

## Different patterns of pelvic ureteral endometriosis. What is the best treatment? Results of a retrospective analysis.

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### ABSTRACT

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**OBJECTIVE:** Endometriosis is an estrogen-dependent disease. The incidence of urinary tract endometriosis (UE) increased during the last few years and, nowadays, it ranges from 0.3 to 12% of all women affected by the disease. The ureter is the second most common site affected. The ureteral endometriosis is classified in extrinsic and intrinsic. The aim of this study is to individuate the best treatments for each subset of ureteral endometriosis.

**MATERIALS AND METHODS:** 32 patients diagnosed with surgically treated UE were retrospectively reviewed. The patients were divided into 3 subsets (intrinsic UE, extrinsic UE with and without obstruction). The patients with intrinsic UE (n = 10) were treated with laser endoureterotomy. The patients with extrinsic UE (n = 22) were divided in two subsets with (n = 16) and without (n = 6) hydronephrosis. All the patients underwent ureteral stenting, and resection and reimplantation was performed in the first group, and when the mass was  $\geq 2.5$  cm (n = 3) Boari flap was performed. Laparoscopic ureterolysis (shaving) was performed in the second group.

**RESULTS:** In the extrinsic subset of UE, we obtained a high therapeutic success (84%). Conversely, in the intrinsic subset there was a recurrence rate of the disease in 6/10 of the patients (60%).

**CONCLUSIONS:** Ureterolysis seems to be a good treatment in extrinsic UE without obstruction. Resection and reimplantation allows excellent results in the extrinsic UE with obstruction. In the intrinsic subset, the endoureterotomy approach is inadequate.