 - ▼ XA0EJ9 Broad ligament of the uterus
 - XA6VF6 Mesovarium
 - XA9TX2 Parovarian region
 - XA6CV1 Mesosalpinx
 - XA3AN2 Mesometrium
 - XA23X3 Round ligament of uterus
 - **XA9HG1** Parametrium
 - XA4T57 Uterine ligament
 - XA2NB2 Uterosacral ligament
 - XA1QK0 Ovary
 - XA90F8 Placenta
- XA1MQ5 Embryological structures

O Female genitourinary tract without further specification O Urethrovaginal septum O Vesicocervical tissue O Vesicovaginal septum O Uterine adnexa





OFemale genital organs

XA8QB7 Cloacogenic zone XA28R6 Upper gastrointestinal tract, not elsewhere classified XA0W19 Hepatobiliary system XA5DY0 Liver XA5766 Left lobe of liver XA2KG6 Right lobe of liver XA0KT3 Biliary tract ▶ XA4415 Hepatic bile ducts XA0077 Cystic duct XA8KL9 Gallbladder XA6R80 Common bile duct XA6WA8 Sphincter of Oddi XA7QA8 Ampulla of Vater XA9HM5 Extrahepatic bile duct XA3QC5 Pancreas XA0KZ0 Peritoneum XA6S21 Retroperitoneum XA43V8 Mesentery XA6DF7 Omentum XA46W1 Mesoappendix XA4QM7 Mesocolon XA5PF4 Pelvic peritoneum

Digestive system XA8182 Mouth

XA93V5 Pharynx XA0828 Oesophagus XA9607 Gastrointestinal tract

XA7MC7 Stomach XA6452 Small intestine XA9780 Duodenum XA8UM1 Jejunum XA0QT6 lleum XA1B13 Large intestine XA6J68 Caecum XA03U9 Colon XA8PW4 Appendix XA3AL5 Ascending colon XA95L3 Hepatic flexure of colon XA49U1 Transverse colon XA1PY9 Splenic flexure of colon XA2G13 Descending colon Sigmoid colon

XA8YJ9

XA4KU2 Rectum XA0D34 Anus XA39S6 Anal Canal

XA33J5 Rectosigmoid junction

XA7177 Descending colon and splenic flexure of colon XA25P9 Ascending colon and right flexure of colon

Salivary gland apparatus

XA7SR6 Cardioesophageal junction

XA5T23

Anatomy and Topolography

-	VII O		пу	and ropolography			
- /				d topography			
*		Functional anatomy					
		Nervous system					
	Visual system						
	Auditory system						
	Circulatory system						
			•	atory system			
		•		ve system			
	1		-	nentary system			
	•			loskeletal system			
				urinary system			
				ary system			
		ŀ		idney			
			-	lreter			
				lrinary bladder			
		► ►		Irethra			
		•		Irinary tract, not elsewhere classified			
				roductive system			
		•		lale genital organs			
				emale genital organs			
			1	Vulva			
				Vagina			
			1	Uterus			
17.7			•	Ovary			
				Fallopian tube			
			•	Other and unspecified female genital organs			
			⊩	Placenta			

Female genitourinary tract without further specification

Urethrovaginal septum

- Vesicocervical tissue
- Vesicovaginal septum
- Uterine adnexa ₽
- ▶ Embryological structures

Тс	pology Scale Value			
Ŧ	 Relational 			
	Anterior			
	Posterior			
	Medial			
	Lateral			
	Superior			
	Inferior			
	Ventral			
	Dorsal			
	Proximal			
	Distal			
	Ipsilateral			
	Contralateral			
	External			
	Internal			
	Superficial			
	Deep			
Ŧ	Distribution			
	Complete distribution			
	Consolidated distribution			
	Diffuse distribution			
	Disseminated distribution			
	Focal distribution			
	Generalised distribution			
	Incomplete distribution			
	Intertriginous distribution			
	Linear distribution			
	Localised distribution			
	Segmental distribution			
	Systematised distribution			
•	Laterality			
	Bilateral			
	Left			
	Right			
	Unilateral, unspecified			
⊳	Regional			

-

Anatomy and Topolography

- Anatomy and topography
 - Functional anatomy
 - Haematopoietic system
 - XA8EC5 Blood
 - XA9XK1 Bone marrow
 - XA5869 Haematopoietic stem cells
 - Immune system
 - Lymphoid organs
 - XA8373 Thymus
 - XA7FU9 Spleen
 - XA1EM4 Lingual tonsil
 - XA8US7 Waldeyer ring
 - XA3V90 Palatine tonsil
 - XA33X2 Lymph nodes
 - **XA9U65** Lymph nodes of head, face and neck
 - XA9WH0 Intrathoracic lymph nodes
 - XA05C1 Intra-abdominal lymph nodes
 - XA5HU6 Pelvic lymph nodes
 - XA50T5 Iliac lymph node
 - XA4J45 Suprainguinal lymph node
 - XA24Q3 Sacral lymph node
 - XA32C4 Presymphysial lymph nodeXA5VA3 Inferior epigastric lymph node
 - Adding interior opigaotrio lympit hod
 - **XA9TN5** Female genital lymph node
 - XA7TQ3 Lymph nodes of upper extremity
 - XA90B2 Axillary lymph node
 - XA3H20 Cubital lymph node XA0MR2 Infraclavicular lymph node
 - XA86X1 Lymph nodes of lower extremity
 - XA7N26 Inguinal lymph node
 XA4W98 Popliteal lymph node
 - XA2PP2 Tibial lymph node
 - XA4T07 Lymph nodes of multiple regions
 - XA0GJ0 Mononuclear phagocyte system

