SURGICAL TREATMENT OF DEEP ENDOMETRIOSIS: WHEN AND HOW?
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Genital endometriosis is one of the most frequent women diseases, but high risk of recurrence indicates that surgical treatment is not sufficient in most cases.

The aim of our study was to assess the tactics of diagnosing and treatment in cases of deep endometriosis.
We have performed surgical treatment of patients with various forms of deep endometriosis between 2002 and 2014. More frequent we observed genital endometriosis of peritoneum and uterine ligaments in 43%, endometriosis of ovary in 32%, rectovaginal endometriosis in 5%, heavy deep endometriosis in 2% and endometriosis of postoperative scar in 0.5% after cesarean section and episiotomy. In order to put correct diagnosis we used ultrasound scanning and MRI of affected region. All patients underwent surgical treatment. During the surgery endometriosis was excised, local tissues were restored. Until now we have no cases of recurrent endometriosis in the area of surgery, also we have no cases of postoperative hernia. In all cases patient have no severe pain syndrome, as it was before surgery in the majority of cases.
We believe that all patients with deep endometriosis need surgical treatment, which is a very difficult task in many cases. This comes from deep infiltration of local tissues by endometriosis and surgeon should be aware of real size of infiltration and vessels, nerves or even pelvic organs which can fixed near of inside the infiltrate. We believe the usage of ultrasound scanning and MRI of affected area is necessary in all cases.