EXTRAGENITAL ENDOMETRIOSIS: A HIDDEN ENTITY



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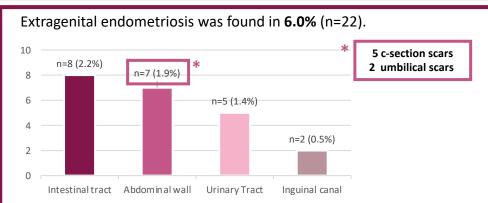
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INTRODUCTION

Extragenital endometriosis is a rare entity that presents serious health challenges and can damage nearly every organ of the female body. The aim of this study was to describe cases of extragenital endometriosis, namely clinical presentation and therapeutic approach.

MATERIALS AND METHODS

A **retrospective** study was carried out from January 2012 to December 2020 in a Gynecology Service at a Tertiary Hospital, that included patients with **histologic proven endometriosis** (n=367). Statistical analysis was performed using SPSS v27.0, with a significance level of p<0.05.



First referral was in **45.5**% (n=10) to other specialties other than gynecology. The **median age** of patients with extragenital endometriosis was **36** years (26-70), compared to **38** years (19-85) for those with genital endometriosis (p=ns).

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Classic endometriosis symptoms		75% (n=6)	85.7% (n=6)	80% (n=4)	50% (n=1)
Abnormal gynecologic physical exam		36% (n=3)	-	60% (n=3)	50% (n=1)
Treatment	Implant excision	-	100% (n=7)	60% (n=3)	50% (n=1)
	Adjuvant medical treatment	87.5% (n=7)	57.1% (n=4)	80% (n=4)	100% (n=2)
	Others	Segmental bowel resection (100%)	-	TURBT 40% (n=2)	-

DISCUSSION/CONCLUSIONS

Evidence-based approach to diagnosis and treatment remains **controversial** given its low prevalence and limited quality of studies. For most cases, surgical excision was performed, and it is the **gold standard** approach whenever possible. As extragenital endometriosis occurs in various organs and presents with non-gynecological symptoms, **multidisciplinary collaboration** is essential for optimal management. Awareness of the various locations for endometriosis could heighten clinical suspicion so that delay in diagnosis can be avoided and proper treatment provided.

TURBT: transurethral resection of bladder tumor