输尿管子宫内膜异位症伴肾积水1例报告并文献复习

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摘要 目的:探讨子宫内膜异位症累及输尿管的诊断和治疗方法。方法:术前诊断为右侧输尿管下段占位病变伴右肾积水的42岁女性患者,行下腹正中切口,探查右侧输尿管开口处可见淡黄色息肉样病变,突入膀胱,输尿管下段增粗并全程扩张积水,行输尿管下段并膀胱袖式切除,输尿管膀胱再植术。术后病理报告为输尿管子宫内膜异位症。结果:术后复查B超示右肾积水较术前恢复,术后予抑那通3.75mg/28d,随访6个月未见复发。结论:对于输尿管占位并上尿路积水的女性患者,除考虑肿瘤外还应考虑子宫内膜异位症可能。手术联合内分泌治疗是治疗输尿管子宫内膜异位伴肾积水的有效方法。

关键词:子宫内膜异位;输尿管;肾积水

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Ureteral Endometriosis Complicated with Hydronephrosis: a Case Report and Literature Review

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ABSTRACT Objective: To explore the diagnosis and treatment of ureteral endometriosis. Methods: A 42-year-old female diagnosed of neoplasm in the remote part of right ureter and hydronephrosis before surgery, underwent the middle incision in the lower abdominal wall to explore the right ureter. A yellow ploid tissue near the orifice of the right ureter was found, which was grown into the bladder. The lower part of the ureter was thickening and the whole course of right ureter dialated because of hydroureterosis. The lower part of right ureter and the peripherry bladder wall was resected, and the patient underwent ureteroneocystostomy. The pathological report revealed the endometriosis in the ureter. Results: After surgery the ultrasound examination revealed that the hydronephrosis in the right kidney decreased. After surgery 3.75 mg enatone was given every 28 days,no recurrence in 6 months of follow-up. Conclusion: For female patients with ureteral mass complicated with hydronephrosis, besides tumor, the endometrosis should be considered. Surgery combined with endocrine therapy is an effective therapy for the ureteral endometrosis with hydronephrosis.

Key words: Endometrosis; Ureter; Hydronephrosis

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子宫内膜异位症(Endometriosis,EMS)累及泌尿系统很少见,约占子宫内膜异位症的1%-5%[1]。可发生于尿路的任何部位,其中最常累及膀胱和输尿管,较少累及肾脏[2]。尿路EMS起病隐匿,术前较难确诊。我院2011年1月诊治1例累及右侧输尿管的子宫内膜异位症患者,报告如下。

1 资料与方法

女性,42岁,体检发现右肾积水半月入院。20年前曾行1次剖腹产,询问病史发现有经期血尿11年。无周期性下腹痛,静脉肾盂造影(图1)显示右肾积水,右侧输尿管扩张。B超检查示右肾积水,集合系统分离液暗区深处约22mm。CT(图2)显示右肾积水,右侧输尿管扩张积水,膀胱右侧输尿管开口处可见占位病变,考虑恶性可能。膀胱镜下右侧输尿管开口显示不清,取活检结果示粘膜慢性炎症。入院后行右下段输尿管探查术,取下腹正中切口。打开膀胱发现右侧输尿管开口处占位病变(图3),直径2-3厘米,呈息肉样突起,右侧输尿管下段明显增厚变硬,增厚以上部位输尿管扩张明显,行病变处输尿管及输尿管开口处膀胱壁袖式切除,将右侧输尿管与膀胱再吻合,内置DJ管,术后病理证实为右侧输尿管子宫内膜异位症(图4)。

2 结果

术后1月拔除DJ管后经期血尿消失。复查泌尿系统B超示右肾积水较术前明显恢复,右肾集合系统轻度分离液暗区深约9 mm。患者术后予抑那通3.75 mg/28d,皮下注射,随访6个月未见复发。

3 讨论并文献复习

子宫内膜组织出现在子宫腔之外的部位称为子宫内膜异位症(Endometriosis, EMS)[3],EMS是妇科常见病,近年来发病率有增高趋势,其发病原因不明确,月经血逆流可能为其原因之一[4]。EMS侵犯尿路属于较罕见的情况,根据泌尿外科治疗原则,需达到缓解症状及改善肾功能的目标。EMS累及泌尿系统常无典型临床症状,术前较难确诊,伴有输尿管梗阻者会引起患侧肾积水而影响肾功能,应引起足够重视。由于EMS具有

