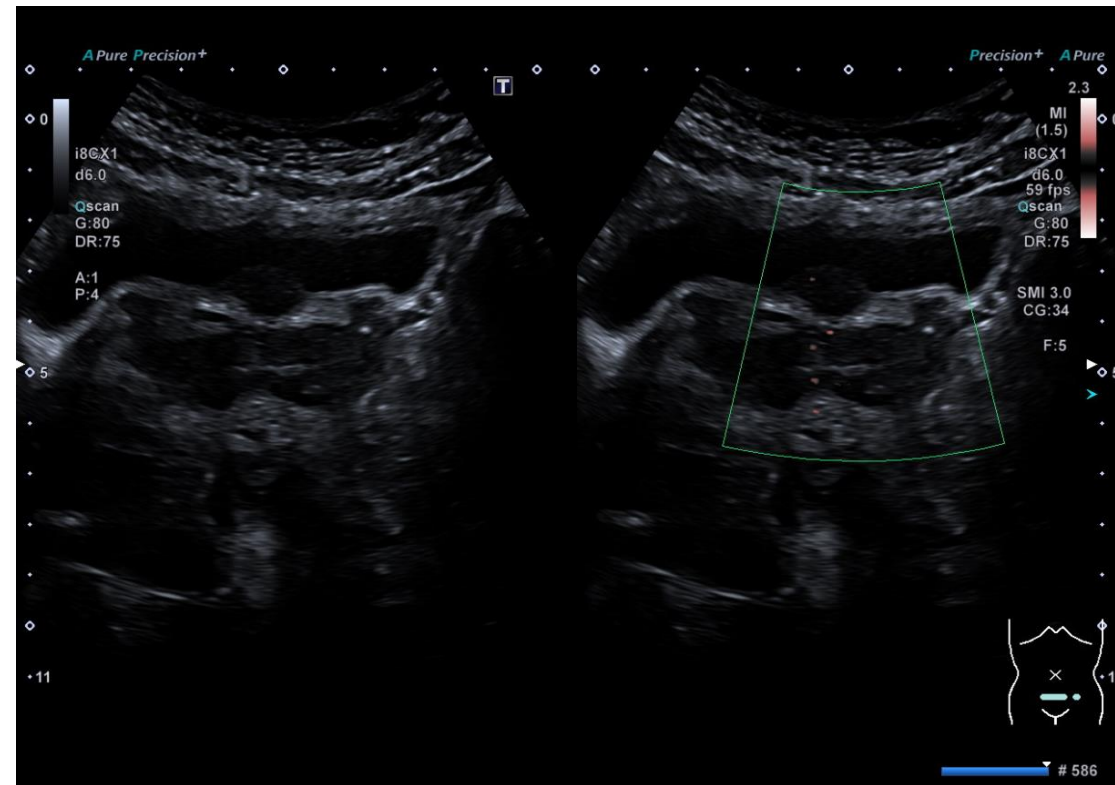
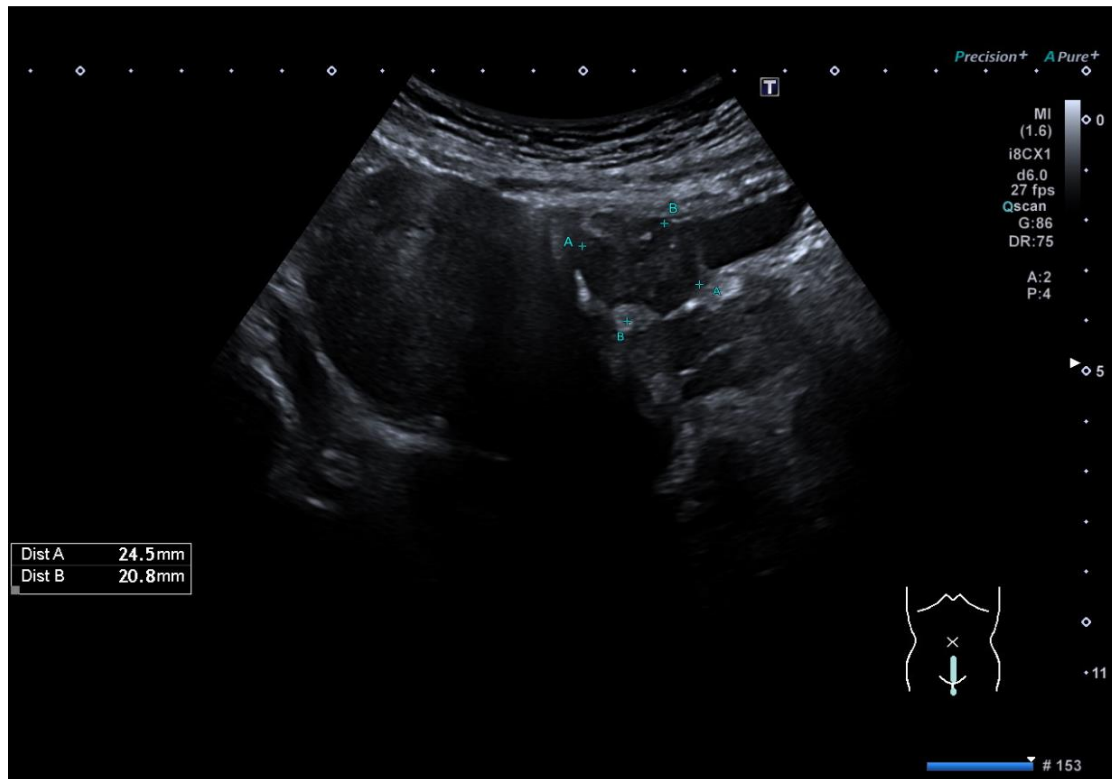


