

## COMBINED LAPAROSCOPIC AND CYSTOSCOPIC EXCISION OF ENDOMETRIOSIS INVOLVING THE BLADDER

### Introduction

Endometriosis involving the urinary tract is a rare condition with specific surgical implications. Bladder involvement is the most frequent location in cases of urinary tract endometriosis. We present a case of deep infiltrating endometriosis involving the bladder treated by partial cystectomy using a combined laparoscopic and cystoscopic approach.

### Design

24-year-old female presented with cyclical pelvic pain and lower urinary tract infection type symptoms. A combined laparoscopic and cystoscopic approach was performed to remove the deep infiltrating endometriotic nodule involving the bladder. The bladder was first mobilised from the anterior uterine wall, cervix and vagina laparoscopically with the aid of a 45mm McCartney tube. The retropubic space was opened to mobilise the bladder further so that later reconstruction could be done under minimal tension. Cystoscopic delineation of the bladder component of the endometriotic nodule and cystotomy under laparoscopic guidance was performed after the bladder had been completely mobilised. The nodule was then resected in its entirety laparoscopically. The bladder was sutured horizontally in a single locked continuous layer so as not to reduce the bladder capacity too significantly. Liga clips were used to aid in providing tension on the sutures ensuring that the sutures were water-tight.

### Results

Complete excision of bladder endometriosis was achieved. The patient was discharged home after 48 hours with catheter drainage for 7 days. A cystogram prior to removal of the catheter revealed no evidence of bladder leakage from the suture line. At 6 months follow-up, the patient is painfree on Yasmin after ceasing Zoladex 2 months prior and has no symptoms of bladder dysfunction.

### Conclusion

It is well established that partial cystectomy provides the best results in the management of bladder endometriosis (1-3). Treatment failure after transurethral resection has been reported to be as high as 35% (3). We believe that a combined laparoscopic and cystoscopic approach offers excellent visualisation of the pathology and enables the surgeons to safely remove the nodule in its entirety.

<b><i>Specify source of funding or grant</i></b>	<b>None</b>
<b><i>Is this a clinical trial?</i></b>	<b>No</b>
<b><i>What were the subjects in the study?</i></b>	<b>HUMAN</b>
<b><i>Was this study approved by an ethics committee?</i></b>	<b>N/A</b>
<b><i>Specify Name of Ethics Committee</i></b>	<b>N/A</b>
<b><i>Was the Declaration of Helsinki followed?</i></b>	<b>Yes</b>
<b><i>Was informed consent obtained from the patients?</i></b>	<b>Yes</b>

### References

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<i>Was this study approved by an ethics committee?</i>	No
<i>This study did not require ethics committee approval because</i>	Not a clinical trial
<i>Was the Declaration of Helsinki followed?</i>	Yes
<i>Was informed consent obtained from the patients?</i>	Yes