Partonomic view

品

- Walls in the Body
- Body Tissues
- Body Cavities
- Partonomic view Walls in the Body XA4UM2 Alveolar wall XA5UL3 Cell wall Intestinal Wall XA3JR1 XA37C7 Oral floor XA9KX3 Parietal wall XA5CW9 Pelvic floor XA29C1 Pelvic wall XA60B5 Rectovaginal septum Rectovesical septum XA37K5 XA1DP8 Uterine wall Vaginal wall XA57Q2 Abdominal wall XA3KX0 XA0R03 Bladder wall XA81Z5 Cardiac septum XA55T2 Chest wall XA8D47 Nasal septum XA9XW3 Orbital roof XA7MW9 Orbital floor Body Tissues **Body Cavities** XA1ZV6 Cranial cavity XA9QA7 Dorsal body cavity Perineural space XA1GB6 XA2N82 Ventral body cavity XA8YW7 Vertebral cavity XA1XJ5 Thoracic cavity XA3LX5 Pleural cavity XA2RT1 Precordium Pericardial cavity XA48H9



Severity codes

CHAPTER 16 Diseases of the urinary system

DC51.2 Haemoperitoneum

Blood retention in peritoneal cavity. XT5 Acute XT8W Chronic

NB97.0 Retroperitoneal haemorrhage or haematoma

Traumatic retroperitoneal haemorrhage or haematoma

GB56 Obstructive or reflux nephropathy

GB56.0 Hydronephrosis with ureteropelvic junction obstruction

A condition caused by any obstruction in or stenosis of the ureteropelvic junction. This condition is characterised by distension of the pelvis and calyces of the kidney with a partial or complete obstructed flow of urine. This condition may present with flank pain, haematuria, pyuria, or hyperpyrexia.

GB56.1 Hydronephrosis with ureteral obstruction

Intrinsic stenosis or stricture or extrinsic obstruction of the ureter, except at the ureteropelvic junction or at the ureteral orifice, causing distension of the pelvis and calices of the kidney with urine.

GB56.2 Hydronephrosis with ureteral orifice obstruction

Dilatation of the renal pelvis and calyces associated with (and presumably due to) obstruction of the ureter at the insertion into the bladder and hence ascending back pressure.

GB56.3 Hydronephrosis due to bladder obstruction

A condition caused by an obstruction in the urinary bladder. It is characterised by distention of the pelvis and calices of one or both kidneys, and lack of free flow of urine from the kidney, and can lead to progressive atrophy of the kidney if untreated. The condition may also present with pain in the flank, haematuria, pyuria, or hyperpyrexi

GB56.4 Other or unspecified hydronephrosis

GB56.5 Hydronephrosis and reflux nephropathy with vesicoureteral or vesicouretero-renal reflux

GB61 Chronic kidney disease

GFR <60 or presence of kidney damage that is present for more than 3 months. Evidence of kidney damage can include structural abnormalities (imaging or histology), albuminuria above normal limits, urinary sediment abnormalities or electrolyte disturbances due to tubular disorders.

GB90.1 Hydroureter

A condition caused by obstruction, stricture, or stenosis of the ureter, which may be due to prostatic hypertrophy, carcinoma, retroperitoneal or pelvic neoplasms, calculi, or a congenital anomaly. This condition is characterised by distention of the ureter with urine.

CHAPTER 13: Diseases of the digestive system

DA91 Obstruction of small intestine

Hindrance of the passage of luminal contents in the small intestine. Obstruction of the small intestine can be partial or complete, and caused by intrinsic or extrinsic factors. Simple obstruction is associated with diminished or stopped flow of luminal contents. Strangulating obstruction is associated with impaired blood flow to the small intestine in addition to obstructed flow of luminal contents.

DA91.0 Intussusception of small intestine DA91.1 Volvulus of small intestine

DA91.2 Intestinal adhesions or bands of small intestine with obstruction Small bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis

DB30 Obstruction of large intestine

DB30.2 Adhesions of large intestine with obstruction Large bowel obstruction resulting from intraabdominal adhesion due to laparotomy, trauma, and intraabdominal inflammation such as endometriosis.

CHAPTER 12 : Diseases of the respiratory system

Pleural, diaphragm or mediastinal disorders **CB21 Pneumothorax**

Pneumothorax is an abnormal collection of air or gas in the pleural space that separates the lung from the chest wall, and that may interfere with normal breathing.

CB21.1 Secondary spontaneous pneumothorax is more serious than primary spontaneous pneumothorax because it occurs in patients whose underlying lung disease decreases their pulmonary reserve.

Pleural, diaphragm or mediastinal disorders

CB23 Disorders of diaphragm

This category includes the abnormalities of diaphragmatic position or motion (paralysis, relaxation, and acquired deformity) and the inflammation of the diaphragm, but neoplasms of the diaphragm, congenital malformation of diaphragm, and diaphragmatic hernias are included in other categories.

CB26 Haemothorax

Hemothorax is the presence of blood with or without air in the pleural space. The most common cause is chest trauma. Hemothorax should be considered to be present when the haematocrit of the pleural fluid is more than half that of the peripheral blood. A number of bleeding sites may be responsible for the hemothorax, including pulmonary laceration, intercostal vessel laceration, and rupture of pleural adhesions.

CB27 Pleural effusion

Presence of fluid in the pleural cavity resulting from excessive transudation or exudation from the pleural surfaces.

CHAPTER 11: Diseases of the circulatory system

Pericarditis

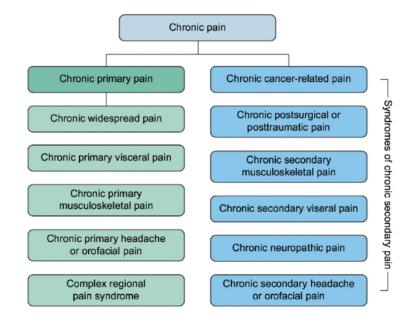
BB24 Haemopericardium

Hemopericardium generally refers to blood in the pericardial sac of the heart. It is clinically similar to a pericardial effusion, and, depending on the volume and rapidity with which it develops, may cause cardiac tamponade.

