



THE SILENT KILLER IN ENDOMETRIOSIS – A SINGLE TERTIARY CENTER EXPERIENCE FROM INDIA

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Background

- Endometriosis is a disease with varying and diverse manifestations.
- It is also very debilitating and painful for the patient who often suffers lifelong.
- Less common presentations pose challenges in the diagnosis and management.
- One of the rarer and less studied subgroups of endometriosis is that of the urinary tract. The incidence of urinary tract endometriosis (UTE) is between 1-5%, however the prevalence increases to 16.4-52.6% in patients presenting with deep infiltrating endometriosis (DIE).
- Long-standing ureteric obstruction by periureteric endometriosis and adnexal masses leads to hydroureteronephrosis. This, if left untreated and undiagnosed can result in irreversible renal damage .

Aim

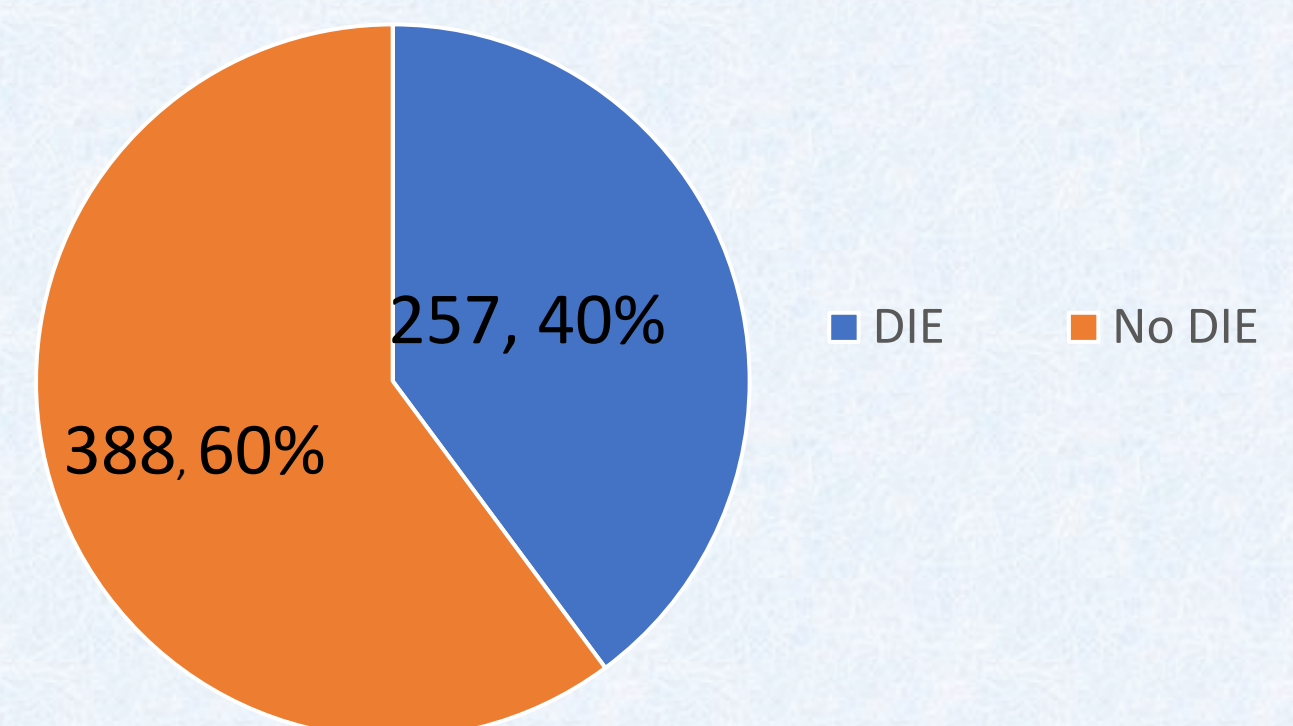
- To study the clinical presentation, approach to diagnosis and the management of patients undergoing surgery for genitourinary endometriosis at Christian Medical College Hospital Vellore India, a tertiary center.

