

Role of Ureterolysis in laparoscopic management of severe endometriosis

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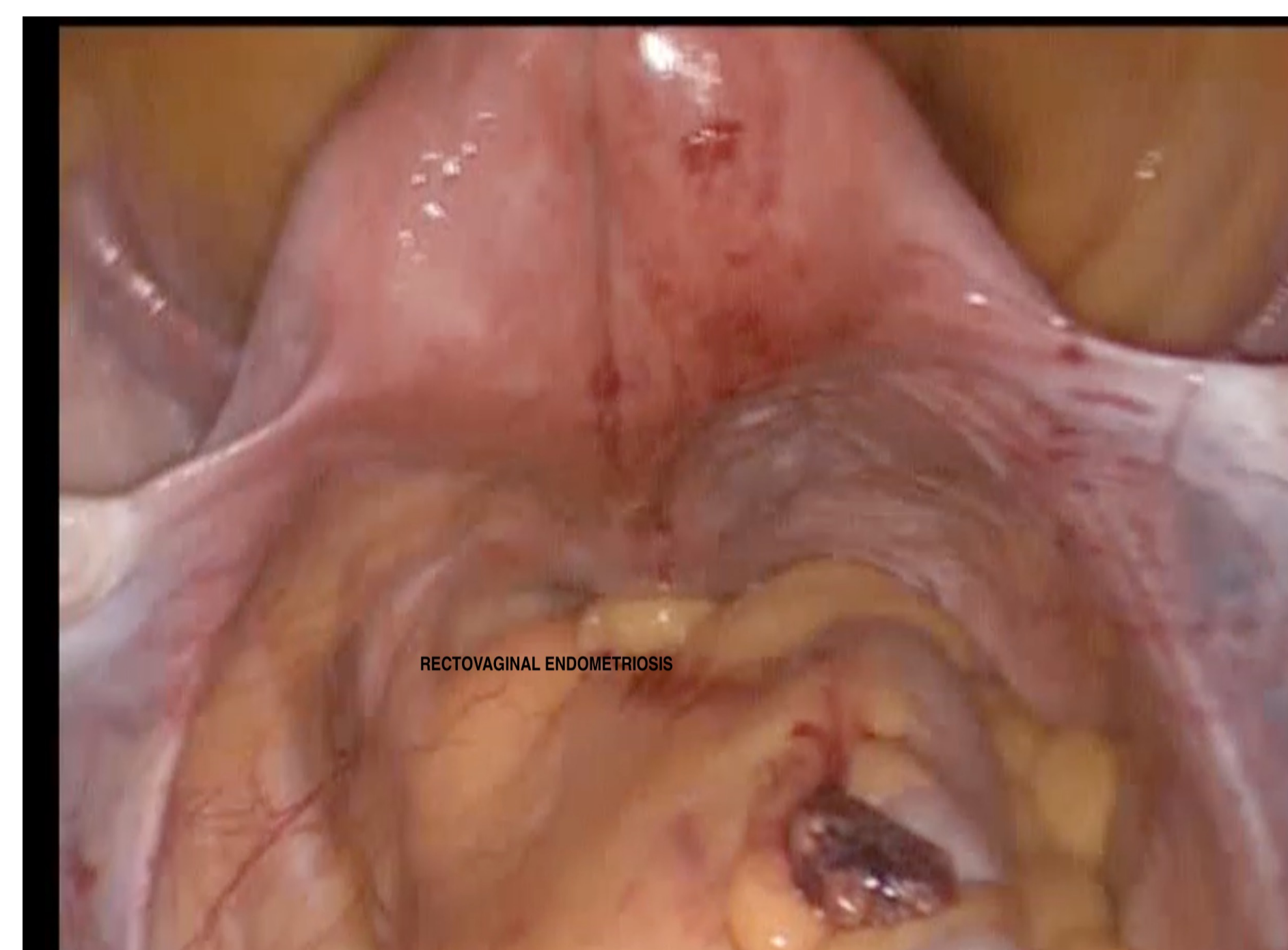
OBJECTIVE:

The purpose of this case report is to demonstrate the technique and importance of ureterolysis in advanced endoscopic endometriotic surgery.

