

# Case presentation

# Endometriosis webinar

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# Case one

- 31 Years old woman
- Not trying to conceive
- Severe pelvic pain
- Dysmenorrhea score 10, Dyspareunia score 10 not able to do coitus for 3 months because of pain.
- She had repeated visits by obstetrician and gynecologist without complete workup.

**Urinary system sonography:**

Both kidneys show normal size , configuration , paranchymal thickness and corticomedullary differentiation .

Right kidney: 115mm ( Paranchymal thickness : 11mm)

Left kidney: 114mm ( Paranchymal thickness : 13mm)

No hydronephrosis , stone or mass lesion is seen.

The ureters are not dilated .

Urinary bladder shows normal capacity and wall thickness without stone or mass.

Both UVJs are patent .

**Pelvic ultrasound examination for evaluation of DiE and color doppler TVS:**

Method: Trans vaginal ultrasound examination.

Bladder nodule: negative **but adhesions are seen at uterovesical pouch.**

Uterus: position: anteverted, size: normal ( 84 x 47 x 52mm)

Adenomyosis: mildly present in posterior wall.

Fibroid: 5 x 4mm right anterior intramural myoma.

Endometrial thickness is 15mm

Polyp: not present

**Frozen pelvis is seen with severe adhesions between uterus , ovaries & rectosigmoid colon.**

Right ovary: 48 x 39mm

Ovarian adhesion to the uterus (right): **present**

Endometrioma: 38 x 28mm endometrioma.

Left tubo-ovarian complex : 42 x 30mm

Ovarian adhesion to the uterus (left): **present**

Endometrioma: 6mm & 8mm endometriomas & 15 x 15mm endometriosis nodule in left tubo-ovarian complex.

There is no abnormal flow in color doppler of ovaries.

Gross nodule:

- 85 x 17mm long segment deep penetrating anterior rectosigmoid wall nodule with muscularis layer involvement & extension to rectal mucosa.

This large endometriosis patch is located within 5-6cm from anal verge.

- Bilateral USL thickening.

Pouch of douglas: obliterated





