

Imaging of early complications after surgery of deep infiltrating endometriosis

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Introduction

Laparoscopic surgery of deep infiltrating endometriosis (DIE) can have diverse complications, involving pelvic or abdominal structures. Radiologist role is to know what to look for, and adapt imaging protocol for optimal diagnosis. The aim of this study is to make an iconographic review of imaging of early complications after surgery of DIE.

Materials and methods

This is a retrospective study, held in a French reference center for endometriosis. Data from January to December 2016 were collected.

We collected resume of CT scans made on our CT scan machine dedicated for emergency of all female patients aged between 18 and 46 years old (YO). We selected all CT scans that were indicated for suspicion of complication after DIE surgery, performed up to 15 days after surgery. We then reviewed the CT scans, as well as other imaging methods made at the time (such as ultrasound, urethral or rectal opacifications). For each patient, the complication – if there was one – was described, and illustrative iconography was selected.

Results

286 female patients aged from 18 to 46 YO had a CT scan on our emergency dedicated CT machine. Of witch, 18 patients had a CT scan less than 15 days after a surgery of DIE, for suspicion of complication of the surgery. The infectious complications were abscess alone (three patients), pyosalpinx (one patient), pyelonephritis (one patient). The rectal complications were rectal anastomosis dehiscence (one patient) and recto vaginal fistula (one patient). Those complications were observed after rectal opacification. The urinary tract complications included one patient with a vesicovaginal fistula (associated with a bladder injury, an abscess and a left ovarian vein thrombosis), one patient with ureteral stenosis, and two patients with hydronephrosis. The urinary tract complications were observed thanks to a delayed acquisition after contrast intra venous injection. Two patients had occlusion. Finally, the CT scans of five patients showed no postoperative complication.

Conclusion

This work is an iconographic review of early complications after surgery of DIE, in our reference center for endometriosis. Infectious, rectal and urinary tract complications, as well as bowel occlusion, should be looked for with adapted CT protocols.

Keywords : Deep infiltrating endometriosis surgery, complications, imaging

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