Surgical treatment of patients with deep infiltrative endometriosis

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Introduction: Endometriosis is one of the most common gynecological diseases, accompanied by a disorder of menstrual and reproductive function, persistent pain symptoms. The most severe form of the disease is deep infiltrative endometriosis (DIE), whose rate is 5-12% of all cases of endometrioid lesions. Laparoscopic and robot-assisted surgery for DIE enables adequate removal of affected tissues by improved visualization, with the most careful preservation of ovarian tissue, especially in patients with a high risk of ovarian damage.

Materials and Methods: from 2013 to 2015 143 patients with DIE were operated. The average age was 33.8 years. The most common location of endometriosis lesion was retrocervical area - 111 patients (77.6%). Infiltration of the bowel was detected in 72 patients (50.3%), in 34 cases (23.7%) rectovaginal septum was involved, in 10 cases (6.9%) the bladder wall and the wall of the urether were involved in infiltration.

Results: Among 143 patients in 120 cases we performed LS access, laparotomy was required in 11 cases. During the last 2 years 12 patients were operated using surgical robotic complex DaVinci SI. Retrocervical lesions resection was performed in 80 (55.9%) cases, the method of "shaving" of bowel infiltrated was done in 39 (27.2%) patients. In 12 (8.3%) patients bowel resection was performed. Ureterolysis and bladder resection were performed in 86 (60.1%) and 2 (1.4%) patients accordingly. Spontaneous pregnancy was observed in 8 (29.6%) patients with infertility, 8 (29.6%) became pregnant after IVF, child births were observed in 6 (22.2%) patients.

Conclusion: It is possible to preserve fertility in all patients with infiltrative endometriosis. The pregnancy rate is 59% (spontaneous and IVF). It should be noted the advantages of robot-assisted access for deep infiltrative endometriosis: resection rate decreased in favor of "shaving", ideal access with urogenital endometriosis, the ability to perform a nerve-sparing operations.

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