

Urological Deep Infiltrating Endometriosis Patient Characteristics : From Ureter to Bladder

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INTRODUCTION:

Urological Deep Infiltrating Endometriosis (DIE) involved the urinary tract including bladder or ureter, and sometimes causing urinary symptoms such as dysuria besides other classic endometriosis symptoms. The urinary tract involvement by DIE was quite rare, only about 0.03 – 5% of all DIE cases. Ureteral endometriosis might be extrinsic or intrinsic which defined by how DIE infiltrated ureteral muscularis layer with or without stenosis involvement. This study aimed to evaluate urological DIE patient characteristic, based on their complaints, diagnostic methods, and safety profile of each surgical management.

PATIENTS AND METHODS :

A prospective descriptive longitudinal study was done in tertiary gynecology unit: Fatmawati General Hospital, Jakarta, Indonesia from September 2015 to December 2016. This study includes seven urological DIE patients which are observed from the first outward visit until histopathology examination result was done. Chief complains including dysmenorrhea, dysuria, dyschezia, dyspareunia, low back pain along with its VAS score, diagnostic methods include USG and MRI, surgical management includes intra and post surgical complication were recorded. Data were then evaluated.

RESULT:

The prevalence of urological DIE was 4.8% of all DIE cases encountered. Their mean age at diagnosis was 35.6 years (range 29–40 years). Ureteral endometriosis found in six patients (85.7%); extrinsic ureteral DIE found in five patients (83.3%) and intrinsic ureteral DIE on one patient (16.7%) meanwhile bladder endometriosis found in one patient (14.3%). Low back pain was found in two patients (28.57%) and was associated with hydronephrosis. Dysuria was found in four patient (57.14%) with mean VAS score was 4.2 (range 2–6); dysmenorrhea was found in most patients (87.50%) with mean VAS score was 3.3 (range 2–5); dyschezia was found in one patient (14.28%) with bowel endometriosis involvement. Dyspareunia was not found in any patients. The accuracy of USG and MRI was 66.67% and 83.33% respectively. Ureterolysis procedure was done in four patient with extrinsic ureter endometriosis involvement, one complication was found in a form of ureterovaginal fistula. Ureteroureterostomy procedure was done in one patient with intrinsic ureter endometriosis, no complication was found. Partial bladder resection was done on one patient and no complication was found.

CONCLUSION:

Urological DIE was a rare benign disease which affect patient's quality of life which was sometime occurred without significant symptoms. Patient often came in severe condition in a form of silent hydronephrosis and hydroureter. MRI showed better performance in diagnosing urological DIE compared to USG. Collaboration with urologist was needed to achieve holistic management for the patient. Utererolysis, ureteroureterostomy and partial bladder resection were found to be feasible to be done but beware of the risk as complication may occurred whether during or after the procedures were done.

Keywords : Key words: urological endometriosis / surgical management / deep infiltrating endometriosis

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