PREVALENCE OF PRE-OPERATIVE URODYNAMIC ABNORMALITIES IN WOMEN WITH DEEP INFILTRATING ENDOMETRIOSIS: A DESCRIPTIVE STUDY

Hypothesis / aims of study
Post-operative transient urinary problems usually occur after large bowel resections. Sometimes, when problems last longer than few days, the contribution of some pre-operative conditions may be suspected. We aim to describe (pre-operatively) the prevalence of the main urinary symptoms and urodynamic findings in women with deep infiltrating endometriosis (DIE).

Study design, materials and methods
Cross-sectional (pre-planned) observational study (Canadian Task Force Classification II-2) including a total of 70 women aging 15-56y who were, during diagnostic routine, evaluated before undergoing laparoscopic cytoreductive surgery (June/2011-August/2013). The diagnosis of DIE (infiltration>5mm) was considered with basis on clinical features and nuclear-magnetic-resonance-imaging (interpreted by an experienced radiologist).

Assessed urinary symptoms: urgency, perception of bladder fullness, incontinence, diurnal micturition, nocturia, dysuria/strangury, interrupted urine flow Valsalva maneuver and feeling of incomplete urination. Urodynamic variables: maximum flow, post-voiding residue, sensitivity, complacency, maximum cystometric capacity (MCC), opening pressure, maximum pressure in urination, detrusor contractility (Schäffer’s nomogram) and obstruction (Abrams-Griffiths’s nomogram).

Results
Posterior-compartment had some DIE-lesion in 96% of women (70% showed lesions in sigmoid-colon); anterior-compartment was affected in 41% of patients. Prevalence of symptoms (descending order): at least one symptom (34.8%), necessity of high abdominal pressure for micturition (27.5%), incontinence (21.7%), urgency (20.3%), feeling of incomplete urination (14.5%), interrupting voiding (10.1%), recurrent urinary infection (10.1%), dysuria (7.2%) and hematuria (1.4%). Prevalence of urodynamic findings (descending order): maximum flow ≤15mL/sec (56.5%), open pressure ≥30cmH2O (50.0%), obstruction/Abrams-Griffiths’s nomogram (23.5%), complacency ≤20mL/cmH2O (20.3%), decrease sensibility (18.7%), high post-micturition volume≥15% of MCC (17.4%), low detrusor pressure in maximum urination (10.3%), detrusor hyperactivity (8.8%), high sensibility (7.2%), detrusor contractility/Schäffer’s nomogram (5.8%) and low MCC≤350mL (4.3%).

Interpretation of results
Our results show a high prevalence of endometriosis in the posterior compartment. The main clinical findings and urodynamic study were obstructive changes, but we observed less frequently irritative symptoms.

Concluding message
Considering women in whom several sites were affected by DIE, data suggested that urinary symptoms or urodynamic findings might exist before surgery in more than 1/3 of the patients. Mild obstructive findings detected by urodynamic testing seem to be less perceived by patients and, probably, underestimated in most cases.

Disclosures