Methodology

- Electronic medical records of patients with endometriosis who underwent surgery between January 2009 and December 2020 were retrospectively reviewed.
- Patients who had urinary tract involvement and endometriosis were identified.
- Their clinical presentation, imaging modalities, factors affecting decision making and the final management were studied.

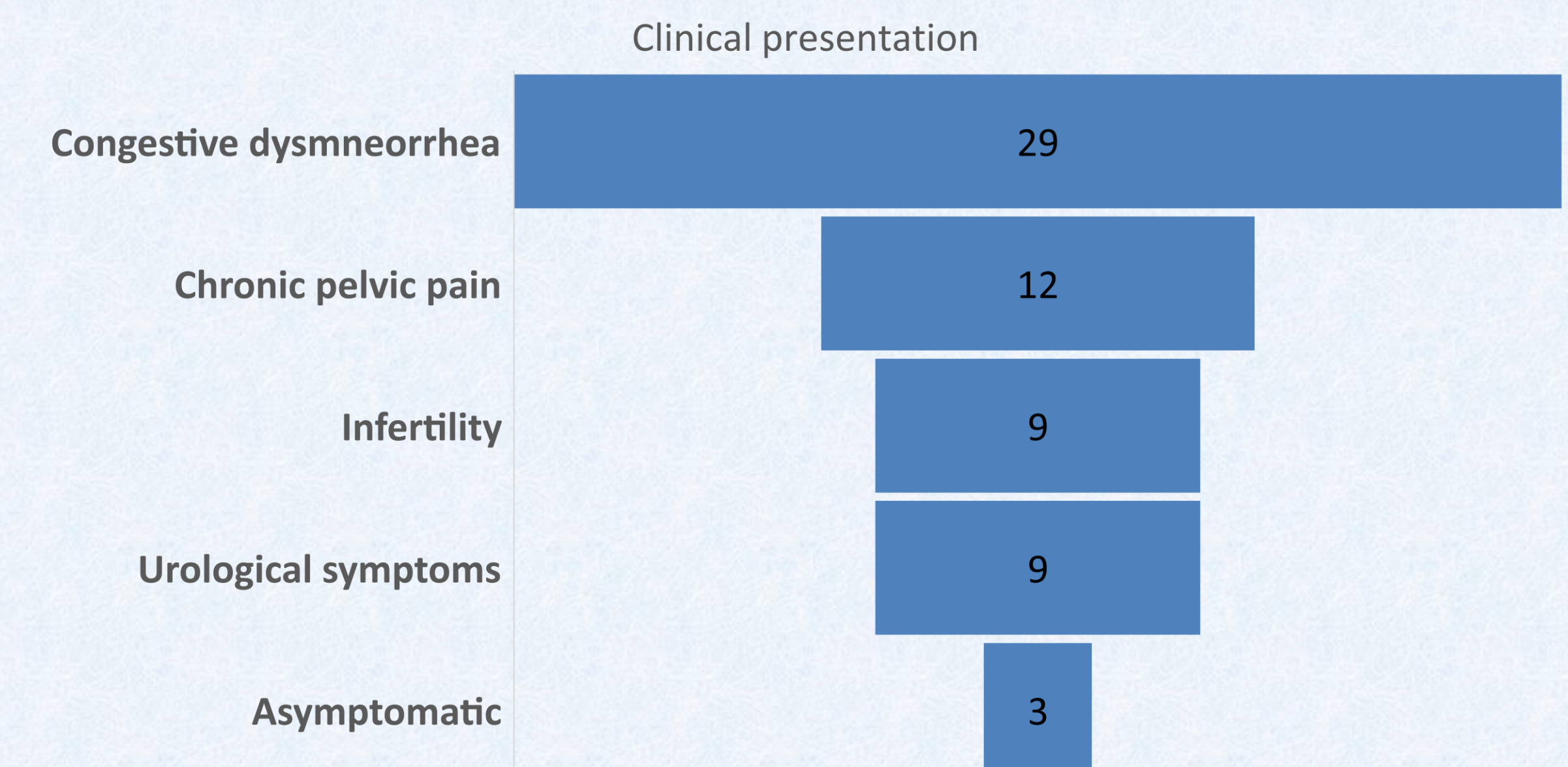
Results

- A total of 645 patients underwent surgery for endometriosis in this time period .
- Out of these, 40% had deep infiltrating endometriosis