BB25 Pericardial effusion

Pericardial effusion is an abnormal accumulation of fluid in the pericardial sac.

Pain Classification



Pain

- MG30 Chronic pain
 - MG30.0 Chronic primary pain
 - MG30.1 Chronic cancer related pain
 - MG30.2 Chronic postsurgical or post traumatic pain
 - MG30.3 Chronic secondary musculoskeletal pain
 - MG30.4 Chronic secondary visceral pain

MG30.40 Chronic visceral pain from mechanical factors MG30.41 Chronic visceral pain from vascular mechanisms MG30.42 Chronic visceral pain from persistent inflammation

MG30.40 Chronic visceral pain from mechanical factors

Parent

MG30.4 Chronic secondary visceral pain

Show all ancestors 📚

Description

Chronic visceral pain from mechanical factors is chronic pain deriving from a) the obstruction of hollow viscera as a consequence of internal migrating obstacles (e.g., stones) or stenosis, with dilation above the obstacle/stenosis or b) from the traction of ligaments and vessels of internal organs or the external compression of internal organs.

Inclusions

- Chronic visceral pain from mechanical factors in the head or neck region
- Chronic visceral pain from mechanical factors in the thoracic region
- Chronic visceral pain from mechanical factors in the abdominal region
- Chronic visceral pain from mechanical factors in the pelvic region

Postcoordination ?

Has causing con	dition (code also)		
Search			
Associated with	(use additional code, if desired .)		
XS7G XS8B	Psychosocial factors present No psychosocial factors present		
Has severity <i>(use</i>	additional code, if desired .)		
XS5B	No pain		
XS5D	Mild pain		
XS9Q	Moderate pain		
XS2E	Severe pain		
Has alternative s	everity1 (use additional code, if desired .)		
XS1J	No distress		
XS3R	Mild distress		
XS7C	Moderate distress		
XS7N	Severe distress		
Has alternative s	everity2 (use additional code, if desired .)		
XS71	No pain-related interference		
XS5R	Mild pain-related interference		
XS2L	Moderate pain-related interference		
XS2U	Severe pain-related interference		
Temporal pattern	and onset (use additional code, if desired .)		
XT5G	Intermittent		
XT6Z	Persistent		
XT5T	Persistent with overlaid attacks		

Mechanism Pain

MG30.2 Chronic postsurgical or post traumatic pain

Parent

MG30 Chronic pain

Show all ancestors (S)

2

Description

Chronic postsurgical or post traumatic pain is pain developing or increasing in intensity after a surgical procedure or a tissue injury (involving any trauma including burns) and persisting beyond the healing process, i.e. at least 3 months after surgery or tissue trauma. The pain is either localized to the surgical field or area of injury, projected to the innervation territory of a nerve situated in this area, or referred to a dermatome (after surgery/injury to deep somatic or visceral tissues). Other causes of pain including infection, malignancy etc. need to be excluded as well as pain continuing from a preexisting pain problem.

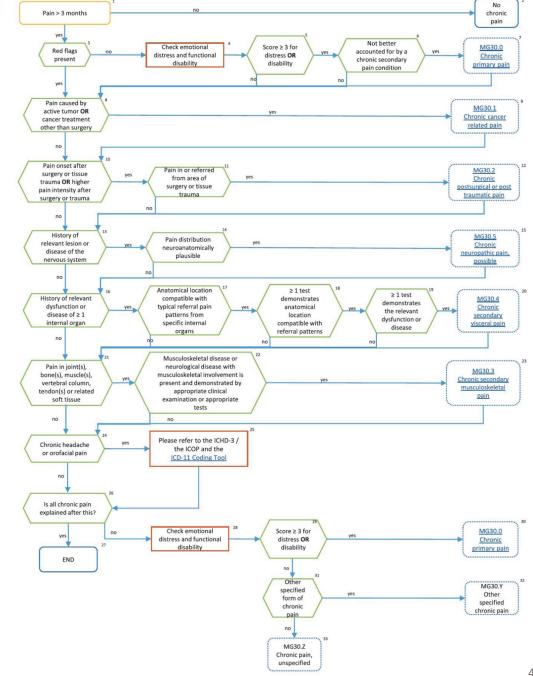
Coded Elsewhere

Complex regional pain syndrome (MG30.04)

Coding Note

The postsurgical or posttraumatic aetiology of the pain should be highly probable; if it is vague, consider using codes in the section of chronic primary pain.

onic postsurgical or post traumatic pain
dition (code also)
use additional code, if desired .)
Psychosocial factors present
No psychosocial factors present
additional code, if desired .)
No pain
Mild pain
Moderate pain
Severe pain
everity1 (use additional code, if desired .)
No distress
Mild distress
Moderate distress
Severe distress
everity2 (use additional code, if desired .)
No pain-related interference
Mild pain-related interference
Moderate pain-related interference
Severe pain-related interference
and onset (use additional code, if desired .)
Intermittent
Persistent



Post-procedure Issues

Postprocedural disorders of genitourinary system

GA34.5 Ovarian remnant syndrome

Chronic pelvic pain in a patient after bilateral salpingooophorectomy for severe endometriosis or PID, caused by residual ovarian cortical tissue left in situ after difficult dissection. Symptoms may include lateralizing pelvic pain, often cyclic and associated with genitourinary or gastrointestinal symptoms. Signs may include a tender mass in the lateral region of the pelvis.

GC70 Postoperative adhesions of vagina

A condition caused by or subsequent to any vaginal surgery or intervention. This condition is characterised by fibrous bands of scar tissue between the intravaginal tissues (intravaginal adhesions). This condition may also present with pelvic pain and dyspareunia.

