Laparoscopic primary repair after the diaphragmatic endometriosis resection

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In approximately 0.6 % of cases, ectopic endometrium has been found in extrapelvic sites, such as the umbilicus, skin, upper abdominal peritoneum and organs (liver, spleen), diaphragm, pleural cavity, lungs, and pericardium. The prevalence of diaphragmatic endometriosis has been reported in up to 0.19 % of lesions. No guidelines exist about treatment of diaphragmatic endometriosis, and this rare condition is still a matter of debate because it raises several diagnostic and treatment challenges. We present a case of patient affected by diaphragmatic endometriosis who was treated by laparoscopy. A 41-year-old woman was referred to our department because of dyspareunia and dysmenorrhea. Laparoscopic finding showed left ovarian cyst adherent to peritoneum, cul-de-sac partial obliteration and endometriotic nodule on right diaphragm. We performed laparoscopic adhesiolysis, right ureter peritonectomy and diaphragmatic resection of endometriosis. An accidental diaphragmatic injury was occurred during the laparoscopic diaphragmatic resection. We performed successful laparoscopic primary repair of diaphragm and then chest tube was also inserted. The patient was uneventfully discharged home 4 days later.

Keywords : Endometriosis, diaphragm, laparoscopy
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