

## 🏆 Best Video Abstract†

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## RECOGNITION AND TREATMENT OF ENDOMETRIOSIS INVOLVING THE SACRAL NERVE ROOTS.

### Introduction

Although reported for the first time in 1955[1], endometriosis involving the sacral plexus is still poorly understood or neglected by many surgeons[2]. Looking at that scenario, we have designed this educational video to explain and describe the symptoms suggestive of endometriotic involvement of the sacral plexus as well as the technique for the laparoscopic treatment of this condition.

### Design

The video starts by reviewing the concept of nerve entrapment syndrome and highlighting the importance of knowledge on nerves dermatomes for the correct diagnosis.

The first clinical example of those concepts is that of a 38 year-old woman with chief complain of allodynia on right S2, S3 and S4 dermatomes, with no pelvic pain, primary infertility and perimenstrual urinary retention due to bladder atonia. As usual in these cases, she had already undergone 2 laparoscopies for endometriosis.

The second example is the dramatic case of a 29 year-old woman with history of three laparoscopies for endometriosis. On the last of those, a cystectomy was performed for an endometrioma, which was attached to a uterossacral nodule.

After the third laparoscopy, the symptoms were diagnosed as psychiatric in origin and the patient was referred for a morphine pump implantation.

Two years after, the patient sought our service for a second opinion complaining of severe pain on sciatic and obturator nerves dermatomes, which worsened during the perimenstrual period.

A peritoneal scar was found over the left uterossacral ligament. The exploration of the plexus revealed dense fibrotic tissue entrapping the obturator and sciatic nerves, and the sacral nerve roots.

After clearing the fibrotic tissue, a tightly stretched bifurcation of the internal iliac vein was found to be entrapping S3.

### Results

Almost complete pain relief was observed on the first case and the patient fully recovered her bladder function.

Regarding the second patient, after the neurolysis, complete resolution of the sciatic and obturator neuropathic pain was observed.

This allowed for the removal of the morphine pump, which unfortunately complicated with a liquoric fistula that required two neurosurgical interventions to be resolved.

### Conclusion

The signs suggestive of intrapelvic nerve involvement include perineal pain or pain irradiating to the lower limbs, lower urinary tract symptoms or Tenesmus or dischesia associated with gluteal pain[2].

Whenever deeply infiltrating lesions are present, the patient must be inquired about those symptoms and specific MRI sequences for the sacral plexus must be taken, so that equipment and team can be arranged and proper treatment performed.

### References

1. DENTON RO, SHERRILL JD. Sciatic syndrome due to endometriosis of sciatic nerve. South Med J. 1955 Oct;48(10):1027-31.
2. Possover M, Schneider T, Henle KP. Laparoscopic therapy for endometriosis and vascular entrapment of sacral plexus. Fertil Steril. 2011 Feb;95(2):756-8.

### Disclosures

**Funding:** None **Clinical Trial:** No **Subjects:** HUMAN **Ethics Committee:** Comitê de Ética da Universidade Federal de São Paulo **Helsinki:** Yes **Informed Consent:** Yes

† The ICS Scientific Committee recognised the conflict of interest of the ICS 2014 Scientific Chair as being the author of this abstract. With the chair outside the room the decision of the committee was that this video was of such exceptional scientific interest and merit that it deserved the Video prize and was therefore awarded to a member of the committee.