ENDOMETRIOSIS STAGING - ASPECTS OF LAPAROSCOPIC TREATMENT ON ROUTE

SUMMARY:
Endometriosis is a condition affecting women of reproductive age. The recommended observation period without treatment before the account of surgical treatment. Laparoscopic surgery is currently the most appropriate method of treatment for endometriosis. The present paper examines 302 cases diagnosed at different stages of endometriosis in patients hospitalized in the Department of Obstetrics and Gynecology “Bega”, Timisoara, 2005-2009. Making a staging of cases with endometriosis, as classified by ASRM (8), we found that the most common stage is the stage I with 130 cases (43%) followed by stage II - 72 cases (23.8%). I have found in early stage III - 28 cases (9.3%) and advanced stage III - 19 cases (6.3%). Note that early stage IV - 42 cases (13.9%) is more common than advanced stage IV 11 cases (3.6%). In these stages of endometriosis, assisted human reproduction in the success chance is very small, and represented 10% of all cases of endometriosis.

Key Words: endometriosis, surgical treatment, laparoscopic intervention.

STADIALIZAREA ENDOMETRIOZEI – ASPECTE ALE TRATAMENTULUI PE CALE LAPAROSCOPICĂ

Rezumat:
Endometrioza e o afecțiune ce afectează femeile aflate în perioada reproductivă. Se recomandă o perioadă de observație fără tratament înainte de a lua în considerație tratamentul chirurgical. Chirurgia laparoscopică reprezintă actualmente metoda cea mai indicată de tratament în cazul endometriozei. Lucrarea de față analizează 302 cazuri, diagnosticate în stadii diferite de endometrioză, la paciente internate în Clinica de Obstetrică și Ginecologie “Bega”, Timișoara, în perioada 2005-2009. Stadializând cazurile cu endometrioză, după clasificarea ASRM (8), am constatat că stadiul cel mai frecvent întâlnit este stadiul I cu 130 cazuri (43%) urmat de stadiul II - 72 cazuri (23,8%). Am mai constatat în stadiul III incipient – 28 cazuri (9,3%) și stadiul III avansat – 19 cazuri (6,3%). De remarcat că stadiul IV incipient – 42 de cazuri (13,9%) este mai frecvent decât stadiul IV avansat 11 cazuri (3,6%). În aceste stadii de endometrioză, șansa în reușita reproducerii umane asistate este foarte mică, și este reprezentată de 10% din toate cazurile de endometrioză.

INTRODUCTION

Endometriosis is, simply speaking, a gynecological disorder characterized by the presence of functional endometrial tissue outside the uterine cavity. Although the disease is recognized and described with sufficient accuracy for over 300 years, it still remains the most controversial gynecological and currently working and strongly supported by the wording that is “spoiled” by most authors endometriosis articles, studies and books dedicated to it: enigmatic disease, an enigma wrapped in mystery, puzzle, etc. (1,2). What is definitely known at present about endometriosis is that it is a very serious disease. Unfortunately, it is not perceived as not being a terminal disease like cancer and, while not understood by many gynecologists, so it is treated today as a kind of “Cinderella” of gynecologists.
Most women suffering from endometriosis may have children. The chances of becoming pregnant depends on disease severity and response to treatment. The recommended observation period without treatment before the account of surgical treatment. Removal of endometrial proliferation and scarring of uterine lining causes a blur of pain in most women. Between 70% and 100% of women reported a pain-soothing in the first month after surgery (3.4). However, in 45% of women symptoms recur in the first year after surgery. Removal of moderate or severe endometriosis promotes increased chance of becoming pregnant. Laparoscopy is the most common surgical method used for diagnosis and treatment of endometriosis.

**MATERIAL AND METHOD**

The work was based on detailed analysis of clinical cases of chronic pelvic pain. The patients hospitalized in the Department of Obstetrics and Gynecology “Bega”, Timisoara, 2005-2009, were diagnosed - at laparoscopic interventions with biopsy examination - as endometriosis at different stages.

The total number of cases of endometriosis made in this period was 302 cases, distributed according to graph 1. Top of Form 1

Analyzing age women diagnosed with endometriosis, we find that most patients fall in the age group 26-30 years (37.4%) followed by 31-35 years age group (30.5%). We can appreciate that in this group, the majority - 205 cases (67.9%) - fall in the age group 26-35 years, during which women should procreate (Table 1).

In 1997, American Society for Reproductive Medicine (ASRM) has published the best known and used, and the present, classification of endometriosis, classification we use and our University Clinic “BEGA”. Bottom of Form 1

Surgery was recommended, usually for endometriosis when:

- Hormonal therapy does not control symptoms, and it affects the daily life of women;
- Endometrial implants or scars lining (tape) involved in the function of other abdominal organs;
- Endometriosis causes infertility.

Equipment that have made the diagnoses and 302 operators laparoscopy is composed of:

- Device inspired CO2;
- Washer pump-absorption;
- Sony color TV monitor;
- Video camera;
- Video recorder;
- Light source;

**Table 1:** Distribution of cases by age and period studied.

<table>
<thead>
<tr>
<th>YEAR</th>
<th>18-20 YEARS</th>
<th>21-25 YEARS</th>
<th>26-30 YEARS</th>
<th>31-35 YEARS</th>
<th>36-40 YEARS</th>
<th>41-45 YEARS</th>
<th>&gt;45 YEARS</th>
<th>TOTAL</th>
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<td>3</td>
<td>5</td>
<td>43</td>
<td>23</td>
<td>17</td>
<td>2</td>
<td>1</td>
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<tr>
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<td>13</td>
<td>9</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>37</td>
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<tr>
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<td>5</td>
<td>12</td>
<td>16</td>
<td>8</td>
<td>3</td>
<td>-</td>
<td>45</td>
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<tr>
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<td>2</td>
<td>2</td>
<td>4</td>
<td>9</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>24</td>
</tr>
<tr>
<td>TOTAL</td>
<td>8</td>
<td>27</td>
<td>113</td>
<td>92</td>
<td>45</td>
<td>14</td>
<td>3</td>
<td>302</td>
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</tbody>
</table>
Electrocautery (mono and bipolar); Laparoscope.

