



LAPAROSCOPIC APPROACH IN THE TREATMENT OF ENDOMETRIOSIS OF THE URINARY TRACT

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Context:

Endometriosis of the urinary tract refers to a small percentage of all endometriosis cases (1-2%) and usually involves bladder and ureter, in 84 % and 15% of cases, respectively. The diagnosis of the urinary system endometriosis appears to be difficult due to different clinical manifestations and various symptoms.

Results:

We reported two cases of 29 and 43 years old women with endometriosis of ureter and bladder. Due to non-specific symptoms, such as pelvic pain, dysuria and flank pain (in case of ureter involvement), lasting at least one year, patients were consulted urologically in deep infiltration of urological tract. Both patients got hormonal contraceptives without any improvement. Diagnosis of endometriosis was based on histopathological examination performed in specimen obtained from transurethral resection (TUR) and visual observation of ureteral stenosis during diagnostic ureteroscopy. Before treatment, radiology diagnosis (MRI and CT scans) was performed. In case of bladder endometriosis we carried out laparoscopic partial bladder resection, while in case of ureter endometriosis we performed laparoscopic partial ureteral resection and end-to-end ureteral anastomosis with double J stent placement. After six months follow-up we observed no recurrence of the urological symptoms.

Conclusions:

Endometriosis involving urinary tract is rare and difficult to diagnose in early stage. In case of failure of conservative treatment, urological consultation and qualification to radical treatment should be considered. Delay of diagnosis and treatment leads to irreversible damage or organ dysfunction. Laparoscopic management, also in urological tract involvement, is preferred in endometriosis treatment because it provides a good cosmetic and functional effect.

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