Diode Laser Laparoscopic Excision of Rectovaginal Deep Endometriotic Lesion with Shaving Technique

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Posterior vaginal fornix lesion is the most common type of deep endometriotic lesion. This video is intended to demonstrate the availability of a diode laser system for the shaving technique of laparoscopic excision of the deep endometriotic rectovaginal lesion. We introduce two cases of endometriosis patients presenting with symptom of severe dysmenorrhea and bluish lesions protruding into the posterior vaginal fornix. On proper preoperative evaluation deep endometriotic rectovaginal nodule was identified at both cases. There was no rectal mucosal involvement. Surgical techniques include separation of the anterior rectum from the posterior vagina and excision of the endometriosis in that area. Careful dissection is carried out using a diode laser system. Total procedure time was 120 and 90 minutes respectively. The patients were discharged on the third postoperative day without any complications. The shaving surgical approach with a diode laser system leads to a safe and effective laparoscopic dissection of deep endometriotic lesions.

Adenoma malignum, or lobular endocervical glandular hyperplasia: that is the question

문화숙, 김상갑, 박근식, 염현식
좋은문화병원 산부인과

Lobular endocervical glandular hyperplasia is non-invasive proliferation of endocervical glandular cells without any components of adenocarcinoma. Adenoma malignum is an endocervical type of highly differentiated mucinous adenocarcinoma with well-formed glands resembling lobular endocervical glandular hyperplasia, but accompanied by components of invasive adenocarcinoma. Treatment of lobular endocervical glandular hyperplasia is simple hysterectomy, but in case of adenoma malignum, radical hysterectomy with lymph node dissection is the treatment of choice. Due to such apparent differences in the treatment, an accurate preoperative differential diagnosis is required. Since clinical symptom (watery vaginal discharge) and TVUS or MRI findings (multicystic lesion) are almost identical in the two diseases, differential diagnosis before surgery is rather difficult. Pap smears are usually normal and conization is not an appropriate diagnostic method in case of deep and highly located lesion. Therefore, targeted excisional biopsy of the suspicious lesion is necessary for an accurate diagnosis. We present a case of a 42-year-old woman who complained of profuse watery vaginal discharge for 3 years. We performed excisional biopsy with frozen section for differential diagnosis during laparoscopic operation, and after confirming lobular endocervical glandular hyperplasia on biopsy we proceeded with simple hysterectomy.