Company Tools STORZ required surgical treatment of endometriosis consist of:
- Veress needle (long and short);
- trocar of 11 mm (2 pcs);
- secondary trocar 5 mm (3 pcs);
- needle puncture;
- tweezers atraumatic 5 mm;
- tweezers traumatic 5mm;
- tweezers traumatic 10 mm;
- bipolar coagulation forceps;
- monopolar coagulation scissors;
- portace and suture material;
- wash-acquisition tool.

In all cases was achieved by placing pneumoperitoneul Veress needle CO2 insufflation and then the longitudinal or vertical incision in the umbilical envelope. Intra-abdominal pressure was determined preoperatively to 12 mmHg and was constant throughout menţinuăa intervention by the electronic system of the apparatus of inspired CO2.

They used 3 trocars of 5 mm suprapubian placed respectively in septic iliac, abdominal wall to avoid damage vessels (particularly epigastric vessels) by transiluminarea abdominal wall.

After the introduction of laparoscopic pneumoperitoneului and careful examination of the cavity was made peritoniale. In all cases the peritoneal fluid was collected by suction from the bottom of the Douglas bag for cytological and bacteriological examination (5).

After inspection of the pelvis, fluid collection in peritoneal cavity for cytological examination and after diagnosis was changed to make laparoscopic surgery.

Laparoscopy is the most common method for diagnosing and treating endometriosis. During this procedure we were able to:
- examine the internal organs, signs of endometriosis or other possible problems. This is the only way that endometriosis can be diagnosed definitely. Although not rule out the diagnosis of endometriosis is never safe - the proliferation of endometrium, small and hidden implants can save us;
- remove any endometrial growth that we see or wound uterine lining which may cause pain or infertility. Thus, laparoscopic surgery aimed primarily diatermocoagularea various foci of endometriosis, but have practiced and other by laparoscopic surgery.

RESULTS AND DISCUSSION

Endometriosis is treated surgically, medically or by combining the two methods. Both the medical and surgical therapies have their place in the treatment of women with endometriosis, according to its age, reproductive status, registered clinical need for fertility, and extension and location of the lesion (6,7).

Centralizing the location of outbreaks of endometriosis showed us the highest frequency of occurrence of endometriosis in the ligaments and the bottom of the bag uterosacrate Douglas in almost half of localization (46%), representing 139 cases, followed by ovarian location in 29% of cases, representing 88 cases, with cyst formation endometriosis.

Situation localization outbreaks of endometriosis is presented as follows:
- Douglas space + space utero-sacral ligaments = 139 cases;
- visceral peritoneal cancer + large + peritoneal ligaments vezicouterin = 12 cases;
- ovary = 88 cases;
- syndrome of adhesive that Endometriomas (endometriosis stage IV) = 34 cases;
- tubal endometriosis (hidrosalpinx Endometriomas uni-or bilateral and localized outbreaks trompe) = 29 cases.

For all patients, endometriosis was surgically addressed immediately during laparoscopic surgery in progress. Specifically:
- in 21% of cases chistectomie ovary (Figure 1);
- in 3% of cases partial resection of the ovary;
- in 8% of cases adeziolizã (Figure 2);
- in 1% of cases salpingectomie (partial or total);
- in 1% anexectomie;
- in 66% of cases diatermocoagularea various outbreaks of endometriosis (Figure 3).

![Fig. 1: Chistectomie](image-url)
Us with reference to the total number of cases of endometriosis in the period studied, we find a moderate decrease, but significantly in recent years compared with the early years (2008 and 2009 to 2005 and 2006).

Making a staging of cases with endometriosis, as classified by ASRM (8), we found that the most common stage is the stage I with 130 cases (43%) (Figure 4) followed by stage II - 72 cases (23.8%) (Figure 5). I have found in early stage III - 28 cases (9.3%) (Figure 6) and advanced stage III - 19 cases (6.3%)(Figure 7) (Table 2).

Note that early stage IV - 42 cases (13.9%) is more common than advanced stage IV 11 cases (3.6%). In these stages of endometriosis, assisted human reproduction in the success chance is very small, and
represented 10% of all cases of endometriosis (9, 10) (Chart2).

Establish the fastest laparoscopic surgery for endometriosis diagnosis and therapeutic penalties by cautery outbreaks of endometriosis, and/or ablation chistelor endometriosis (Figure 8, Figure 9, Figure 10), and hormonal treatment with fertility and relapse corrected endometriosis (11, 12).

CONCLUSIONS

1. Endometriosis is a condition affecting women of reproductive.
2. There is a correlation between endometriosis and infertility.
3. Under study is a hypothesis and mechanical changes caused by endometriosis induced infertility.
4. Laparoscopy is one of the most modern investigation of endometriosis.
5. With the introduction of laparoscopy incidence of endometriosis increased dramatically.
6. Laparoscopic surgery is currently the most appropriate method of treatment for endometriosis.
7. To make the optimal laparoscopic surgery is necessary to provide with modern equipment and instruments, which implies increased fun
8. Diagnosis and treatment of endometriosis laparoscopic surgery reduces hospital time thereby helping to achieve economic benefits.
9. Mean postoperative hospitalization was 3 days, without complications report.
10. Number than laparoscopic interventions performed for the diagnosis and surgical treatment of endometriosis and no serious complication is clear arguments in favor of laparoscopic surgery.

REFERENCES