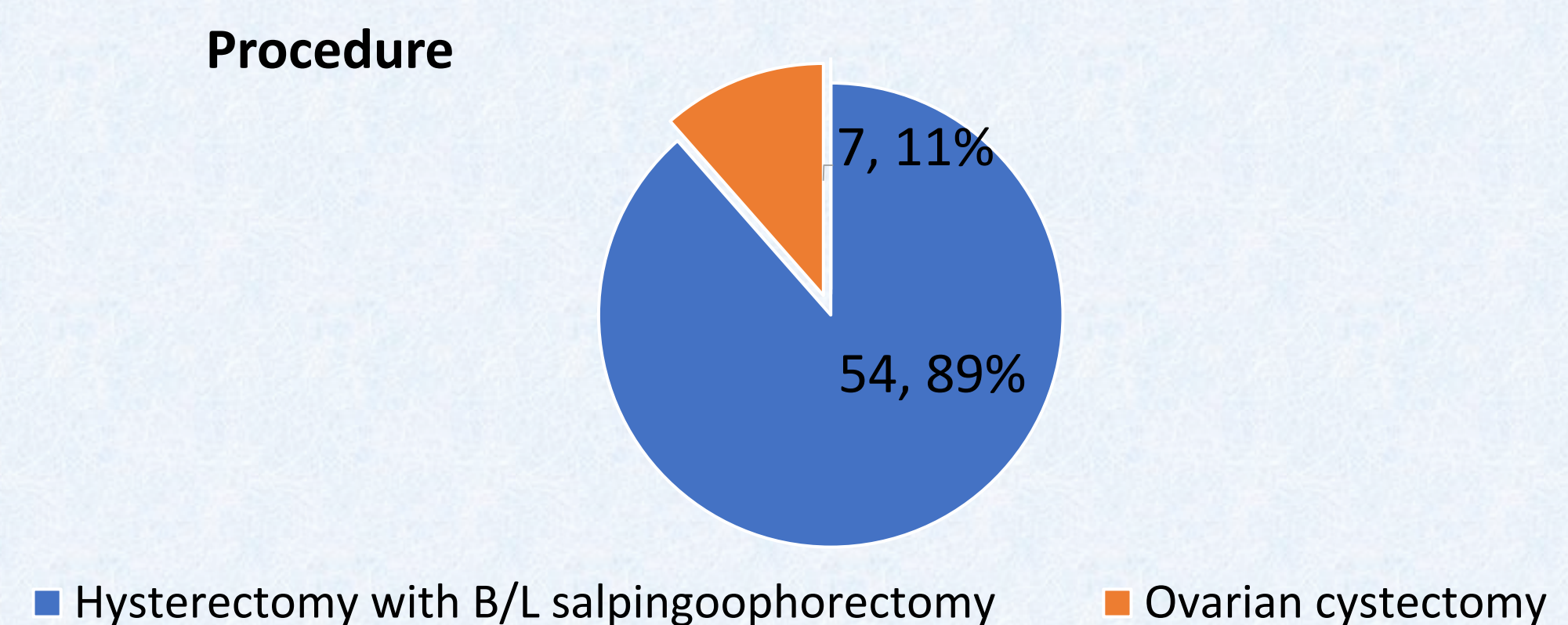


Clinical presentation of UTE

- The majority of patients with urinary tract endometriosis presented with congestive dysmenorrhea and very few with urinary symptoms



