

ENDOMETRIOSIS RECURRENCE or PERSISTENCE? OUR EXPERIENCE IN AN ENDOMETRIOSIS UNIT

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STUDY OBJECTIVE

To analyse the presence of endometriosis lesions in the transvaginal ultrasound scan (TVUS) in patients who had a previous surgery.

PATIENTS AND METHODS

Retrospective study of information collected from 1025 patients who had a first visit at an endometriosis referral unit in Spain during January 2017 to December 2020.

MAIN RESULTS

Patients who had a previous aneural surgery had a higher risk of having ovarian recurrence compared to patients without aneural surgery [143 (41.1%) vs 22 (6.3%), p=0.01]. The same occurs in the uterine torus [171 (40.9%) vs 125 (30%), p=0.04] and it is also seen in bowel endometriosis without reaching statistical significance [161 (46.2%) vs 120 (34.4%), p=ns].

CONCLUSIONS

At TVUS, the recurrence of endometriosis lesions was around 80%. This recurrence could be persistence due to a suboptimal removal of endometriosis in the previous surgeries. It reinforces the need of the referral units in order to establish a precise treatment either medical or surgical.

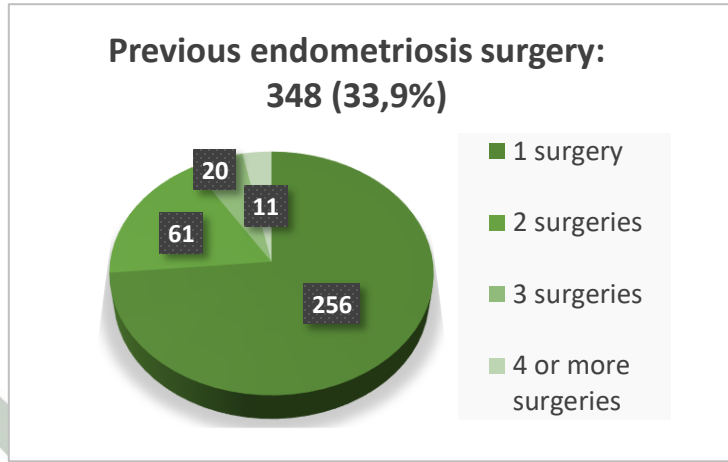


Figure 1: Surgical endometriosis history.

| Recurrence after surgery | 279 (80%) |
|-------------------------------------|--------------------|
| Ovaries | 165 |
| Intestinal tract | 145 |
| Torus uterinus | 95 |
| Uterosacral ligaments | 63 |
| Vagina | 30 |
| Bladder | 14 |
| Recurrence without treatment | 101 (36.2%) |

Table 1: Location of endometriosis recurrence.