RADICAL HYSTERECTOMY, SEGMENTAL BOWEL RESECTION AND NEPHRECTOMY WITH PROTECTIVE TRANSVERSOTOMY IN A CASE OF ADVANCED DEEP INFILTRATED ENDOMETRIOSIS – PRESENTATION OF THE SURGICAL TECHNIQUE

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Introduction/Background Patient of 30 years old with the story of chronic pain of pelvis and acute lumbar pain was sent to consultation of oncological gynecologist. Methodology Left hydronephrosis with atrophy of kidney big nodule of parametrium and paraaortic nodes with involvement of bowel wall and adenomyosis of uterus was diagnosed. ON RMI the 6 cm nodule of the cervix and left parametrium up to obturative fossa, with involvement of huge part of rectum with the down limit of 66 mm from Z line and part of the sigmas (12 cm in length together) was diagnosed.

Scintigraphy of the kidneys revealed: 89% activity of right side and 11% of the left kidney. Based on this findings, after consultation of urologist she was qualified to radical pelvic surgery with left nephrectomy with NOTES technique.

Results The segmental resection of rectum and sigmoid colon with end to end recto-sigmoid anastomosis, resection of posterior wall of the rectum and left part of muscles of the pelvis, resection of left parametrium with part of left levator ani muscle and obturator muscle and radical hysterectomy with both parametria left D type, right B type, and left nephrectomy was done. Due to multiorgan surgery with big risk of leakage complication loop protective stomy on descending colon was created which was closed 3 months later.

The patient is free from previous syndromes and quality of life estimate as 9/10 due to hypotonic bladder.

Conclusion Laparoscopy is a perfect method for even very extensive surgery. Using the NOTES technique reduce the extent of perioperative trauma. The ICG technique and using the fibrin glue reduce the risk of anastomotic leakage and risk of fistula. The oncological knowledge of anatomy and technique make possible to perform very complicated surgery by the experienced team with the lower risk of complications.