GC71 Prolapse of vaginal vault after hysterectomy

A condition of the vagina, caused by or subsequent to hysterectomy. This condition is characterised by descensus of the vaginal vault that may also lead to weakening of the vaginal walls.

GC72 Postprocedural urethral stricture

Urethral stricture caused by catheterization, transurethral manipulations (e.g. transurethral resections), urethral instillations, or irradiation exposure

GC73 Postprocedural pelvic peritoneal adhesions

A condition caused by or subsequent to any pelvic intervention leading to damage and inflammation of the peritoneum. This condition is characterised by fibrous bands of scar tissue and abnormal connection between pelvic organs or tissues. This condition may also present with pelvic pain or bowel obstruction. Exclusions: Endometriosis

GC74 Malfunction or complication of external stoma of urinary tract

A condition caused by a surgically created opening connecting the urinary tract to the external environment. This condition is characterised by dysfunction or decreased function of the incision.

Associated with

- > Surgical or other medical procedures associated with injury or harm in diagnostic or therapeutic use
- > Surgical or other medical devices, implants or grafts associated with injury or harm in therapeutic use

GC75 Malfunction of the afferent segment of a continent urinary pouch

A condition characterised by the dysfunction or lack of function of a surgically created urine reservoir within the body, specifically along the path by which urine enters the pouch.

GC76 Malfunction of the efferent segment of a continent urinary pouch

A condition characterised by the dysfunction or lack of function of a surgically created urine reservoir within the body, specifically along the path by which urine exits the pouch.

GC77 Postprocedural nonmenstrual uterine bleeding

GC78 Postprocedural acute female pelvic inflammatory disease

GC7B Postinterventional ischemia or infarction of kidney

This refers to a restriction in blood supply to tissues of the kidney due to a health care intervention causing a shortage of oxygen and glucose needed for cellular metabolism resulting in the death of kidney tissue cells. Postprocedural disorders of digestive system

Postprocedural disorders of digestive system

DE10 Vomiting following gastrointestinal surgery

Postprocedural disorders of respiratory system

CB61 Chronic pulmonary insufficiency following surgery



latrogenic

latrogenic endometriosis (IE) is defined by the appearance of endometrial glands and stroma outside the uterus following certain surgical procedures, including hysterectomy, myomectomy, cesarean section, and the endometrial tissue seeding of surgical scars during these operations. Gynecologic surgery includes adenomyosis, uterine leiomyomas, and fibroids. latrogenic mechanism of the endometrial cell spread to the peritoneal cavity and abdominal wall raises awareness of the need for careful management of surgical interventions involving the uterus. Cesarean scars such as skin and uterine scars, trocar insertion sites, sigmoid colon, ovaries, bladder, vaginal vault, and parietal peritoneum are the most prevalent locations.

MECHANICAL ARTEFACTS

• Displacement of endometrial tissue into lymphovascular channels

• Displaced ovarian granulosa cells

THERMAL ARTEFACTS

- Cervix
- Endometrium
- Fallopian tube
- Ovary and peritoneum

CHEMOTHERAPY INDUCED CHANGES

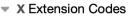
- Neoadjuvant therapy for ovarian cancer
- Taxane effect on the endometrium

HORMONAL THERAPIES

- Mirena coil
- Progesterone receptor modulators (PRMs)

NON-SURGICAL MANAGEMENT OF UTERINE LEIOMYOMAS

- Gonadotropin releasing hormone agonists
- Uterine artery embolisation



- Severity Scale Value
- ▷ Temporality
- Aetiology
- Causality

XB8M	Congenital
XB7K	Hereditary
XB8D	latrogenic
XB5F	Idiopathic
XB1Y	Familial
XB25	Nosocomial
XB4Q	Environmental





ICD-O **ICD-11 and Endometriosis**



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ICD-O Associated Cancer

Involved in the development of endometriosis/adenomyosis

Ectopic endometrial glands Adjacent blood vessels Estrogen/progesterone hormone receptors Inflammatory cells Rate of inflammatory cells Oncoproteins

Clear Cell

switch from a stem/progenitor to a postmitotic

• ARID1A: During neural development a

chromatin remodeling mechanism occurs

as neurons exit the cell cycle and become

committed to their adult state. The transition

to postmitotic neurons requires a switch in

• PTEN: A negative regulator of insulin

signaling and glucose metabolism in

• MSI: A role in the proliferation and

maintenance of stem cells in the central

complexes

• PIK3CA

adipose tissue

nervous system

subunit composition of the npBAF and nBAF

from proliferating neural stem/progenitor cells

: CK7+, CK20-(PAX8 :CD34+ : ER+, PR+ : CD3+, CD20+, CD68+, Tryptase+ : Ki67+ :BCL2+, PTEN+, p53+

BCL2: controls the mitochondrial membrane permeability

Endometriod

• CTNNB1 Involved in the CDK2/PTPN6/ CTNNB1/CEACAM1 pathway of insulin internalization. Promotes neurogenesis by maintaining sympathetic neuroblasts within the cell cycle

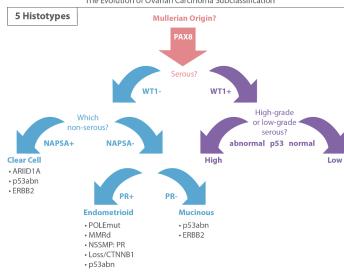
- PIK3CA
- PTEN
- KRAS Bone marrow mRNA splicing & cell cycle ARID1A
- MSI

• POLE Bone marrow - mRNA splicing & cell cycle, Involved in DNA synthesis during DNA repair POLK, has a role in excision repair (NER) synthesis following UV irradiation • TP53

Most relevant breast cancer driver mutations: TP53 or PIK3CA (AACR) Cancer-associated mutations, including mutations in PIK3CA, are frequently found in deep infiltrating endometriosis (DIE). PIK3CA : Glyphosate pathway. EDCs hurt various aspects of women's health, particularly fertility, endometriosis, endometrial and breast cancer. A strong association between cases of ovarian germ cell tumours (OGCT) and endometriosis has been proven. The inactivation of ARID1A alone is not sufficient to cause tumour development. In fact, by imitating the estrogen molecule, they can activate the endometrial receptors, stimulating the proliferation and transformation of hormone-sensitive tissues in a tumour sense and making lifestyle increasingly crucial in preventing cancer, especially the endometrium.

