

Introduction

Endometriosis is a chronic inflammatory disease in which tissue similar to the lining of the uterus grows outside the uterus, commonly affecting the ovaries, fallopian tubes, and pelvic lining, and afflicts at least 11% of women (and people assigned female at birth) worldwide. It can cause chronic pelvic pain, painful menstruation, infertility, and other symptoms that significantly affect quality of life. Of this population, compared to white women, Black women were 49% less likely to be diagnosed with endometriosis (OR 0.49). Historically, Black women have faced healthcare disparities, including having their pain taken less seriously, receiving delayed diagnoses, and having less access to specialized care. For many years, endometriosis was thought to primarily affect White women, which contributed to Black women being underdiagnosed and underrepresented in research.

Objectives

The short term goal of this study is to compile and evaluate the existing literature on racial disparities in endometriosis diagnosis and pain management between Black and White women to determine whether these disparities continue to exist. The gap of knowledge addressed by this study is that, although racial disparities in endometriosis have been documented, there has not been a comprehensive review focused specifically on differences in diagnosis and pain management between Black and White women. The hypothesis of this study is that existing literature will show that Black women with endometriosis experience longer diagnostic delays and receive less pain management than White women with endometriosis.

Methods

This project used a narrative literature review of 36 sources examining racial disparities in endometriosis, primarily between Black and White women. Sources included systematic reviews, cohort and cross-sectional studies, qualitative research, database studies, clinical trials, and reviews. Keywords included “endometriosis,” “race,” “racial disparities,” “Black women,” “White women,” “diagnosis,” “pain,” “treatment,” and “surgery.” Studies were selected based on their relevance to racial differences in diagnosis, treatment, patient experiences, or research representation. Findings were grouped into diagnosis and access to care, pain management and treatment, and research gaps.

Results

Diagnosis time Access to care	Pain Management Surgery/Hormone Therapy	Research Gaps and Underrepresentation
- Black women had significantly lower odds of receiving an endometriosis diagnosis than White women (OR = 0.49, 95% CI [0.29, 0.83]) (Bougie et al., 2019). - One study found that Black women were diagnosed 2.62 years later on average than White women (Li et al., 2021). - Another study found a median time to diagnosis of 1.34 years for Black women compared with 0.67 years for White women, meaning Black patients waited about twice as long after entering the study population (p < .001) (Imbroane et al., 2025) - Black patients were more likely to visit the emergency department for pelvic pain, with 75% having an ED visit compared with 28% of White patients (Li et al., 2021).	- In one healthcare system, pain medication use was reported in 55.4% of Black patients compared with 44.7% of non-Black patients, while hormonal treatment was reported in 56.2% compared with 51.9% (Wicks et al., 2023). - A study of more than 16,000 patients found that 17 medication classes were prescribed less frequently to Black patients, while only 4 medication classes were prescribed more frequently, one of whom are hormones (Kashyap et al., 2025). - Black patients had higher adjusted for potential confounding factors, including patient and surgical characteristics odds of perioperative complications (aOR = 1.71, 95% CI [1.39, 2.10]), laparotomy (aOR = 2.64, 95% CI [1.95, 3.58]), and oophorectomy (aOR = 2.06, 95% CI [1.51, 2.80]) compared with White patients (Orlando et al., 2022).	- Only 65 out of 648 studies, or 10.0%, reported participants' race or ethnicity (Raffone et al., 2025). - Of the studies that reported race or ethnicity, only 2 of 65 (3.1%) explained who classified participants by race or ethnicity (Raffone et al., 2025). - Among 9 FDA-approved endometriosis treatment trials, only 4 reported race, and none reported ethnicity (Meyer et al., 2025).

Discussion

Black women experience disparities in endometriosis diagnosis, pain management, and treatment, which may be influenced by historical bias and differences in healthcare experiences. Studies also report differences in surgical treatment and complications, suggesting that disparities can continue after diagnosis. A qualitative study of 16 Black women found that participants described debilitating symptoms, negative healthcare experiences, delayed diagnosis, and the need for self-advocacy. These disparities may also be compounded by socioeconomic vulnerability and access to specialized care. A recent study found that socioeconomic vulnerability intensified disparities in diagnosis among patients of African ancestry, while another study found racial differences in access to diagnostic laparoscopy among adolescents. Overall, the evidence suggests that racial disparities in endometriosis are influenced by multiple overlapping factors, while research on how these factors interact remains limited.

Conclusion

This project examined racial differences in the diagnosis and treatment of endometriosis and found evidence of disparities, particularly in diagnostic delays, treatment, and surgical outcomes. More importantly, the findings highlight where future research is needed. New studies could examine the specific causes of these disparities, including healthcare access, provider decision-making, bias, socioeconomic factors, and differences in referrals to specialists. Future research could also investigate how endometriosis interacts with other health conditions, since patients may have multiple conditions that affect their symptoms, diagnosis, and treatment outcomes. Looking at these factors together could provide a more complete understanding of why disparities occur. Future studies should use larger and more diverse populations and consistently report race and ethnicity. This project can serve as a starting point by identifying patterns and unanswered questions that future research can investigate, potentially leading to better diagnostic practices and more equitable care for future patients.

References

