

Management of parametrial endometriosis from a clinical case



Peñalver-Gaspar M¹, Belda-Montesinos R¹, Martínez-Fernández L¹, Cuadros-Lozano A¹, Moner-Marín S¹, Martínez-De la Guía N¹, Agababyan C^{1,2}, González-Cantó E², Tomás-Pérez S², Marí-Alexandre J², Gilabert-Estellés J^{1,2,3}

1)Obstetrics and Gynecology Service, General University Hospital of Valencia Consortium, Valencia, Spain. 2) Research Laboratory in Biomarkers in Reproduction, Gynecology and Obstetrics, Research Foundation of the General University Hospital of Valencia, Valencia, Spain. 3) Department of Pediatrics, Obstetrics and Gynecology, University of Valencia, Valencia, Spain

INTRODUCTION

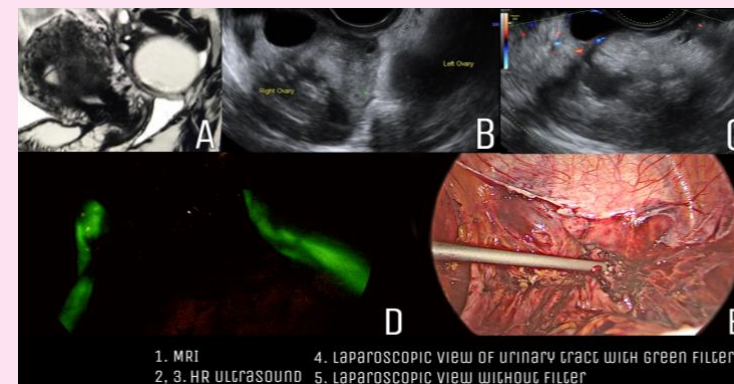
The **endometriosis** affects 5 to 10% of women of childbearing age and it can be asymptomatic or cause abdominal pain, dysmenorrhea, dyspareunia, dysuria, infertility, intermenstrual bleeding, intestinal symptoms ... it can affect even the lung tissue^{1,2}.

CLINICAL CASE

We introduce a 45-year-old patient, diagnosed of endometriosis 17 years ago and with intolerance to hormonal contraception, who reports constant abdominal **pain** that has worsened and she needs oral analgesia in a continuous regimen.

The abdominopelvic **MRI** described a serohematic collection in the vesicouterine space of 8x6x4cm. For more information, we did a **high-resolution ultrasound** and we could see that the uterus was strongly deflected back and to the left, with signs of adenomyosis. The left ovary was firmly attached to the left uterosacral ligament and there was a negative slip sign. Inside the left ovary there was a 83x63x63mm cystic image suggestive of endometrioma. Next to this, an elongated and twisted cystic image suggestive of left hydro/ hematosalpinx.

In the right ovary there was a cystic image of 63x65x43mm, which could be a teratoma. Given the findings and the patient's preference, we decided to perform a laparoscopic hysterectomy plus double adnexectomy, adding the **technique of indocyanine green** in the ureters, for greater surgical safety. The technique began with the right adnexectomy; it was extracted in a sealed bag and sent to do an extemporaneous biopsy, that revealed a teratoma. We tried to preserve the left ovary, but there was no healthy parenchyma left. Finally, we did the hysterectomy and we could check the integrity of the bladder and ureters with the help of the indocyanine green.



CONCLUSION

We should use the high-resolution ultrasound for **optimal surgical planning**, and the help of the indocyanine green for **surgical safety** of the urinary tract.

This research was funded by ISCIII-FEDER, Spain (Grant numbers: PI17/01945); "GeneralitatValenciana", Spain (Grant number: GV/2020/200); SOGCV, Spain (Grant number: Prize SOGCV 2019); FIHGUV, Spain (Grant numbers: Prize FIGHUV 2019 and Prize FIGHUV 2020). E.G.-C. and J.M.-A. are supported by grants from Generalitat Valenciana ACIF/2020/216, and APOSTD/2019/087, respectively.

References

1. Huang et al. Eur J of Med Research 2013, 18:13
2. Thibodeau LL et al. J Neurosurg. 1987;66:609-10.