Harmful effects of estrogens or progestogens Diethylstilbestrol Harmful effects of antigonadotrophins, antiestrogens, antiandrogens HRT Tamoxifen

The Evolution of Ovarian Carcinoma Subclassification



Mixed Neuroendocrine/Non-

neuroendocrine Neoplasm (MINEN) of the Ovary Arising from Endometriosis

Neuroendocrine tumors

PIK3CA, CTNNB1, TP53, RB1, ARID1A, and P16 • Upon calcium influx, RB1 is dephosphorylated by calcineurin, which leads to release of the repressor complex. • P16 is a cyclin-dependent kinase inhibitor that acts on CDK4/6 kinases to prevent phosphorylation of retinoblastoma (Rb) family proteins and promotes G1 cell cycle arrest, leading to senescence. ARF promotes senescence through the p53 tumor suppression pathway.

 Synaptophsin: an integral membrane protein localized to synaptic vesicles • CD56: a member of the immunoglobulin superfamily. Tissue enhanced (brain, heart muscle)

Circadian rhythms

ESR1 Estrogen. Tissue enhanced (cervix, endometrium, fallopian tube). Play a role in growth, metabolism, sexual development, gestation. The receptor encoded by this gene plays a key role in breast cancer, endometrial cancer, and osteoporosis.

PGR Progesterone. Tissue enriched (cervix, endometrium, fallopian tube, smooth muscle). Involved in the regulation of eukaryotic gene expression and affect cellular proliferation and differentiation in target tissues.

TP53 Prognostic marker in endometrial cancer. Regulates the circadian clock by repressing CLOCK-ARNTL/BMAL1-mediated transcriptional activation of PER2. Acts as a tumor suppressor in many tumor types; induces growth arrest or apoptosis depending on the physiological circumstances and cell type. Involved in cell cycle regulation as a trans-activator that acts to negatively regulate cell division by controlling a set of genes required for this process. One of the activated genes is an inhibitor of cyclin-dependent kinases. Regulates the circadian clock by repressing CLOCK-ARNTL/BMAL1-mediated transcriptional activation of PER2

PER2 Period circadian regulator 2. Circadian rhythms allow an organism to achieve temporal homeostasis with its environment at the molecular level by regulating gene expression to create a peak of protein expression.

NPSR1 Mitogen-activated protein kinase (MAPK) pathways, circadian activity, focal adhesion, transforming growth factor beta, and cytokine-cytokine interactions. Activates cancer-related pathways and is widely expressed in neuroendocrine tumors.

Endometriosis-associated mesenchymal stem cells support ovarian clear cell carcinoma through iron regulation

CD10 Ovarian clear cell carcinoma (OCCC) is a deadly and treatment-resistant cancer which arises within the unique microenvironment of endometriosis. Endometriosis derived mesenchymal stem cells (enMSCs) characterized by loss of CD10 expression that specifically support OCCC growth. CD10 negative enMSCs exhibited elevated expression of iron export proteins hephaestin and ferroportin and donate iron.

WT1 Metal-binding, Zinc

Mesonephric-like Adenocarcinoma

TTF1 Thyroid transcription factor

GATA3 Transcriptional activator which binds to the enhancer of the T-cell receptor alpha and delta genes. Binds to the consensus sequence 5'-AGATAG-3'. Required for the T-helper 2 (Th2) differentiation process following immune and inflammatory responses.

Most relevant breast cancer driver mutations: TP53 or **PIK3CA - AACR**

Cancer-associated mutations. including mutations in PIK3CA, are frequently found in deep infiltrating endometriosis (DIE)

ICD-O: Stem Code

ē

- 2C73 Malignant neoplasms of ovary
 - 2C73.0 Carcinomas of ovary

2C73.00 Clear cell adenocarcinoma of ovary

2C73.01 Endometrioid adenocarcinoma of ovary

2C73.02 Low grade serous adenocarcinoma of ovary

2C73.03 High grade serous adenocarcinoma of ovary

2C73.04 Mucinous adenocarcinoma of ovary

- 2C73.0Y Other specified carcinomas of ovary
- 2C73.0Z Carcinomas of ovary, unspecified
- 2C73.1 Dysgerminoma of ovary
- 2C73.2 Granulosa cell malignant tumour of ovary
- 2C73.3 Malignant teratoma of ovary
- 2C73.4 Serous cystadenoma, borderline malignancy of ovary
- 2C73.5 Endodermal sinus tumour, unspecified site, female

2C65 Hereditary breast and ovarian cancer syndrome

2C73.Y Other specified malignant neoplasms of the ovary **2C73.Z** Malignant neoplasms of ovary, unspecified

- 2C74 Malignant neoplasms of fallopian tube
- 2C75 Malignant neoplasms of placenta
- 2C76 Malignant neoplasms of corpus uteri
- 2C77 Malignant neoplasms of cervix uteri
 2C78 Malignant neoplasms of uterus, part not specified
 2C79 Malignant neoplasm involving overlapping sites of female genital organs
 2C7Y Other specified malignant neoplasms of female genital organs
 2C7Z Malignant neoplasms of female genital organs, unspecified
- Malignant neoplasms of male genital organs
- Malignant neoplasms of urinary tract
- Malignant neoplasms of eye or ocular adnexa
- Malignant neoplasms of endocrine glands

Foundation URI : http://id.who.int/icd/entity/315825558

2C73.00 Clear cell adenocarcinoma of ovary

Parent

2C73.0 Carcinomas of ovary

Show all ancestors 😵

Description

A malignant glandular epithelial tumour characterised by the presence of clear and hobnail cells. The tumour is highly associated with ovarian endometriosis, pelvic endometriosis and paraendocrine hypercalcemia.

