Deep infiltrating endometriosis and Ovarian endometriomas

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Introduction

As ovarian endometriomas are the most typical localization, one of the main diagnostic challenges is the detection of pelvic lesions related to Deep Infiltrating Endometriosis (DIE), peritoneal and intestinal disease. The objective of this study is to describe clinical characteristics and prevalence of tubo-ovarian endometriosis and DIE found in surgical specimen.

Materials and Methods

Retrospective analysis of surgical interventions, anatomopathological specimen and ultrasound diagnosis in women diagnosed of tubo-ovarian endometriosis during the last 3 years.

Results

During the study period we performed 450 tubo-ovarian surgical procedures (cystectomies, oophorectomies or adnexectomies), 111 of which were related to ovarian endometriosis (24.67%). Mean age of women was 39.6 years old. The main complaint was pain or the ultrasound detection of an ovarian mass. In the anatomopathological study 89 patients had ovarian endometriosis; 21 women had bilateral endometriosis and 21 endometrioid fallopian tube affectation was diagnosed. There were 4 cases ovarian tumor related to endometriosis. Ultrasound diagnosis of endometrioid lesions was accurate in 64 cases (64.0%), all of which presented typical ultrasound features of endometriomas. Confounding diagnosis were ovarian teratoma, simple cyst, complex cyst; mucinous cystoadenoma and ovarian fibroid. Mean size of endometriomas was 4.4 cm. All malignant cases were suspected during ultrasound scan. 13 women were diagnosed of Deep Infiltrating Endometriosis. Mean age of women was 39.17 years old. Clinical features included dysmenorrhea and metrorrhagia. Location of endometriosic nodules included: utero-sacral ligament, recto-vaginal septum, intestinal wall, parauterine and paraovarian parametrium, vagina, cervix, ureter and appendix. Diagnosis was suspected in gynecological transvaginal ultrasound and confirmed with Magnetic Resonance. Only 7 patients with DIE had simultaneously ovarian endometriomas.

Conclusion: **Ovarian endometriosic cysts may coexist with other ovarian benign features that should be looked for in ultrasound scans before surgery. Malignant conditions related to endometriosis are rare but must be ruled out. Fallopian tube pathology must be taken into consideration when studying ovarian endometriosis. Endometriosis is not always an easy ultrasound diagnose as it can simulate other ovarian masses. Diagnosis of DIE has to be made carefully in order to schedule surgery.**

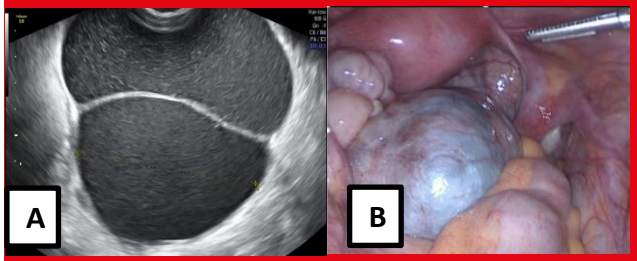

Figure 1. Ovarian endometrioma seen in Ultrasound (A) and laparoscopy (B).

Figure 2. Deep infiltrating endometriosis in Ultrasound (A) and its histological correlation (B).