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Atypical Presentation of Endometriosis

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Endometriosis is a disease of adolescents and reproductive-aged women characterized by endometrial tissue outside the uterine cavity and commonly associated with chronic pelvic pain and infertility despite treatment with analgesics and cyclic oral contraceptive pills. Endometriosis affects 10–15% of all women of reproductive age and 70% of women with chronic pelvic pain. The lesions can be peritoneal lesions, superficial implants or cysts on the ovary, or deep infiltrating disease. Diagnosis of endometriosis is often delayed due to lack of non-invasive, definitive and consistent biomarkers. Hormone therapy and analgesics are used for treatment of symptomatic endometriosis. However, the efficacy of these treatments are limited as endometriosis often recurs.

27 years, nulligravida, case of primary infertility came with complain abdominal distension and was anxious to conceive. Ultrasonography of abdomen done suggestive of ascites and bilateral ovarian tumour (right side- 4.2x2.9x3.3 cm, left side – 4.3x2.4x3.7 cm). tumour markers were done, CA 125 -1243. FNAC of ascitic fluid was showing atypical cells. Patient was planned for staging laparotomy. Intra operatively, approx. 1500 ml greenish haemorrhagic fluid was present. bilateral ovaries and fallopian tubes were adhered to posterior surface of uterus and sigmoid colon. Left oophorectomy with bilateral pelvic and paraaortic lymph node dissection done. All samples were sent for histopathology examination. Histopathology was suggestive of endometriotic lesions at all site. On the basis of histopathology report, patient was put on injection leuprolide. After 3 months, patient is symptomatically better and repeat CECT showed no residual mass or ascites. Patient is currently under follow up for infertility.

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