Postcoordination ?

Add detail to Clear cell adenocarcinoma of ovary

Laterality (use additional code, if desired .)

XK9J	Bilateral
XK8G	Left
ХК9К	Right
XK70	Unilateral, unspecified

Histopathology (use additional code, if desired .)

XH2Q13	Clear cell adenocarcinofibroma
XH6YS0	Clear cell adenocarcinoma, mesonephroid

Has manifestation (use additional code, if desired .)

MG30.10 Chronic cancer pain

ICD-O Extension Code: Histopathology

Acinar cell neoplasms Adenomas and adenocarcinomas Adenomas, benign Adenocarcinomas in situ Adenocarcinomas, malignant XH2QZ6 Acidophil carcinoma XH5LA4 Adenocarcinoid tumour XH74S1 Adenocarcinoma, NOS XH7QZ0 Adenocarcinoma in adenomatous polyp XH2ZH8 Adenocarcinoma in adenomatous polyposis coli XH9YR3 Adenocarcinoma in multiple adenomatous polyps XH7QB1 Adenocarcinoma in tubulovillous adenoma XH6DA5 Adenocarcinoma in villous adenoma XH5RE1 Adenocarcinoma of anal glands XH2ZQ0 Adenocarcinoma with mixed subtypes XH0349 Adenocarcinoma, intestinal type XH8B45 Solid carcinoma, NOS XH8DS0 Neuroendocrine tumour, NOS XH8LX8 Neuroendocrine carcinoma, low grade XH55D7 Neuroendocrine carcinoma, well-differentiated XH9LV8 Neuroendocrine tumor, grade 1 XH7NM1 Enterochromaffin cell carcinoid XH0U20 Neuroendocrine carcinoma, NOS XH7F73 Neuroendocrine carcinoma, moderately differentiated XH24W2 Lepidic adenocarcinoma XH3QM0 Minimally invasive adenocarcinoma, Non-mucinous XH4302 Adenoid cystic carcinoma XH2098 Minimally invasive adenocarcinoma, Mucinous XH6LV9 Papillary adenocarcinoma, NOS XH95U1 Villoglandular carcinoma XH6QG3 Micropapillary carcinoma, NOS XH4MW7 Micropapillary adenocarcinoma XH7KL6 Pituitary carcinoma, NOS XH6L02 Clear cell adenocarcinoma, NOS XH5085 Hereditary leiomyomatosis and renal cell carcinoma (HLRCC) syndrome-associated renal cell carcinoma XH1442 MiT Family translocation carcinomas XH8EN1 Succinate dehydrogenase deficient renal cell carcinoma XH07X3 Alveolar adenocarcinoma XH05V6 Renal cell carcinoma, NOS XH3Z08 Renal cell carcinoma, unclassified XH0RU3 Acquired cystic disease associated renal cell carcinoma XH7K79 Tubulocystic renal cell carcinoma XH1VB1 Hybrid oncocytic chromophobe tumour XH3Z50 Follicular carcinoma, NOS XH9508 Endometrioid adenocarcinoma, ciliated cell variant XH0718 Endometrioid adenocarcinoma, secretory variant XH4KH2 Adrenal cortical carcinoma XH0SD2 Endometrioid adenocarcinoma, NOS XH51K1 Neuroendocrine tumour, grade 2 XH09B7 Endometrioid cystadenocarcinoma

XH6KR7 Endometrioid adenofibroma, malignant

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-

•	ixed and stromal neoplasms, malignant
	Adenosarcoma
	Carcinofibroma
XH42V2	Carcinoma ex pleomorphic adenoma
XH2RK1	Carcinosarcoma, embryonal
XH2CV3	Endometrial stromal sarcoma, high grade
XH1S94	Endometrial stromal sarcoma, low grade
XH9HQ1	Gastrointestinal stromal tumour
XH2WE3	Hepatoblastoma
XH0765	Clear cell sarcoma of kidney
XH64D5	Malignant chondroid syringoma
XH9M31	Malignant cystic nephroma
XH3RF3	Rhabdoid tumor, NOS
XH0Y65	Mesodermal mixed tumour
XH7ZJ9	Mullerian mixed tumour
XH27L5	Pancreatoblastoma
XH2FY9	Pleuropulmonary blastoma
XH5VH1	Pulmonary blastoma
XH1TK5	Endometrial stromal sarcoma, NOS
XH49Y5	Stromal sarcoma, NOS
XH0V86	Mixed tumour, malignant, NOS
XH5QN3	Nephroblastoma, NOS
XH0H07	Hepatoblastoma, epithelioid
XH33R5	Hepatoblastoma, mixed epithelial-mesenchymal
XH2W45	Carcinosarcoma, NOS
XH7TL5	Adenomyoepithelioma with carcinoma
XH3B27	Phosphaturic mesenchymal tumour, malignant
XH43E6	Myoepithelial carcinoma
XH9N95	Mesenchymoma, malignant
XH42Q2	Embryonal sarcoma
XH4VQ1	Gastroblastoma
XH5CT2	Gastrointestinal autonomic nerve tumour
XH0712	Gastrointestinal pacemaker cell tumour
	·