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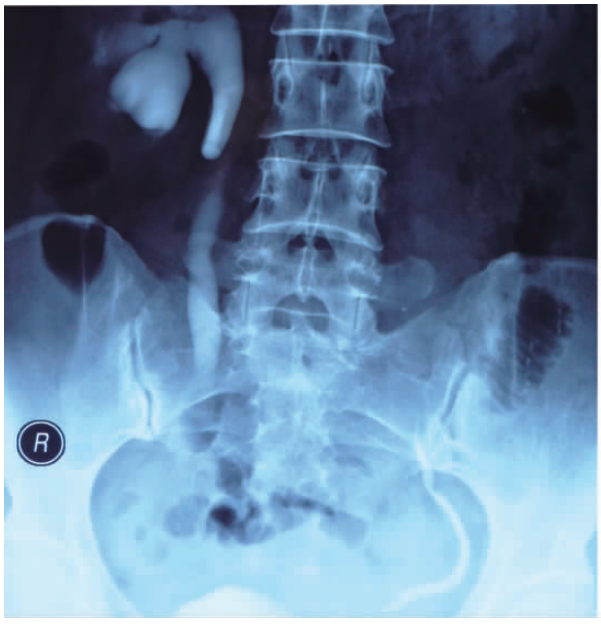

图 1 静脉肾盂造影显示右肾积水，右侧输尿管大部扩张积水

Fig.1 The intravenous pylography revealed the hydronephrosis, and the major right ureter got hydroureterosis

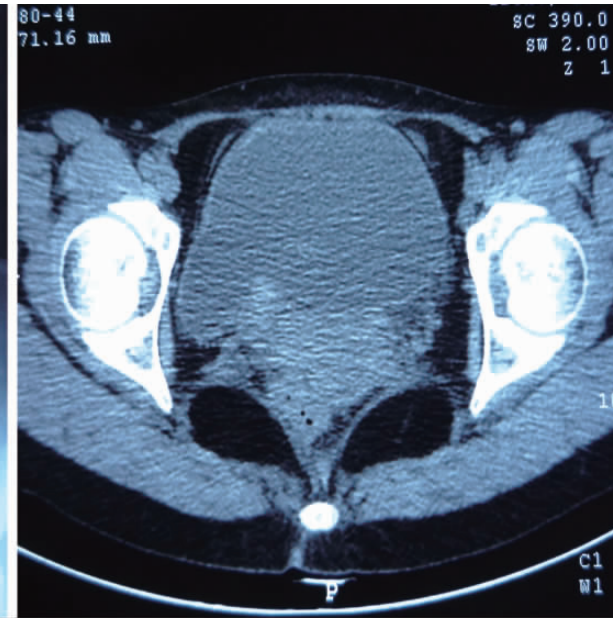

图 2 CT 示右侧输尿管开口处可见一占位病变突入膀胱，箭头所示

Fig. 2 The CT revealed a mass intruding into the bladder in the opening of right ureter, labeled by the arrow

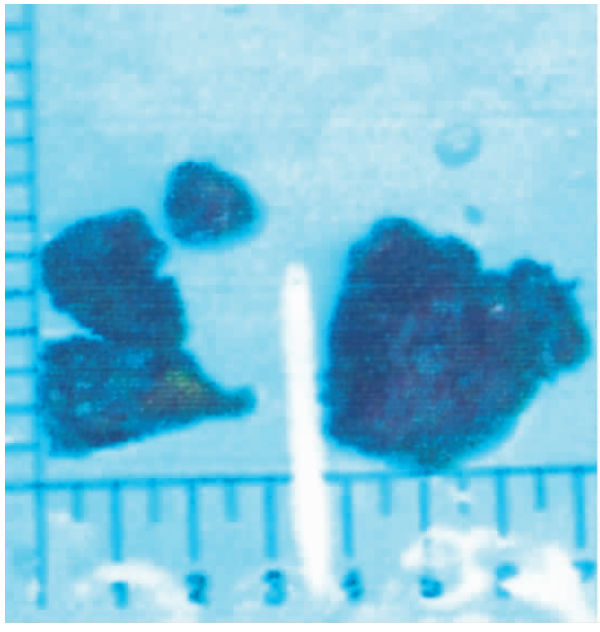

图 3 右侧输尿管末端可见息肉样子宫内膜组织约 2× 2.5cm 大小

Fig . 3 The ploid ureteral endometriosis near the ending of right ureter, with the size of 2× 2.5cm

