

Key-words: endometriosis surgery, outcomes, retrospective study.

JP4_02

Surgical endometrioma treatment with resection of posterior broad ligament

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Introduction: Endometrioma occurs in 17–44% of patients with endometriosis but only 1.06% of patients have exclusively ovarian involvement. In the majority of ovarian endometriomas there is an involvement of posterior broad ligament (PBL). Endometrioma and pain recurrence rate after surgery are 6.2–56% and 9.1–17.1% respectively.

Materials and Methods: We prospectively evaluate 102 consecutive patients affected by endometrioma without other evident localization of disease, who underwent to laparoscopic endometrioma excision by stripping technique and systematic PBL resection. Data on patients' characteristics, surgical and anatomic-pathological findings and follow-up were collected.

Results: 126 endometriomas were treated; in 124 of these cases there were a PBL involvement and in 87 (70.1%) of these cases there were deep endometriosis at anatomic-pathological exam. After a mean follow-up of 26 months, 7 (6.8%) endometriomas were detected at ultrasound and 19 (18.6%) patients referred pelvic pain recurrence. 16 (15.6%) patients without evidence of ovarian disease during the follow-up, referred a middle cycle pelvic pain.

Conclusion: Even if surgical endometrioma treatment with resection of PBL seems to reduce the rate of ovarian recurrence, it has to be taken in consideration the possibility of adhesion formation with subsequent Mittelschmerz syndrome.

Key-words: endometrioma, recurrence, laparoscopy.

JP 4_03

Bladder endometriosis with Trigone involvement

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Summary: This video presentation demonstrates a partial cystectomy technique in a 26 years old patient, with a symptomatic bladder endometriotic nodule, localized proximal to the ureteral ostia. It is complemented with previous, intra-operative and 6 weeks post-op cystoscopies.

Introduction: This case reports a young patient with severe endometriosis and a primary infertility. The patient was submitted to partial cystectomy.

Materials and Methods: The patient presented with a vesico-vaginal nodule of 2 cm with no affection of the ureters as showed in the MRI. The intervention started with a cystoscopy that revealed the precise location of the bladder nodule, proximal to the ureteral ostia. Double J catheters were inserted bilaterally. Partial cystectomy took place using the double J to guide this procedure, a nodule of 4,5×2,5×2 cm was excised. We demonstrate the technique of partial cystectomy followed by the defect correction.

Results: She was discharged with vesical catheter and double J catheters. Four weeks after the surgery, a cystography was performed excluding any leakage. The bladder catheter was removed 2 days after the examination. Double J catheter was removed 6 weeks after the surgery, under cystoscopic control. The patient is well, with improvement of her previous complains.

Discussion: The challenging location and size of this bladder nodule stresses the importance of previous insertion of double J catheters as well as the technique of closure in order to provide the best outcome possible in what matters to bladder size. The good results regarding symptoms improvement make this surgery the primary indication for symptomatic bladder endometriosis.

Key-words: bladder endometriosis, surgery, partial cystectomy.

JP5_Hysterectomy

JP5_01

Endometrial carcinoma staging in total laparoscopic hysterectomy and lymphadenectomy

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Summary: To summarize the number of lymph nodes extracted in laparoscopic hysterectomy and lymphadenectomy in early stage endometrial cancer as well as complications.

Introduction: We have registered the number of lymph nodes obtained as learning curve in total laparoscopic hysterectomy and lymphadenectomy in a 10 cases series of early pre-surgical stage endometrial carcinoma.

Materials and Methods: Retrospective study. We have evaluated ten cases of laparoscopic hysterectomy and lymphadenectomy in early pre-surgical stage of endometrial cancer.