

# RESSECTION OF SCIATIC ENDOMETRIOSIS NODULE: REPORT OF 2 CASES.

Abstract ID : 2516

Submitted by : Mariona Rius the 2017-01-31 10:08:59

Category : SEUD CONGRESS 2

Typology : Video

Status : Validated

Authorisation to disclose : Yes/Oui

Deep infiltrating endometriosis involving the sciatic nerve and sacrolumbar plexus is a big challenge for the gynecologist. Not only because of the difficulty to establish the right diagnosis, but also for the management of the pain and the surgical technique. The posterior compartment of the pelvis is complex area, and sometimes unknown, for many gynecologists.

In this video, we present two cases of the resection of an endometriotic nodule on the sciatic plexus. After the ureter is identified and dissected, the surgery moves to the posterior compartment of the pelvis, first identifying the internal iliac vein, then the sacral veins and finally the sacrosiatic ligament. The sacrolumbar plexus is then well identified as well as the nodule, which is hard at touch. The dissection is performed carefully, identifying the nodule from the epineurium until it is removed and sent to pathologic study.

Both patients were discharged from the hospital two days later. During follow-up, both patients referred a significant improvement of radiating leg pain. The pathologic report revealed the presence of endometriotic glands on both specimens.

Although sciatic endometriosis is a rare onset for endometriosis disease, it should be taken into account when patient refers radiating leg pain. When surgery is needed, a well anatomic knowledge from the posterior compartment of the pelvis should be considered.

Keywords : Endometriosis, surgical technique, sciatic nerve

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