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SEVERE RENAL INVOLVEMENT IN YOUNG PATIENTS WITH ENDOMETRIOSIS IN THE 21ST CENTURY

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INTRODUCTION

Endometriosis is an estrogen-dependent, benign, inflammatory disease defined as the presence of endometrial glands and stroma outside the uterus. The urinary tract endometriosis occurs in 1–5.5% of women; it involves the bladder in 70–85% of cases and the ureter in 9–23% of the cases. The diagnosis is difficult since the disease may be clinically silent in up to 30% of patients, or it may be associated with nonspecific symptoms. A continuación, se exponen tres casos clínicos de pacientes jóvenes con endometriosis severa y afectación del trato urinario.



CASES

The three patients are under 35 years old. The first one was seen the first time in Human Reproduction. An ultrasound described an endometrioma in the right ovary and at the level of the rectum-sigma another endometriotic nodule. Given these findings, a right anexectomy were performed by laparoscopy. Subsequently, the patient undergone several cycles of IVF. In the last cycle, during the endometrial preparation with transdermal estrogens, the patient got worse clinically and an endometrioma was observed. Given the clinical situation and the ultrasound finding, an MRI was performed that also reported an implant at the level of the uterine torus that infiltrates parametria and catches the ureter producing a grade IV right uretero-hydronephrosis. A laparotomy with left anexectomy was performed and a right ureter was checked with a fibrotic nodule at the level of the bladder end, which distorts its path and conditions its obstruction with retrograde dilation, which required resection and reimplantation.

The second patient was a recurrence despite combined oral contraceptives. Over the past two years, she had presented urinary infections and recurrent nephritic colic being diagnosed with a grade III uretero-hydronephrosis. Initially, a JJ catheter was placed, which was subsequently removed, but the patient got worse to a grade IV and no function of the left kidney. Currently this patient is pending simple left nephrectomy.



And the last of the cases is a patient with several previous surgeries. A bilateral ovarian and a grade II hydronephrosis was observed on ultrasound. It evolved to a grade IV hydronephrosis, waiting for surgery. At this time a laparotomy was performed, showing a blocked pelvic area, upper pole of retracted bladder and adnexal tumors that adhere to the retroperitoneum and the uterus. Intraoperatively, two JJ catheters were placed and the fibrosis ureters that surround it were released. After 15 days JJ catheters were removed. However, the patient returned with pain and fever. At this time, a 2-3 grade ectasia was evidenced, so a JJ catheter was placed again. Its insertion on the right side being impossible, so its reimplantation and nephrostomy were necessary.

CONCLUSION

Although many radiological methods have been proposed, currently there is no unanimous consensus on which diagnostic technique should be used to assess Ureteral Endometriosis. Patients may temporally benefit from medical therapy, but surgery is needed when ureteral obstruction is present. Finding optimal diagnostic and therapeutic management for UE is difficult, we need more controlled and randomized studies.