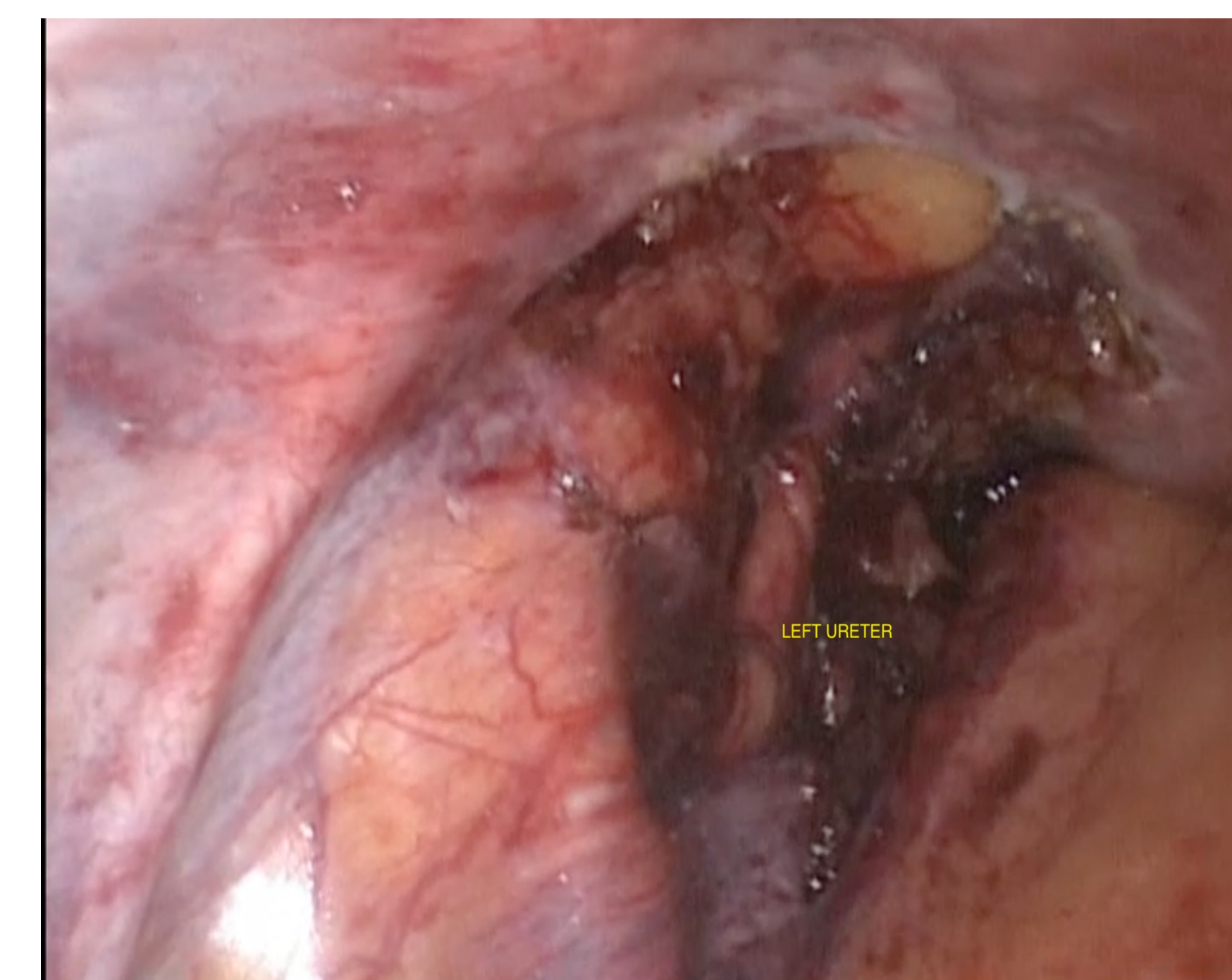
CASE REPORT:

A 41-year-old, nullipara lady with BMI of 28 was referred to our Endometriosis Clinic with a longstanding history of chronic pelvic pain (CPP). She presented with pelvic pain for three out of four weeks of each cycle, before, during and after periods. She had normal period flow, length and duration. She was a non-smoker, was in a stable relationship, had no significant medical history and no previous surgeries. Her smear test was up to date. Clinical examination revealed a retroverted normal sized uterus with restricted mobility and deep tenderness. Her ultrasound scan showed retroverted uterus. Endometrial thickness and bilateral ovaries within normal limits. She had previously been treated with continuous COCP and LNG-IUS, none of which suited her. She opted for laparoscopic management of CPP. A 3-month trial of GnRH agonist, Leuprolide, was offered to differentiate from other confounding causes of CPP. This was found to be beneficial.

