GEM PATIENT EDUCATION CENTER

Endometriosis Through Time

Is the Disease Really Becoming More Common?

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WHAT CURRENT GLOBAL DATA SHOW

A GBD 2021 analysis modeled prevalent cases increasing from about 19.9 million in 1990 to 22.3 million in 2021, and annual incident cases from 3.33 to 3.45 million. Age-standardized rates declined. These are estimates, not a count of every diagnosed patient, and do not prove rising biological risk. Read the chart's rate denominator as per 100,000 women: the source methods specify the female population, not both sexes combined.

The Global Picture at a Glance



GBD 2021 model estimates for 1990 and 2021. Black whiskers show 95% uncertainty intervals. Counts and age-standardized rates answer different questions. Source: Liu et al. 2026, Table 1.

GEM KEY MESSAGE

There are more women with diagnosed or estimated endometriosis today, but current population data do not prove that the underlying biological incidence is rising. The important unanswered question is whether changing reproductive patterns, lifestyle and environmental exposures are modifying disease risk, age of onset, phenotype or severity in susceptible women.



SCIENTIFIC CAUTION

Historical and modern burden estimates are strongly influenced by diagnostic criteria, access to care, imaging, surgical confirmation and statistical modeling. **An increase in recognized or modeled case numbers should not be interpreted by itself as proof that the biological incidence of endometriosis is increasing.**

POPULATION CONTEXT

2.5 billion (1950)
8.0 billion (November 2022)

UN World Population Prospects 2022. All people, both sexes. Population growth can increase absolute case counts without increasing individual risk.

WHO AND GBD ARE DIFFERENT

WHO estimates about **190 million reproductive-age women** have endometriosis. This differs from the GBD framework. Do not combine these figures into one trend or treat them as directly comparable measurements.

What Might Affect Recognition and Risk?

Awareness, access to care and diagnostic methods can influence recognition. Reproductive patterns, genetic susceptibility and environmental exposures remain research questions; this chart does not measure their contributions.

Research topics include endocrine-disrupting chemicals, air pollution, diet, physical activity, stress and sleep, gut and immune pathways, and epigenetic regulation. Their roles in endometriosis onset or phenotype are not established by these population trends.

Evidence & interpretation

One source and an explicit population

Liu et al., Table 1: prevalent cases 19,869,195.64 to 22,275,015.21; incident cases 3,330,200.05 to 3,447,125.88 (1990 to 2021). Age-standardized prevalence rates were 757.10 to 556.98 and incidence rates 119.65 to 88.52 per 100,000 women. The methods specify the female population.

Model limits and comparison

The model's 95% uncertainty intervals are wide: prevalence about 13.59-27.69 million in 1990 and 15.52-30.41 million in 2021. These are not complete case counts. Age-standardized decline and increasing absolute counts do not by themselves establish biological incidence changes. WHO's approximately 190 million estimate uses a different framework; do not equate it with GBD.

Population, recognition and possible mechanisms

The demographic context uses dated UN estimates for 1950 and November 2022. It is separate from the 1990-2021 disease estimates. Recognition, reproductive factors and environmental mechanisms should not be presented as measured causes of the change in the chart. Environmental associations and biologic hypotheses require different studies.

Which source supports which claim?

Liu et al. provides the plotted numbers; Wang et al. is a separate GBD analysis. WHO provides the broader public-health estimate. Nezhat et al. is historical background. Becker et al., ESHRE guideline: endometriosis, is the correct identity of article hoac009 and is a clinical guideline, not a global-trends paper. Upson and Sirohi address environmental evidence.

Full references

- **[1]** Liu F, Yuan S, Yan Q et al. Global Trends in Endometriosis Burden, 1990-2021: A Sociodemographic Analysis Using GBD 2021 Data and Projections to 2036. Int J Womens Health. 2026;18:560463. doi:10.2147/ijwh.s560463. PMID 41835846. Source

- **[2]** Wang Z, Ouyang Y, Xue Z et al. Global, regional, and national burden and trends of endometriosis, 1990-2021: an analysis of the global burden of disease study 2021 and forecast to 2050. BMC Womens Health. 2025;25(1):519. doi:10.1186/s12905-025-04043-0. PMID 41152781. Source
- **[3]** WHO. Endometriosis. Fact sheet, 15 October 2025. Source
- **[4]** Nezhat C, Nezhat F, Nezhat C. Endometriosis: ancient disease, ancient treatments. Fertil Steril. 2012;98(6 Suppl):S1-62. doi:10.1016/j.fertnstert.2012.08.001. PMID 23084567. [Historical background] Source
- **[5]** Becker CM, Bokor A, Heikinheimo O, et al. ESHRE guideline: endometriosis. Human Reproduction Open. 2022;2022(2):hoac009. doi:10.1093/hropen/hoac009. Source
- **[6]** Upson K. Environmental risk factors for endometriosis: A critical evaluation of studies and recommendations from the epidemiologic perspective. Curr Epidemiol Rep. 2020;7(3):149-170. doi:10.1007/s40471-020-00236-3. PMID 33042729. Source
- **[7]** Sirohi D, Al Ramadhani R, Knibbs LD. Environmental exposures to endocrine disrupting chemicals (EDCs) and their role in endometriosis: a systematic literature review. Rev Environ Health. 2021;36(1):101-115. doi:10.1515/reveh-2020-0046. PMID 32903210. Source
- **[8]** United Nations, Department of Economic and Social Affairs, Population Division. World Population Prospects 2022: Summary of Results. UN DESA/POP/2022/TR/NO. 3. Source

References link to the source article, bibliographic record or issuing organization. No listed institution endorses GEM.

Medical information

Do not delay care; seek emergency help for a suspected emergency.

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