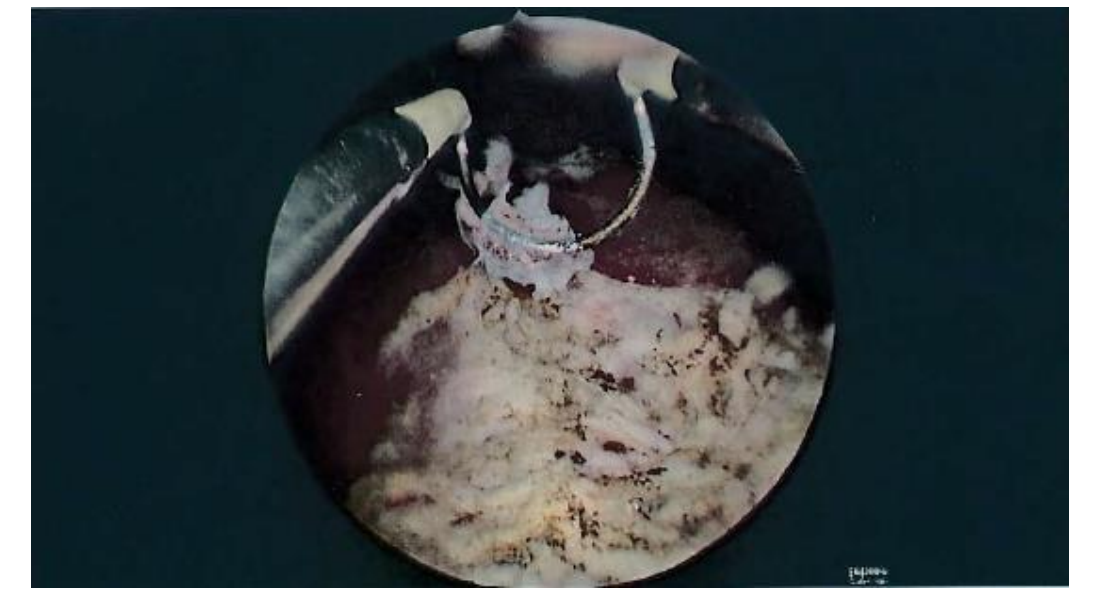
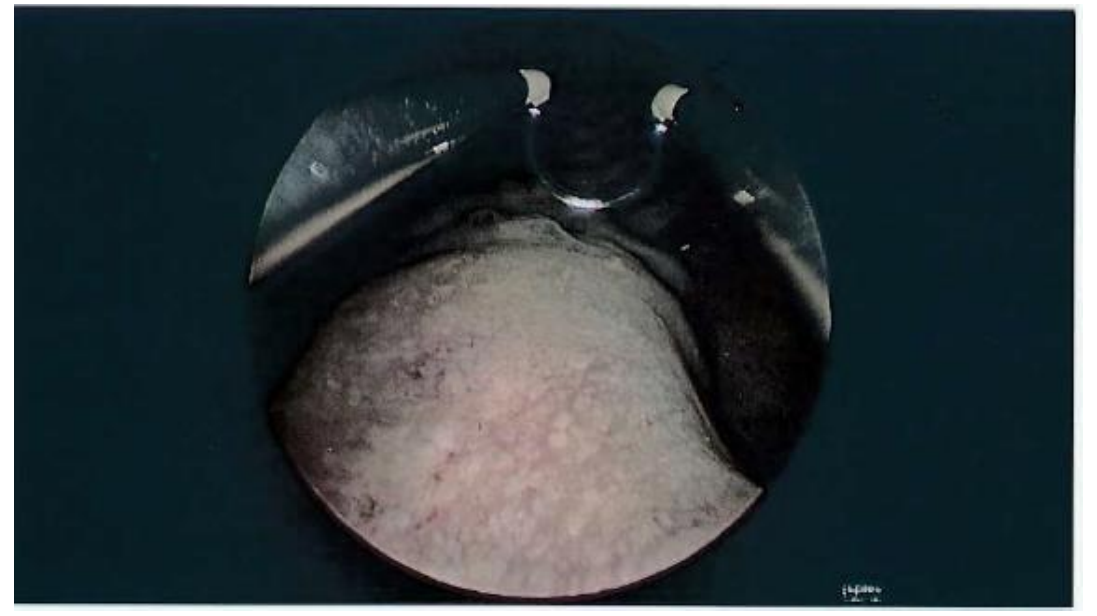
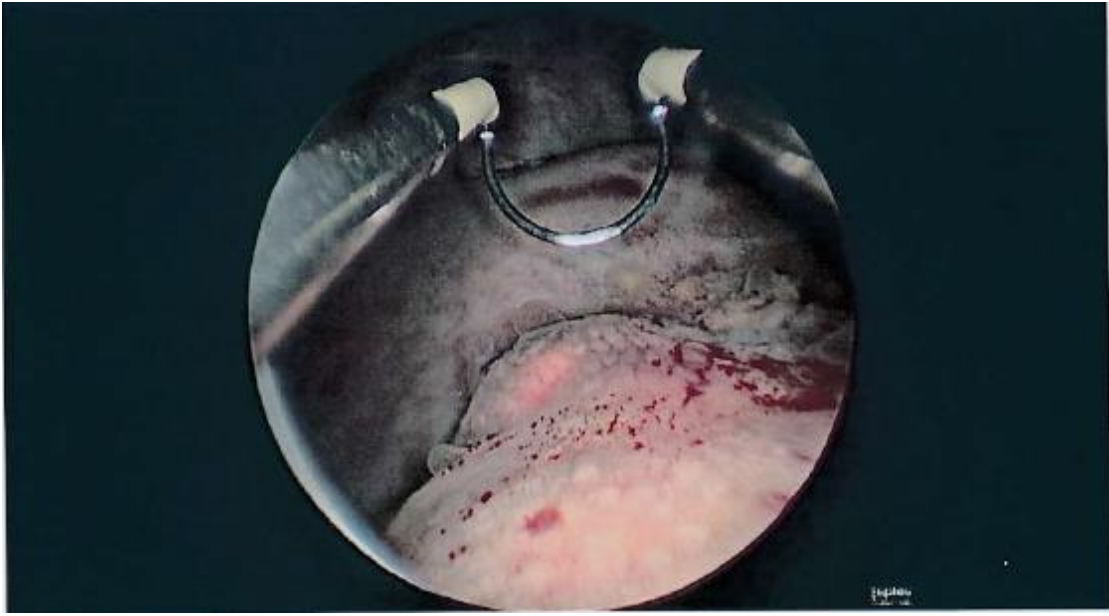
BLADDER ENDOMETRIOSIS (A CASE REPORT)