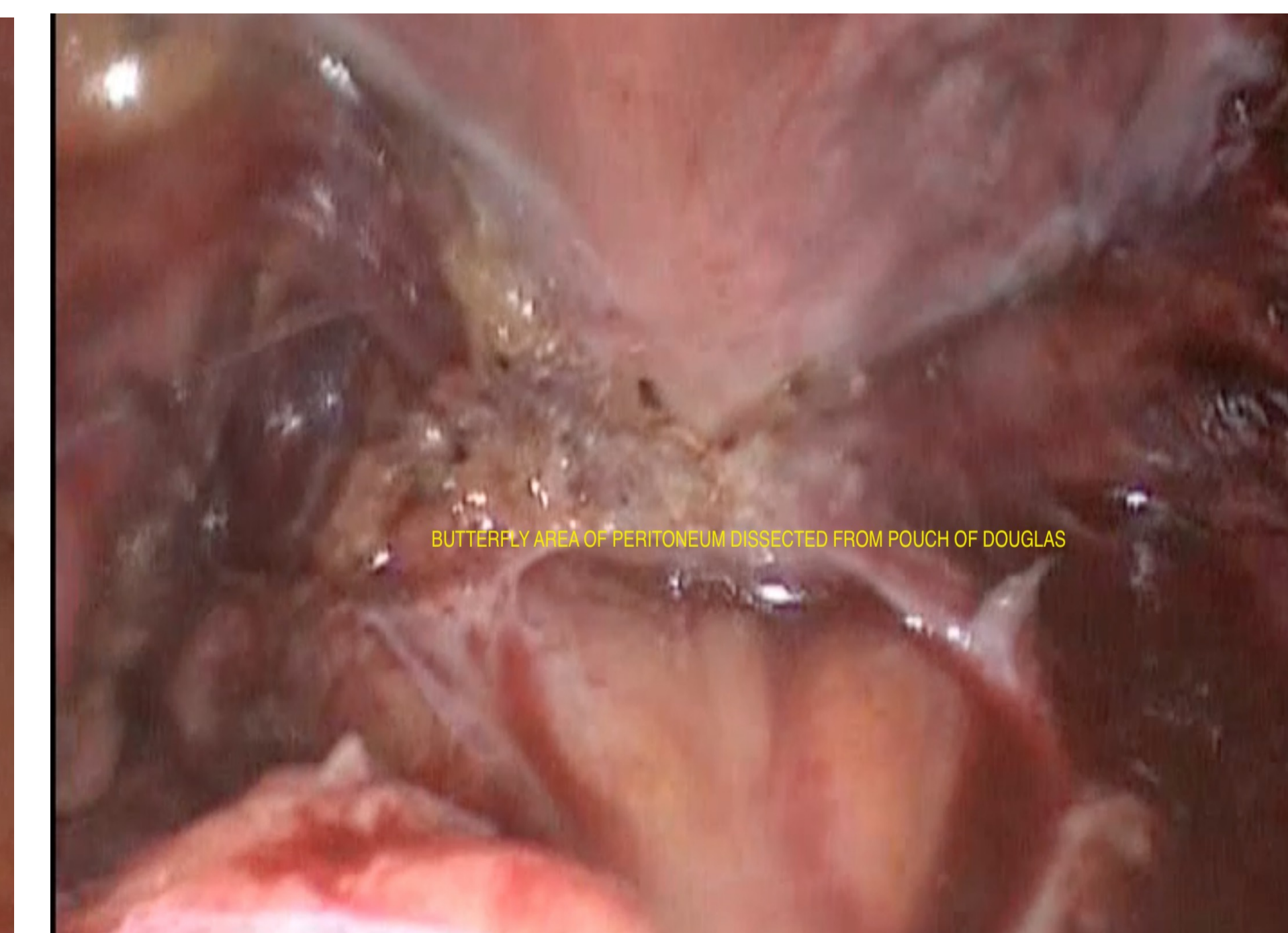
Laparoscopic findings included omental adhesion on anterior abdominal wall, endometriotic spots seen on both ovarian fossae, right pararectal area and thickened uterosacral ligaments. Adhesiolysis of omental adhesion was performed using ultrasonic energy. Uterus was mobilised and uterine and ovarian suspension was done. Bilateral ureterolysis was then performed. Ureters were traced on both sides and mobilised from retroperitoneal space. Caution was taken to preserve the blood supply of ureters. So minimal use of energy was used to mobilise ureters. Pararectal spaces were dissected and excision of endometriotic deposits from 'butterfly area' of pelvic peritoneum covering the uterosacral ligaments was performed. Relevant biopsies were sent for histology which later confirmed endometriosis. Post-operative recovery was uneventful.



RECTOVAGINAL ENDOMETRIOSIS



LEFT URETER



BUTTERFLY AREA OF POD

DISCUSSION:

The ureters are paired organs arising from the renal pelvis and insert into the urinary bladder. Pelvic endometriotic deposits may involve the vicinity of ureters. The freeing of the ureters from adhesions or endometriotic tissue is called Ureterolysis. This is important because, firstly, ureters are vulnerable to direct injury during adhesiolysis or taking biopsies due to proximity to pelvic organs, and secondly, spread of energy during excision or ablation techniques in endometriosis surgery can also injure the ureters. Therefore, it is important to perform ureterolysis and protect the ureters during surgery of endometriosis with distorted pelvic anatomy.

CONCLUSIONS:

Ureterolysis is a very useful technique to adopt in advanced laparoscopic treatment of endometriosis.