

TOTAL LAPAROSCOPIC HYSTERECTOMY FOR ENDOMETRIOSIS AND AN ARTERIOVENOUS MALFORMATION.

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Abstract

STUDY OBJECTIVE:

Demonstrate a laparoscopic management of an arteriovenous malformation in a patient with deep pelvic endometriosis DESIGN: A step-by-step explanation of the surgery using video (instructive video).

SETTING:

Hautepierre University Hospital of Strasbourg in France INTERVENTION: We describe the case of a 37 years old patient presenting deep pelvic endometriosis and an uterine arteriovenous malformation. It was during a tubal ligation in 2015, that the deep pelvic endometriosis was diagnosed. The laparoscopy also showed some pelvic varicosities. An hysteroscopy was performed to precise the diagnosis. It found huge blood vessels with an arterial pulse on the anterior wall of the uterus. The endometriosis of the patient is know very symptomatic, she suffers from dysmenorrhea, menorrhagia, intense dyspareunia and dyschesia. The MRI found a large arteriovenous shunt in the anterior part of the uterus and bladder endometriosis. After a pluridisciplinary staff, we decided to begin the treatment by LHRH analogs, then she had an embolization of the arteriovenous malformation wich permitted a regression of the lesions on the reevaluation MRI. It is decided to perform a laparoscopic hysterectomy. Evaluation of the abdominal cavity shows diaphragm and deep pelvic endometriosis and the arteriovenous malformation. We started with the left ureterolysis and the opening of the rectovaginal septum. After that, we dissected radically the left side of the uterus with left oophorectomy and then the right side conserving the ovary. Then we shaved the bladder for endometriosis removal. To finish, we did a right salpingectomy with a right ovariopexy, vaginal closure and coagulation of the diaphragm's nodules. The patient was agreed to record and publish it surgery and the local IRB gave its approval.

CONCLUSION:

To conclude, preoperative embolization of the arteriovenous shunt improves surgery, avoiding excessive bleeding and permitting an easiest radical hysterectomy for deep pelvic endometriosis. Similar cases has been published [1] but to our knowledge, our video is the first about the subject. It appears that embolization can fail but hysterectomy stays the gold standard treatment [2].