

Genitourinary Involvement in Deep Infiltrating Endometriosis

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Introduction: Endometriosis is a common gynecological condition, affecting up to 10% of reproductive aged women. Diagnosis and management of urinary tract endometriosis remain a challenge. Appropriate surgical planning, which necessitates anticipation of the anatomical topography, is imperative in optimizing patient outcomes. The objective of this study was to analyze the prevalence of ureteric and bladder involvement in deep infiltrating endometriosis, and identify possible preoperative risk factors for genitourinary (GU) endometriosis involvement.

Study Methods: A retrospective chart review was performed on patients that underwent surgical management of deep infiltrating endometriosis (confirmed based on the surgical and pathology report) performed at the Ottawa Hospital (Ontario, Canada) between Jan 1, 2008 – Jan 1, 2015. Pertinent patient and surgical features were recorded.

Results: Three hundred and thirty seven patients underwent surgical management of deep infiltrating endometriosis in the specified time period. Mean age was 37.49 (range: 18-53). 52.23% of patients were nulligravid and 54.76% of patients had previous surgery for endometriosis. 34.42% of patients underwent a hysterectomy, while the rest underwent radical excision of endometriosis. Ureterolysis was performed in 57.57% of cases and cystoscopy in 49.66%. Over 60% of patients had superficial peritoneal endometriotic implants near the ureters, and 17% had superficial bladder involvement. Thirteen percent of patients had a ureteric nodule, 4% had a hydroureter and 1.5% had a bladder nodule. Six urological injuries were reported within our series.

Conclusion: Genitourinary involvement is common in cases of deep infiltrating endometriosis and should be anticipated preoperatively. One should be comfortable with ureteric dissection when planning surgery for advanced endometriosis and should consider imaging of the GU system if there are preoperative features of deep endometriosis.

Keywords : deep infiltrating endometriosis, genitourinary endometriosis, surgical management of endometriosis

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