XH1S94 Endometrial stromal sarcoma, low grade

Parent

Complex mixed and stromal neoplasms, malignant

Show all ancestors 😒

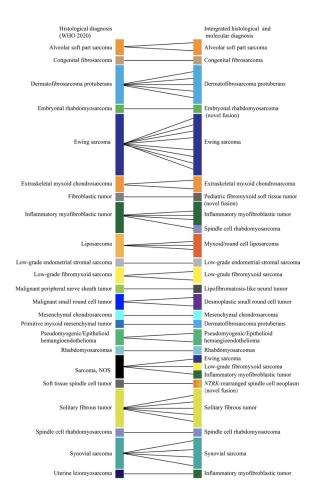
Inclusions

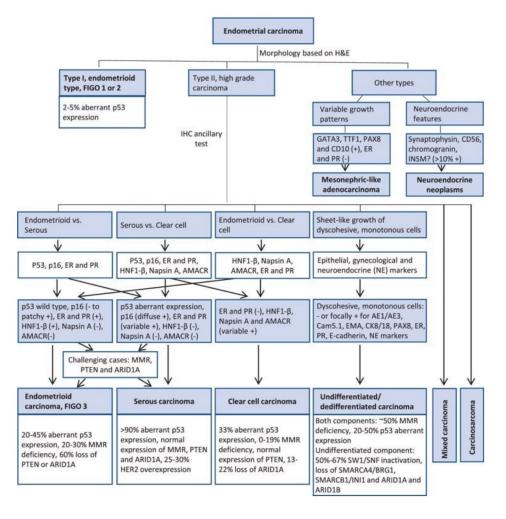
- Stromal endometriosis
- · Endometrial stromatosis
- Endolymphatic stromal myosis
- · Endometrioid stromal sarcoma, low grade
- Stromal myosis, NOS



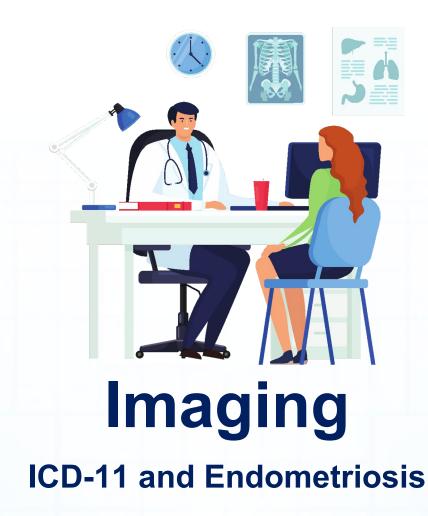
Histopathology

IHC: Endometriosis Associated Cancer

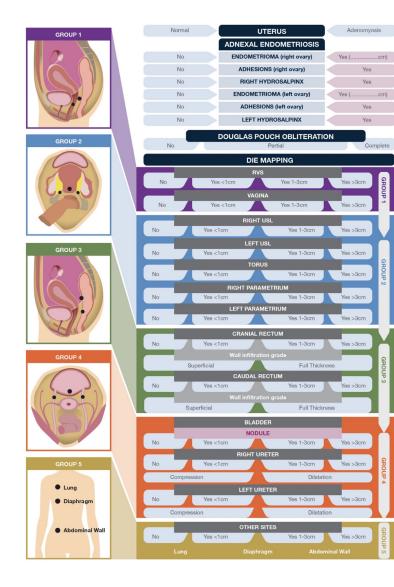








Clinical Findings on Imaging



XY9R Diagnosis confirmed by imaging

Clinical Findings

MG00 Clinical findings on diagnostic imaging of breast MG01Clinical findings on diagnostic imaging of urinary organs Exclusions: hypertrophy of kidney (GB90)

MF3Y Other specified symptoms, signs or clinical findings involving the female genital system • Abnormal findings on diagnostic imaging of uterus

ME21 Clinical findings on diagnostic imaging of liver or biliary tract ME22 Clinical findings on diagnostic imaging of digestive tract ME2Y Other specified clinical findings in the digestive system • Abnormal diagnostic imaging of retroperitoneum

MD41 Clinical findings on diagnostic imaging of lung

MC90 Clinical findings on diagnostic imaging of heart or coronary circulation ME92.Y Other specified clinical findings on diagnostic imaging of other parts of musculoskeletal system ME92.Z Clinical findings on diagnostic imaging of other parts of musculoskeletal system, unspecified MB71.Y Other specified clinical findings on diagnostic imaging of central nervous system MB71.Z Clinical findings on diagnostic imaging of central nervous system, unspecified

QA0B Preprocedural examination

Encounter for radiological and imaging examinations as part of preprocedural examination.

PK8Y Diagnostic imaging procedures associated with injury or harm

Thoracic Endometriosis

Ultrasound of the thorax can be used to assist with the diagnosis of diaphragm paralysis and pneumothorax.

Lung Ultrasound Score

The B mode of ultrasound can show the diaphragm as a thick echogenic line.

The M mode can show the movement of the paralyzed diaphragm and can show no motion or a paradoxical movement with quiet breathing, voluntary sniffing, or deep breathing.

MRI may be considered to diagnose the etiology of the diaphragm weakness accurately.

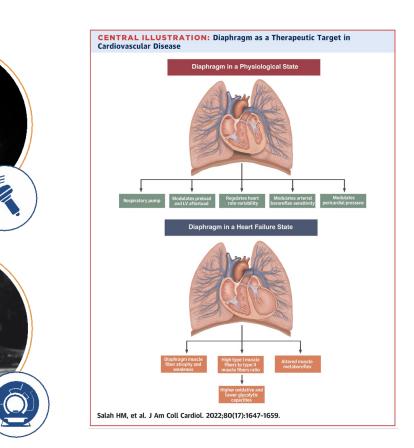
Diaphragm

Ultrasonography can assess the characteristics of diaphragmatic movement, such as amplitude, force and velocity of contraction, special patterns of motion, and changes in diaphragmatic thickness during inspiration.