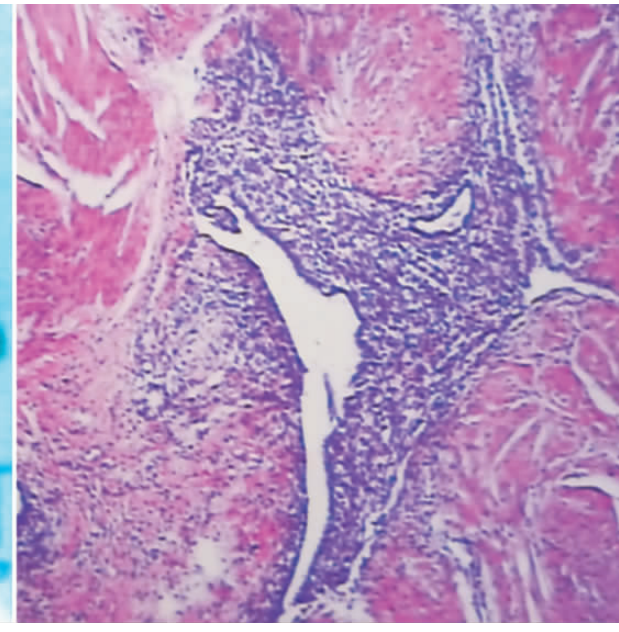

图 4 病理切片示子宫内膜样上皮组织及间质组织(HE× 100)

Fig. 4 The pathological section revealed the endometrium tissue and interstitial tissue(HE× 100)

良性病变，恶性表现的特点，具有侵袭性及可复发性[5]。因此除手术治疗外，还需辅以内分泌治疗[6]以抑制子宫内膜增殖，防止复发。如促黄体激素释放激素激动剂 LHRH，达那唑等。但使用后会有一定的副作用，包括潮热，阴道干涩，头晕等[7]，但可以耐受。

输尿管子宫内膜异位常起源于严重的卵巢子宫内膜异位[8]，由于缺乏特异性表现，输尿管子宫内膜异位诊断更为复杂[9]。子宫内膜组织异位后受到雌激素刺激同样会发生增殖，当雌激素水平下降，月经来潮，异位的子宫内膜出血，而临近组织会发生炎症，粘连，反复慢性炎症进而增殖并纤维化[10]。Li CY 等[11]报道 10 例输尿管子宫内膜异位症，9 例均发生于输尿管外子宫内膜异位，只有 1 例是输尿管内子宫内膜异位症。本病例由于长期内膜组织增殖和出血，导致末端输尿管慢性炎症并增殖，狭窄，导致右侧输尿管全程扩张积水，右肾积水。肾积水是输尿管子宫内膜异位症罕见但严重的并发症。本病例曾有剖宫产史，行膀胱镜检查时右侧输尿管开口窥不清，行病变组织活检为慢性炎症，可能与取材不够深有关。本病例为输尿管及其周围膀胱组织子宫内膜异位，因此，对于输尿管占位并上尿路积水的女性患者，除考虑肿瘤外，还应考虑子宫内膜异位症可能。输尿管 EMS 随病程的进展，输尿管梗阻逐渐加重，肾积水

