

GENITOURINARY ENDOMETRIOSIS - A SINGLE CENTER EXPERIENCE FROM A TERTIARY HOSPITAL IN INDIA

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Background

- Endometriosis is a disease with varying and diverse manifestations.
- It is also very debilitating and painful for the patient who often suffers lifelong.
- Less common presentations pose challenges in the diagnosis and management.
- One of the rarer and less studied subgroups of endometriosis is that of the urinary tract. The incidence of urinary tract endometriosis (UTE) is between 1-5%, however the prevalence increases to 16.4-52.6% in patients presenting with deep infiltrating endometriosis (DIE).
- Long-standing ureteral obstruction by periureteric endometriosis and adnexal masses leads to hydronephrosis. This, if left untreated and undiagnosed can result in irreversible renal damage.

Aim

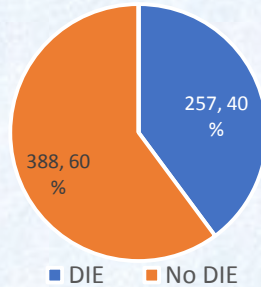
- To study the clinical presentation approach to diagnosis and the management of patients undergoing surgery for genitourinary endometriosis at Christian Medical College Hospital Vellore India, a tertiary center.

Methodology

- Electronic medical records of patients with endometriosis who underwent surgery between January 2009 and December 2019 were retrospectively reviewed. The clinical presentation, imaging modalities, factors affecting decision making and the final management were studied.

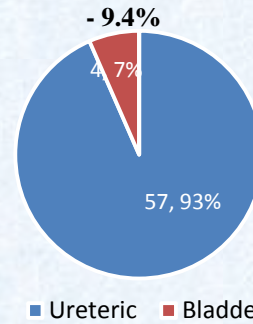
Results

A total of 645 patients underwent surgery for endometriosis in this time period

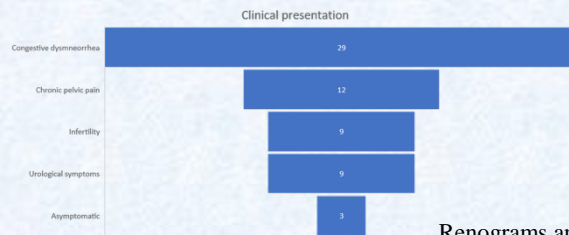


- Out of the 645 patients, 61 (9.4%) patients had urinary tract involvement, and the majority of this was ureteric involvement (93.4%)
- In these 61 patients, 63.9% of them had rectovaginal involvement.

Urinary tract endometriosis - 9.4%



Clinical presentation

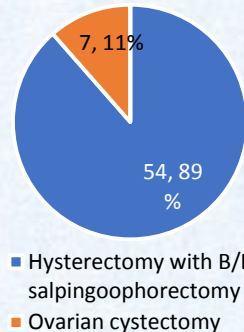


Diagnostic Modalities

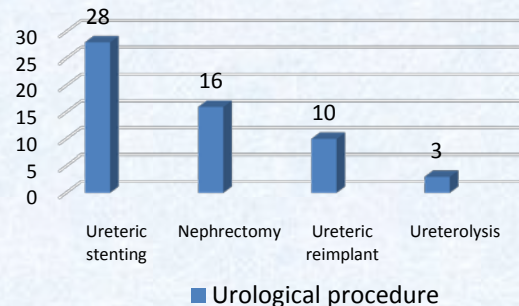
Imaging	Count
CT scan	35
MRI	12
USG	9

Renograms and cystoscopy were done additionally for those patients where it was clinically indicated.

Surgical treatment Procedure



Urological intervention



Discussion

- The prevalence of urinary tract endometriosis in our study (9.4%) is in the higher range compared to that described in literature (ranges from 0.3-12%). This may be due to the fact that we are a tertiary referral center.
- Majority of the patients presented with congestive dysmenorrhea and infertility and were incidentally detected to have involvement of the urinary tract on imaging. This implies the importance of having a high index of suspicion particularly in those with symptoms suggestive of deep infiltrating endometriosis. This could intercept silent loss of renal function as often happens.
- The imaging modality of choice in endometriosis is a pelvis MRI, however most of our patients had CT scans due to financial constraints and logistic issues, however more of the patients seen recently have had MRIs, so the trend is changing.
- More than 90% required surgical urological intervention which emphasises the need for optimum preoperative planning, MDT discussion and patient counselling.

Conclusion

- Genitourinary tract endometriosis is usually the result of extrinsic compression of the ureter by an endometriotic plaque/deposit which most often causes the area to be thickened and fibrosed. This causes constriction of the ureter at this point with proximal dilatation.
- The extent of this compression and the severity of the renal compromise along with the patient's symptoms and desire for future fertility are the most important factors in deciding the modality of treatment. Meticulous delineation of the level of anatomical obstruction and assessment of renal function are crucial in guiding therapy.
- A multidisciplinary team approach in management ensures the best outcome for the patient.

References

- Collinet P, Marcelli F, Villers A, Regis C, Lucot JP, Cosson M, Vinatier D: Management of endometriosis of the urinary tract. *Gynecol Obstet Fertil* 2006;34:347-352