Heart

The number of B-lines correlates with an abnormal echocardiogram; hence the detection of B-lines is an indication for performing echocardiography, irrespective of the possible etiology of B-lines.

- Pneumothorax
- Pleural Effusion
- Atelectasis
- Chest Wall



The dangling diaphragm sign shows visualization of the free edges of the torn diaphragm as comma-shaped structures, which curl inward, toward the center of the abdomen. It is usually associated with a segmental diaphragmatic defect and diaphragm thickening. Fluoroscopy is the primary radiologic means of evaluating diaphragmatic motion, though MRI and ultrasound also are capable of this function.



Harmful effects

ICD-11 and Endometriosis

Harmful effects

Disorders of the adrenal glands or adrenal hormone system

5A71.1 46,XX disorders of sex development induced by androgens of maternal origin

This refers to 46,XX disorders of sex development induced by any natural or synthetic compound, usually a steroid hormone, that stimulates or controls the development and maintenance of male characteristics in vertebrates by binding to androgen receptors, of maternal origin.

LB44.6 Uterovaginal malformation due to diethylstilbestrol syndrome

Fetal diethylstilbestrol syndrome is characterised by a group of symptoms likely to occur in children and grandchildren of a woman who was treated while pregnant with diethylstilbestrol (DES). The drug is a synthetic nonsteroidal oestrogen, used in the US until 1971 and in Europe until 1978 to try and prevent miscarriage, premature delivery, and other pregnancy complications. It has been estimated that 25% of female fetuses exposed to DES in utero during the first trimester have subsequently developed genital tract anomalies including vaginal adenosis, cervical malformations, vaginal septae, uterine cavity anomalies, or fallopian tube anomalies causing subsequent fertility problems.



NE60: Harmful effects of drugs, medicaments or biological substances: Oestrogen poisoning

NE61: Harmful effects of or exposure to noxious substances, chiefly nonmedicinal as to source **XM9Y80 Dioxin**

PL00 Drugs medicaments or biological substances associated with injury or harm in therapeutic use, hormones or their synthetic substitutes or antagonists.

PH51 Exposure to or harmful effects of organic solvents XM5B21 Phthalate XM3MM6 Bisphenol A-glycidyl methacrylate (BPA)

PH53 Exposure to or harmful effects of pesticides XM7D46 Pesticide XM3K66 Insecticide XM9EL1 DDT

Harmful effects of estrogens or progestogens XM51S9 Diethylstilbestrol

Harmful effects of antigonadotrophins, antiestrogens, antiandrogens **XM2UX2 Tamoxifen**

Drug reaction and poisoning affecting the fetus and newborn (KA00-KD5Z)

Hypersensitivity reaction to correctly administered drug (4A80-4A8Z)

Unsafe medication practices and errors such as incorrect dosages or infusions, unclear instructions, use of abbreviations and inappropriate or illegible prescriptions are a leading cause of avoidable harm in health care worldwide. Unsafe and poor-quality care leads to \$1.4 trillion to 1.6 trillion worth of lost productivity each year in low- and middle-income countries.

PH40 Exposure to opioids PH41 Exposure to sedative hypnotic drugs PH42 Exposure to psychostimulants PH43 Exposure to hallucinogens PH45 Exposure to antidepressants PH46 Exposure to antipsychotics



Traditional Medicine

ICD-11 and Endometriosis

Traditional Medicine

- ▼ 26 Supplementary Chapter Traditional Medicine Conditions Module I
 - Traditional medicine disorders (TM1)
 - Organ system disorders (TM1)
 - Liver system disorders (TM1)
 - Heart system disorders (TM1)
 - Spleen system disorders (TM1)
 - Lung system disorders (TM1)
 - Kidney system disorders (TM1)
 SB2Y Other specified organ system disorders (TM1)
 SB2Z Organ system disorders (TM1), unspecified
 - Other body system disorders (TM1)
 - Skin and mucosa system disorders (TM1)
 - Female reproductive system disorders (TM1) (including childbirth)
 - Menstruation associated disorders (TM1)
 - Menstruation cycle disorders (TM1)
 SB90 Menorrhagia disorder (TM1)
 SB91 Decreased menstruation disorder (TM1)
 SB92 Prolonged menstruation disorder (TM1)
 SB93 Metrorrhagia disorder (TM1)
 SB94 Amenorrhea disorder (TM1)
 - SB95 Menopausal disorder (TM1)
 - SB96 Dysmenorrhea disorder (TM1)
 - **SB9Y** Other specified menstruation associated disorders (TM1) **SB9Z** Menstruation associated disorders (TM1), unspecified
 - Pregnancy associated disorders (TM1)
 - Puerperium associated disorders (TM1)
 - Other female reproductive system associated disorders (TM1)
 SC20 Leukorrhea disorder (TM1)
 - SC21 Vaginal flatus disorder (TM1)
 - SC22 Infertility disorder (TM1)
 - SC23 Uterine mass disorder (TM1)
 - SC24 Breast lump disorder (TM1)



Traditional Medicine (TM):

the knowledge, skill, and practices based on different indigenous cultures, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

Acupuncture, nutrition, herbal remedies, massage therapy, yoga and meditation.





An international classification of diseases for the twenty-first century Understanding diseases in ways that enable prevention, treatment, and the allocation of resources requires measurement. To be useful, measurement must be reliable, allow valid comparisons to be made between places and over time, and enable coherent summarization of large volumes of data. A classification of diseases and related things is essential for such measurement. Changes in design

diseases and related things is essential for such measurement. Changes in design and structure reflect the arrival of the networked digital era, for which ICD-11 has been prepared. Uses of the ICD are diverse and widespread, extending directly to much of the world and indirectly to all populated places.