LAPAROSCOPIC TREATMENT OF GENITAL PROLAPSE BY LATERAL SUSPENSION IN PATIENTS WITH DEEP ENDOMETRIOSIS

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Introduction
As a level reference center for endometriosis in Endofrance network, we must face patients with uterine prolapse and deep endometriosis, above all of the rectovaginal septum. The opening of this space is necessary in classical treatments of uterine prolapse, as colpohysterectomy or sacrocolpopexy. Anyway this operative time may be challenging and cause rectal injury. Furthermore the laparoscopic sacrocolpopexy to treat genital prolapse may be difficult even dangerous in these patients. The promontory access may be impossible or very difficult with risk of bowel injury because of sequelae with severe adhesions.

We asked ourselves the question to find the best treatment for this type of patients. We have adopted the laparoscopic lateral suspension described by Dubuisson. In this technique, we are not obliged to open the rectovaginal septum and, for this reason, it may be the ideal approach in patients with deep endometriosis of rectovaginal septum.

The laparoscopic lateral suspension with mesh is an alternative surgical technique. Its originality is the subperitoneal passing of the lateral arm of the mesh in the lateral abdominal wall, in a place without risks of vascular, nerve, bowel injuries compared to promontory preparation during sacrocolpopexy.

Patients and Methods
It is a continuous series including all the patients needing a surgical procedure to treat a genital prolapse. We excluded, from the study, the cases of isolated rectoceles.

Clinical evaluation was performed using the simplified Pelvic Organ Prolapse Quantification System (POP-Q).

The technique consists of two steps. First, the lateral suspension of the vaginal vault and of the uterus is performed using a polypropylene mesh placed in the vesicovaginal septum as a transversal hammock. In the second step the transversal hammock is placed laterally by the tension-free fixation of the mesh to the lateral abdominal wall above the iliac crests.

Results
Between January 2017 and December 2017, 7 patients were treated, with a median follow-up of 6 months. At 6 months 7 of patients were asymptomatic, and anatomic success rates were 100 %.

We had no mesh exposure or the reoperation. All patients were satisfied with the outcome. 100 % rated their situation as improved and satisfaction was associated with the absence of concomitant hysterectomy.

Conclusion
Uterine-preserving laparoscopic lateral suspension with mesh is a safe technique with promising results and low complication rates. It’s a procedure feasible in I level centers. It may be an alternative approach to the patients with prolapse and deep endometriosis.

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