Stage I (minimal)	1–5
Stage II (mild)	6–15
Stage III (moderate)	16–40
Stage IV (severe)	> 40

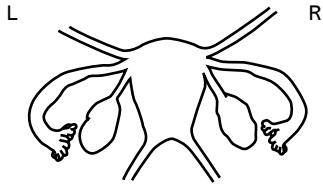
Total

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

*If the fimbriated end of the fallopian tube is completely enclosed, change the point assignment to 16.
Denote appearance of superficial implant types as red [(R) red, red-pink, flamelike, vesicular blobs, clear vesicles], white [(W) opacifications, peritoneal defects, yellow-brown], or black [(B) black, hemosiderin deposits, blue]. Denote percent of total described as R____%, W____% and B____%. Total should equal 100%.

Additional endometriosis: _____ Associated pathology: _____

To be used with normal tubes and ovaries



To be used with abnormal tubes and ovaries

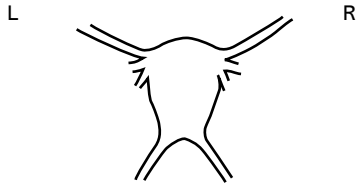


Figure 1.7 American Society for Reproductive Medicine revised classification of endometriosis.

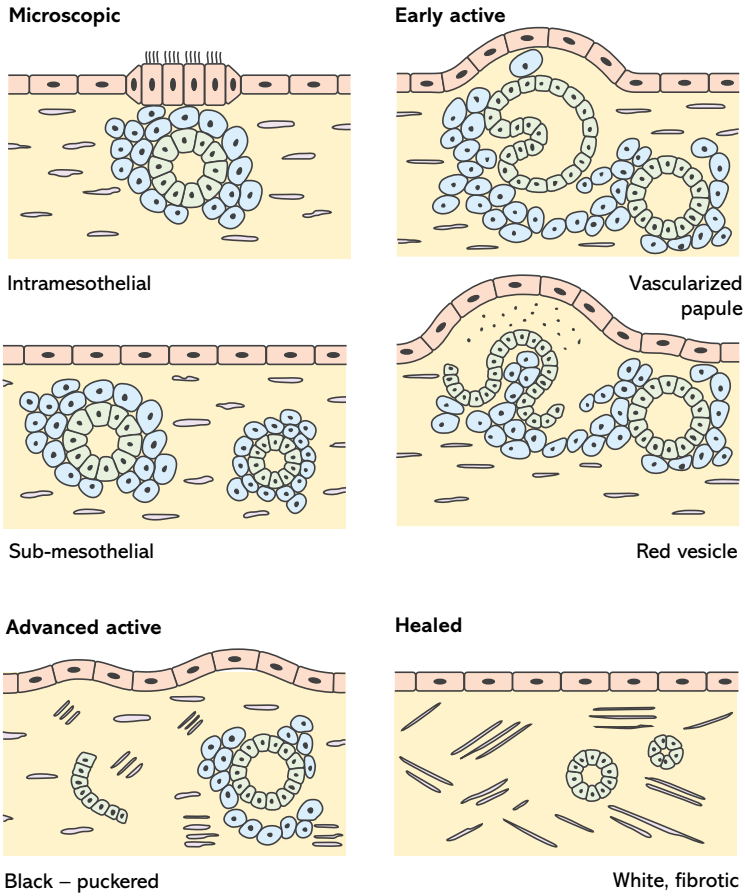


Figure 1.8 Evolution of peritoneal endometriosis.

microscopic appearance is the presence of endometrial glands and stroma under a normal mesothelium.

Early active endometriosis. Polyps, vesicles and papules may be the earliest lesions seen and may appear to be either solid or fluid-filled. They are highly vascular and non-fibrotic. The glands are usually in a proliferative or secretory phase, not always in phase with the eutopic endometrium. Some lesions are very active in prostaglandin production.