

## 9<sup>th</sup> Yazd International Congress and Student Award on Reproductive Medicine with 4<sup>th</sup> Congress of Reproductive Genetics

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### Key Lectures

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#### K-34

#### The indication of surgery in endometriosis

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Endometriosis is highly prevalent, yet compared to equally prevalent conditions it is poorly understood and a challenge to manage. It has been estimated that more than 176 million women worldwide suffer from endometriosis and its associated symptoms including infertility, cyclical and non-cyclical abdominal pain, dysmenorrhea, dyspareunia, dysuria, and dyschezia. Endometriosis may be categorized into three entities: peritoneal endometriosis, ovarian endometriotic cysts (endometrioma), and deep endometriosis (DE) (previously known as deep infiltrating endometriosis or DIE). Indications for endoscopic diagnosis and treatment in endometriosis are as follows: Pain, Organ destruction and/or Infertility. Surgical removal of the lesions is considered the “gold standard” for symptom

control. Surgery is an important treatment option for women with DE.

However, like medical intervention, surgery is not always successful and is also associated with clinically relevant risks (Chapron et al., 1998; Becker et al., 2017). Surgical treatment failure can be partially attributed to the heterogeneity of endometriosis but it is also correlated with factors such as surgical experience, the complexity of each case, and anatomical locations of the disease. Surgeons must have significant knowledge of pelvic anatomy in order to have an approach to a grossly distorted surgical field. Thus, pelvic anatomical landmarks represent essential points of reference to start procedures such as mobilization of the pelvic viscera, wide peritoneal resections, or the identification of further anatomical structures to be preserved, such as bowel, ureter, vessels, and parasympathetic and orthosympathetic pelvic neural fibres in nerve-sparing procedures (Ceccaroni et al., 2018). The principles for identifying and treating deep endometriotic lesions and the good practice recommendations in the text aim to support clinicians and surgeons in counselling and treating (or referring) women presenting with DE.