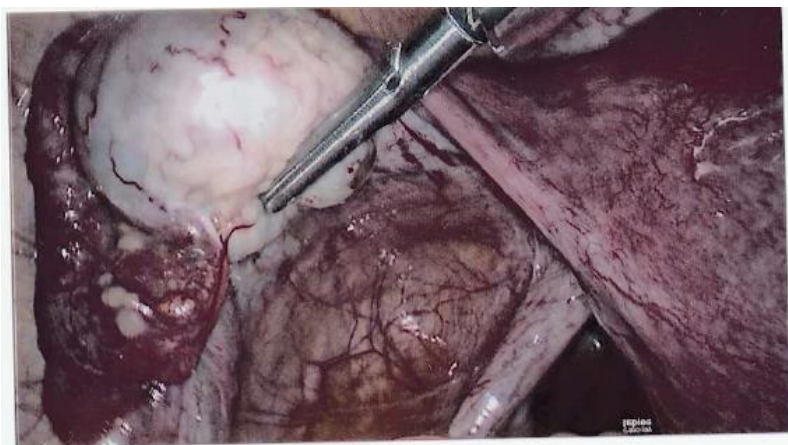
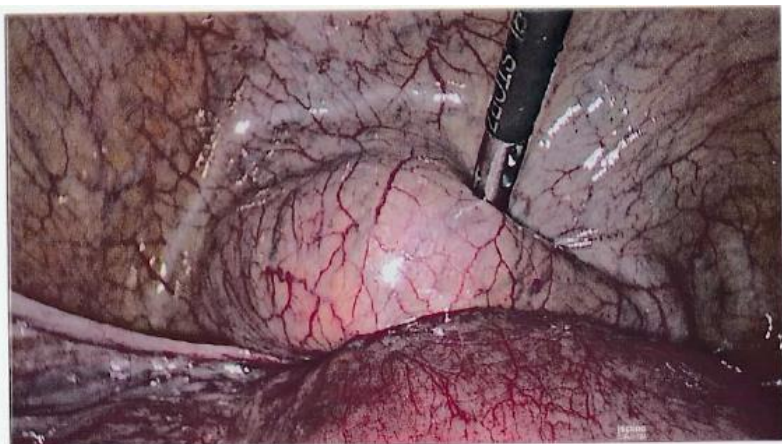
DR. MEENA ALI (SAS DOCTOR POW)

