Outcomes of Surgical management of deep infiltrating endometriosis of the urinary tract

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Introduction:
To report the outcomes of surgical management of deep infiltrating urinary tract endometriosis.

Method:
We reviewed data concerning women managed for ureteral and bladder deep infiltrating endometriosis from July 2009 to December 2015 in surgical departments participating in the CIRENDO prospective database. Preoperative data, surgical procedure data and postoperative outcomes were analyzed.

Result:
From July 2009 to December 2015, 81 women treated for urinary tract endometriosis were included, 39 of whom were treated for bladder endometriosis, 31 for ureteral endometriosis and 11 for both ureteral and bladder endometriosis, leading to a total of 42 cases of ureteral endometriosis and 50 bladder endometriosis.

Due to bilateral ureteral localizations in 8 women, 50 ureteral interventions were recorded.

Ureterolysis was performed for 39 lesions. 4 women underwent primary segmental resection of the ureter with immediate end-to-end ureteral anastomosis, and 7 women had ureteral resection with ureteral reimplantation into the bladder. No nephrectomy was performed. Even in the presence of renal atrophy, pre-operative renal scintigraphy showed renal function superior than 10%; thus it was decided to preserve those kidneys.

4 interventions were laparo-converted.

Among the 11 ureteral specimens obtained, intrinsic ureteral endometriosis was histologically revealed in 5/10 (50%) cases.

50 women presented with DIE of the bladder, and underwent either full-thickness excision of the nodule (70%) or excision of the bladder wall up to the submucosal layer without opening of the bladder (30%).

In 42 women operated for ureteral nodules, 7 major post-operative complications were noted. In 50 patients managed for bladder endometriosis, 1 severe postoperative complication occurred in a patient who underwent full-thickness partial cystectomy associated with resection of a vaginal nodule.

Delayed postoperative outcomes were favourable with a significant improvement in painful symptoms and the absence of troubling urinary symptoms.

Conclusion:
Conservative surgery in association with postoperative amenorrhea can be proposed in a large number of cases of urinary tract endometriosis. Although outcomes are globally favorable, the risk of postoperative complications should not be overlooked, as surgery tends to be performed in association with other complex procedures.

Mots clefs : urinary tract endometriosis, bladder endometriosis, ureteral endometriosis, deep infiltrating endometriosis
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