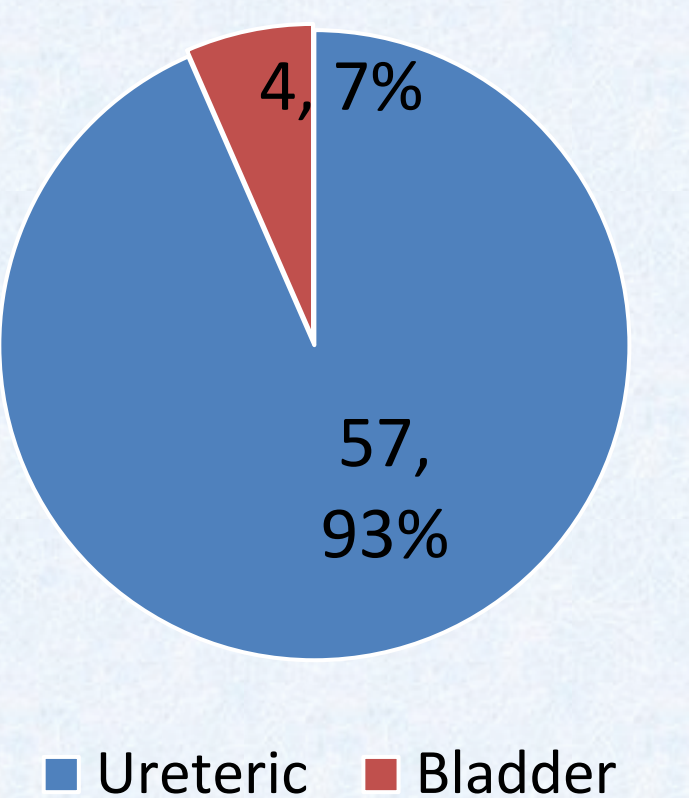
Surgical treatment:



All patients underwent surgery for endometriosis along with a urological procedure to relieve the obstruction on the ureters

Urinary tract endometriosis- 9.4%

- The term urinary tract endometriosis refers to endometriosis affecting the bladder, ureter, kidneys and urethra. The incidence of urinary tract endometriosis was 9.4% .(n=61)
- Among the patients who had urinary tract involvement , majority of this was ureteric involvement (93.4%)
- In these 61 patients, 63.9% of them had rectovaginal involvement.