33 YEAR OLD P1 +0 . previous caesarean delivery.

- Presenting complain: supra pubic pain, frequency and difficulty of urination worst premenstrual and eased off 2weeks after menstruation.
- An ultrasound and later MRI showed 2.8cm irregular mass between anterior uterine wall and bladder ,which also protruded into the bladder. Findings were consistent with bladder endometrioma hence Gnrh analogues was given for 3 months .
- Scan performed during the treatment showed resolution of the mass along with the symptoms. With relapse of both symptoms and the mass after stopping treatment.
- MDT meeting decided for cystoscopy and laparoscopy. Pt underwent cystoscopy and biopsy of protruding posterior wall leision.
- Diagnostic laparoscopy confirmed abdominal endometriosis. Histopathology of blabber biopsy later confirmed endometriosis.







- **Discussion:**
- **Urinary tract endometriosis(bladder or ureters) comprises 1% of all female endometriosis.**
- **Bladder endometriosis(BE) being the most common 70%. Which is considered as deeply infiltrating endometriosis(DIE).**
- **Most of the time it is associated with presence of pelvic endometriosis . which points to the fact that it's a disease secondary to pelvic surgery most commonly c-section or hysterectomy. Primary disease is rare.**
- **Less than 200 cases are reported in literature.**
- **Presents with lower urinary tract symptoms(LUTS). Haematuria is less frequent 3-35%.**
- **BE and bladder pain syndrome share similar symptoms. Can coexist “evil twin syndrome”**
- **Ultrasound is fundamental in diagnosis and MRI helps in delineating bladder wall layers.**

- **Lack of guidelines for treatment as the pathology is rare.**
- **Patients fertility wish. Conservative/surgical**

Conclusion:

- **women with LUTS and co existing chronic pelvic pain should always be considered for diagnosis of bladder endometriosis and some modality of imaging like ultrasound and MRI be performed .**

Thank You