Anatomic distribution of endometriosis: A reappraisal based on series of 1101 patients.

Audebert A[1], Petousis S[2], Margioula-Siarkou C[3], Ravanos K[3], Prapas N[3], Prapas Y[3].

Abstract

OBJECTIVE:

To reappraise the anatomic distribution of endometriosis lesions in cases with Superficial Implants (SI), Ovarian Endometrioma (OMA) and Deep Infiltrating Endometriosis (DIE).

MATERIALS AND METHODS:

A prospective observational study was operated between January 1989 to June 2009. A total of 1333 consecutive patients with a laparoscopic diagnosis of endometriosis, were extracted from our database. Due to missing data or repeated operations, 232 patients were excluded from the study. Finally, 1101 patients who met the selected criteria were included in the present analysis.. Primary outcome of study was the anatomic location of endometriotic lesions. Secondary outcomes were laterality of lesions as well as location of adhesions.

RESULTS:

Mean age of patients was 33.06 years (range 15-63 years) while the mean BMI was 21.5. The ovary was the most frequent site of endometriotic lesions (737 patients, 66.94%) followed by the utero-sacral ligaments (USL) (45.51%), the ovarian fossa (32.15%), the pouch of Douglas (29.52%) and the bladder (21.25%). Deep Infiltrating Endometriosis (DIE) was diagnosed in 159 patients (14.4%) with an increasing rate starting from the mid-nineties. The left side was predominant for all locations except fromr ovarian SI and fallopian tube, but for this latter location the number of cases was limited. 600 (54.4%) patients had adhesions wjth the adnexa being the most frequent site of location (47.4%).

CONCLUSIONS:

Ovary was the main site of endometriotic lesions followed by the utero sacral ligaments. Left side was predominant for all locations except for ovarian SI and fallopian tube. The diagnosis of DIE has constantly being increased since mid-nineties. The large cohort of patients included in the study has strengthened previous reported data.