NEW APPROACHES IN PATHOGENESIS AND TREATMENT OF ENDOMETRIOSIS

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OUR EXPERIENCE OF TREATING OF COMBINED FORMS OF ENDOMETRIOSIS USING ENDOSCOPIC METHODS

Introduction. Despite of effective methods of diagnosis and treatment of endometriosis, implemented in recent years, substantiation of surgical tactics and operations performing in cases of combination of genital endometriosis with involvement of the adjacent organs and cellular space still causes many difficulties. The peculiarity of surgical treatment of patients with such combined forms of disease is connected with the need for radical excision of foci and lesions of endometriosis from the affected organs (reproductive organs, bowel wall, bladder), and elimination of the associated fibrosis, with simultaneous preservation of menstrual and reproductive functions and elevation of life quality.

Material and methods. We have analyzed the results of surgical treatment of 204 women with disseminated endometriosis of genitals.

Results. Based on clinical and instrumental findings the following forms of endometriosis were found: endometrioid ovarian cysts (108 patients), adenomyosis in combination with leiomyoma (36 patients), retrocervical endometriosis involving anterior wall of the rectum (56 patients), endometrioid ovarian cysts in combination with adenomyosis, bladder lesions and sigmoid colon lesions (1 patient). The analysis of the results of the surgical treatment has shown that in 164 patients laparoscopic methods had allowed to perform radical elimination of endometriosis. In 12 cases the laparoscopy was diagnostic and required conversion to laparotomy. Twenty-eight patients had a traditional laparotomic access for endometriosis surgery. Radical laparoscopic operations for endometriosis included hysterectomy, removal of endometrioid ovarian cysts, excision of endometrioid lesions of cul-de-sac Douglas, pelvic peritoneum, uterosacral ligaments, mobilization of rectum (provided that there was no deformation of rectal lumen). The laparotomic operations for endometriosis included hysterectomy combined with resection of the stenosed segment of rectum (27 observations), urinary bladder wall resection (one observation).

From our clinical experience it follows, that in 82% of cases laparoscopic methods succeed in effective treatment of endometriosis, eliminated pelvic pain and hyper- and polymenorrhea, in some cases – restored fertility. In cases of an extensive involvement of pelvic organs in the associated inflammatory and fibrotic changes and detection of deep foci of endometriosis, the prevalence should be given to a laparotomic access to reveal true borders of the process and to simplify the radical surgery.

Conclusions. Due to impossibility to establish the spreading of the process and the extent of pelvic organs damage otherwise, but during the surgery, patients with combined forms of endometriosis require a scrupulous preoperative assessment to define rational surgical tactics, operative access and preparation of intestine and urinary tract to prospective surgical intervention. Because of possible expansion of an operation during its course (temporary colostomy, suprapubic cystostomy, etc.) the patient must be informed of this and give her informed consent. The changed anatomy of the reproductive organs and ones adjacent to them because of endometriosis determine the atypical character of such operations and elevated risk of various intraoperative complications (injury of bladder, ureters, bowel wall, etc).

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POSTOPERATIVE HORMONAL THERAPY BY BUSERILIN IN THE PATIENTS WITH GENITAL ENDOMETRIOSIS

Subject: Optimization of the postoperative stage of treatment by analogs of gonadoliberin in the genital endometriosis patients (E).

Material and methods. 46 women curing by intranasal buserelin after surgical deleting of visible E foci in peritoneum and ovaries.

Results. The developed algorithm of examination and treatment allows to achieve the proof in 98% of E patients.

Conclusions. It is necessary to keep strictly the sequential steps in E treatment algorithm. A scheduled surgical stage of E treatment should be precede by the diagnostic screening for revealing the pathogenetic mechanism of dysfunction in hypothalamo-hypophisial-ovarian system resulting in E development. Hormonal screening can reveal the secondary character of this dysfunction by the thyroid or adrenal genesis, for example. If the surgery is urgent

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