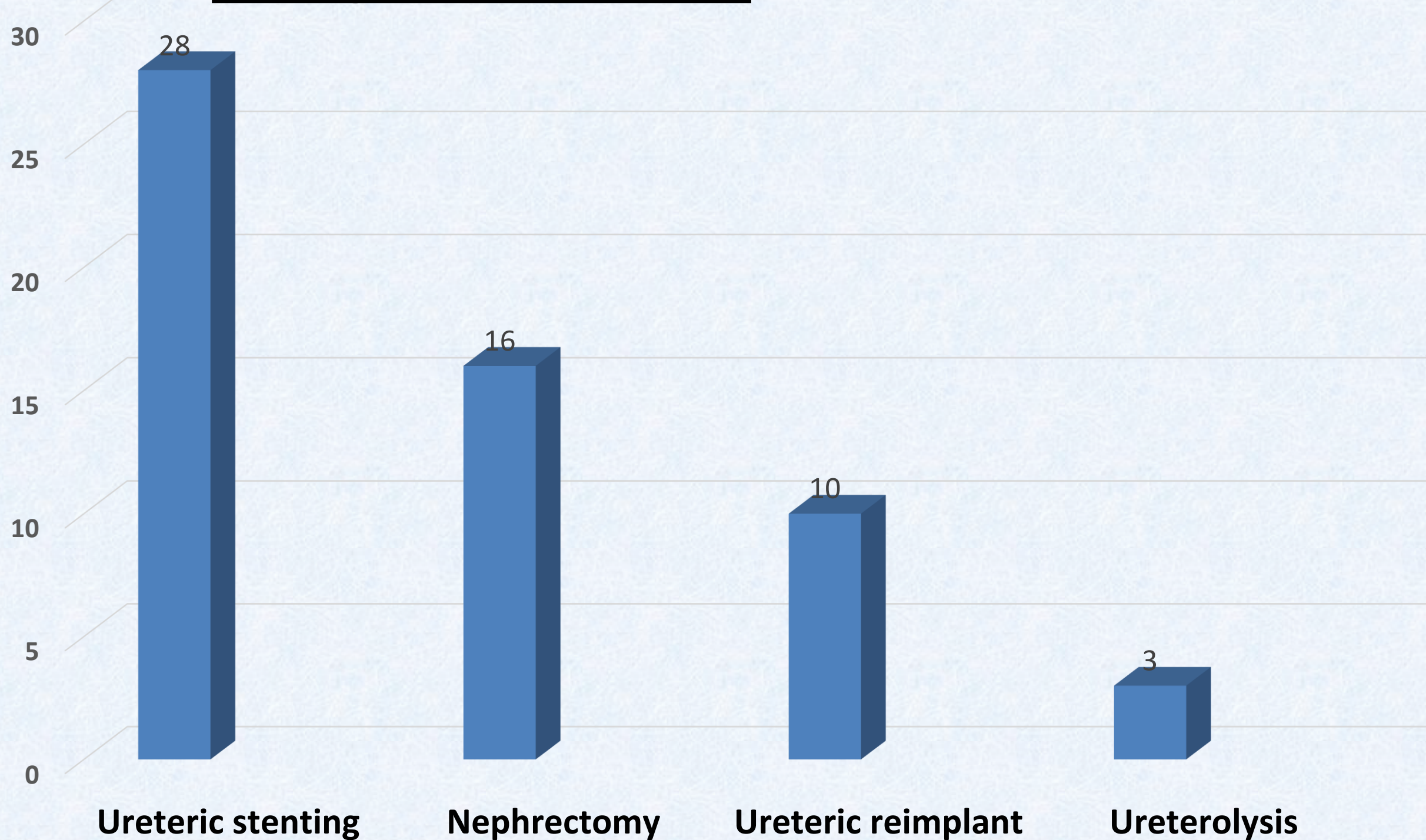


Diagnostic Modalities:

Imaging	
CT scan	35
MRI	12
USG	9

CT scans were the most commonly used imaging modality for these patients . Renograms and cystoscopy were done additionally for those patients where it was clinically indicated.

Urological intervention



Discussion

- The prevalence of urinary tract endometriosis in our study (9.4%)is in the higher range compared to that described in literature (ranges from 0.3-12%). This may be due to that fact that we are a tertiary referral center.
- Majority of the patients presented with congestive dysmenorrhea and infertility and were incidentally detected to have involvement of the urinary tract on imaging. This implies the importance of having a high index of suspicion particularly in those with symptoms suggestive of deep infiltrating endometriosis. This could intercept silent loss of renal function as often happens.
- The imaging modality of choice in endometriosis is a pelvis MRI , however most of our patients had CT scans due to financial constraints and logistic issues, however more of the patients seen recently have had MRIs , so the trend is changing.
- More than 90% required surgical urological intervention. The type of procedure chosen was guided by the extent of hydroureteronephrosis, the level of the endometriotic deposit in relation to the ureter. and extent of kidney compromise .

Conclusion

- Urinary tract endometriosis is a less common but important site of extrapelvic endometriosis due to its implications if left untreated.
- The proximal dilatation caused by ureteric involvement can progress silently over many years to the point of severe hydroureteronephrosis and subsequently decreased renal function .
- The extent of this compression and the severity of the renal compromise along with the patient’s symptoms and desire for future fertility are the most important factors in deciding the modality of treatment. Meticulous delineation of the level of anatomical obstruction and assessment of renal function are crucial in guiding therapy.
- The basic principle of management is safeguarding renal function and drainage while treating the endometriosis and tackling the deposits.
- A multidisciplinary team approach in management ensures the best outcome for the patient.

References

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- .Endometriosis and the Urinary Tract: From Diagnosis to Surgical Treatment. Mathew Leonardi,* Mercedes Espada, Rosanne M. Kho, Javier F. Magrina, Anne-Elodie Millischer, Luca Savelli,George Condous, Sep 2020