

Accepted Manuscript

Title: Paraureteral Endometriosis with Bilateral Gross Hydroureters and Left Renal Compromise.

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PII: S1553-4650(17)30451-X

DOI: <http://dx.doi.org/doi: 10.1016/j.jmig.2017.08.012>

Reference: JMIG 3227

To appear in: *The Journal of Minimally Invasive Gynecology*

Received date: 5-8-2017

Accepted date: 7-8-2017

Please cite this article as: Arnaud Wattiez, Razan Nasir, Paraureteral Endometriosis with Bilateral Gross Hydroureters and Left Renal Compromise., *The Journal of Minimally Invasive Gynecology* (2017), <http://dx.doi.org/doi: 10.1016/j.jmig.2017.08.012>.

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1 TITLE PAGE

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9 We do not have any conflict of interest to disclose.

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11 **Abstract:**

12 Deep endometriosis is usually defined as endometriosis infiltrating the peritoneum by >5 mm. It
13 sometimes involves the ureter causing hydronephrosis in 5% of cases. The latter is associated with
14 18% ureteral lesions. Ureteral endometriosis is one of the rare causes of silent Kidney failure. The
15 ureter obstruction can lead to urinary tract obstruction, hydronephrosis and hydroureters. The
16 ureters are usually compressed externally by the endometriotic lesions surrounding it causing
17 extrinsic ureteral endometriosis, and sometimes by pressure from the bulky adenomyotic uterus
18 with paraureteral fibrosis. Renal Compromise is usually slow and progressive and its diagnoses might
19 many times be missed because of the vague symptoms and late reporting. Imaging Ultrasound and
20 Pelvis MRI is useful in detecting the ureteral obstruction and associated endometriosis in other
21 organs. Renal Function tests and Renal Scyntigraphy are essential to assess the renal function.
22 Management of these cases can be multidisciplinary by the gynecologist and the urologists team and
23 involves Surgical excision of the ureteral endometriosis to relieve the obstruction. These surgeries
24 are better performed by Laparoscopy. These surgeries are difficult, challenging and requires
25 advanced training, hence, should be performed in specialised centres for endometriosis and by
26 expert hands.

27 **Keywords:** ureteral endometriosis; deep endometriosis; hydroureter

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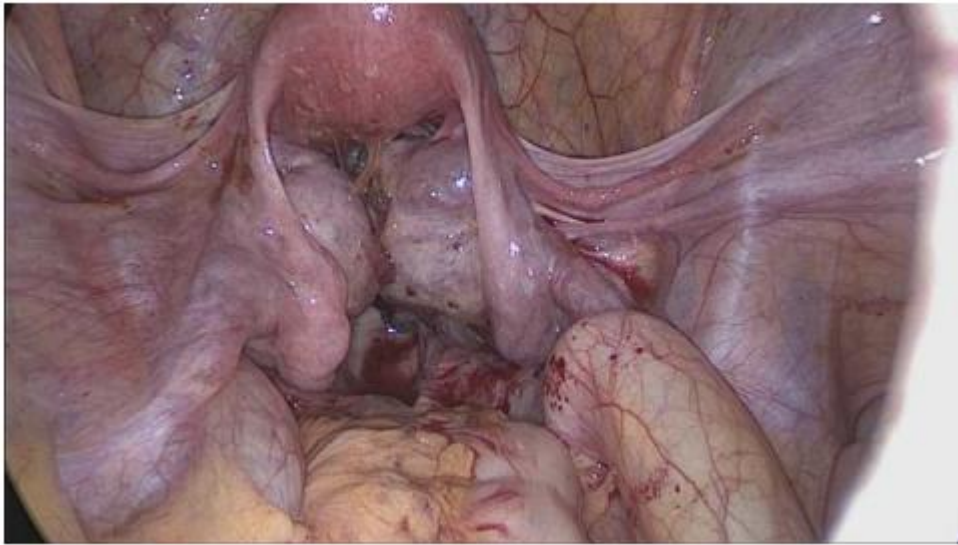
29 Deep endometriosis is usually defined as endometriosis infiltrating the peritoneum by >5 mm. It
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31 18% ureteral lesions. Ureteral endometriosis is one of the rare causes of silent Kidney failure. The
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39 Management of these cases can be multidisciplinary by the gynecologist and the urologists team and
40 involves surgical excision of the ureteral endometriosis to relieve the obstruction. These surgeries
41 are better performed by Laparoscopy. They are difficult and challenging and hence requires

42 advanced training. Therefore, it should be performed in specialised centres for endometriosis and by
43 experts. We present a case of a 24yrs old nulliparous lady who was referred to us with left renal
44 function compromise due to bilateral gross hydroureters and hydronephrosis for 2 years. The
45 patient was managed in our department, by laparoscopic bilateral ureter Endometriosis lesions
46 excision and ureteric re-implantation. She had a smooth recovery postoperatively and her renal
47 function returned to normal.

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