进一步加重，导致肾功能损害甚至丧失。尤其是双侧病变者，可能导致肾功能衰竭，应引起重视。多有周期性血尿的表现。本病例有周期性肉眼血尿，右肾扩张积水。输尿管镜检查对输尿管EMS的诊断及治疗均有帮助，可发现输尿管腔内病灶，取活检行病理确诊。对于输尿管子宫内膜异位症的治疗方法[12]，取决于内膜异位的位置及浸润深度。如内膜异位在输尿管外侧，可行腹腔镜下输尿管松解术[13]。如输尿管子宫内膜异位症范围较小，可输尿管镜下激光切除后辅助内分泌治疗[14]。由于本例输尿管全程扩张积水，子宫内膜异位周围纤维化严重，行输尿管下段切除及膀胱袖式切除，不仅可去除病变，还可以切除周围纤维化组织。Mereu L 等[15]报道 56 例输尿管子宫内膜异位并中度到重度肾积水的病例，根据病变情况采取腹腔镜下异位子宫内膜切除术，及输尿管松解术，输尿管与输尿管端端吻合，输尿管膀胱再植或患侧肾脏切除术。腹膜后腹腔镜或者经腹腹腔镜下输尿管松解术均有报道，有报道显示经腹腔行松解术有利于完整切除输尿管周围异位的子宫内膜组织[16]。目前机器人辅助手术在输尿管子宫内膜异位症中的应用也有报道[17]，具有手术创伤小，术后恢复快，出血少等优点。术后需跟踪随访，具有一定的复发率[18]。输尿管内异症复发率在 5%~15%[19]。不同的手术复发率不同，如输尿管粘连松解、端端吻合和膀胱吻合的复发率别离为 7.9%、10.7%和 2.6%[20]。复发还与盆腔内异症的手术彻底性有关，盆腔内异症根治性手术后输尿管内异症复发率为 3%[21]。目前较一致的看法是，输尿管外的子宫内膜异位采取腹腔镜下输尿管松解术可治愈大部分患者[22]。本例采取输尿管部分切除及输尿管膀胱吻合术，术后抑那通治疗并随访半年未见复发。

参 考 文 献 (References)

[1] Comiter CV. Endometriosis of the urinary tract [J]. Urol Clin North Am,2002,29:625-635

[2] Jubanyik KJ, Comite F. Extrapelvic endometriosis [J]. Clin Obstet Gynaecol North Am,1997,24:410-440

[3] Antonelli A, Simeone C, Zani D, et al . Clinical aspects and surgical treatment of urinary tract endometriosis: Our experience with 31 cases[J]. Eur Urol,2006,49:1093-1097

[4] Viganò P, Parazzini F, Somigliana E, et al. Endometriosis: Epidemiol ogy and aetiological factors [J]. Best Pract Res Clin Obstet Gynaecol, 2004,18:177-200

[5] Al-Khawaja M, Tan PH, MacLennan GT,et al. Ureteral endometriosis: clinicopathological and immunohistochemical study of 7 cases.Hum Pathol,2008,39(6):954-959

[6] Van Gorp T, Amant F, Neven P, Vergote I. Endometriosis and the development of malignant tumours of the pelvis: A review of literature[J]. Best Pract Clin Obstet Gynaecol,2004,18:349-371

[7] Shaw RW. LHRH analogues in the treatment of endometriosis--comparative results with other treatments[J]. Baillieres Clin Obstet Gynaecol,1988,2(3):659-675

[8] Marcelli F, Collinet P, Vinatier D,et al. Ureteric and bladder involvement of deep pelvic endometriosis. Value of multidisciplinary surgical management[J]. Prog Urol,2006,16(5):588-593

[9] Vercellini P, Pisacreta A, Pesole A, et al. Is ureteral endometriosis an asymmetric disease?[J]. BJOG,2000,107(4):559-561

[10] Radosa MP, Bernardi TS, Georgiev I, et al. Coagulation versus excision of primary superficial endometriosis: a 2-year follow-up[J]. Eur J Obstet Gynecol Reprod Biol,2010,150(2):195-198

[11] Li CY, Wang HQ, Liu HY, et al.Management of ureteral endometriosis: a report of ten cases[J]. Chin Med Sci J,2008,23(4):218-223

[12] Pé rez-Utrilla Pé rez M, Aguilera Bazá n A, et al. Urinary tract endometriosis: clinical, diagnostic, and therapeutic aspects[J]. Urology,2009,73(1):47-51

[13] Frenna V, Santos L, Ohana E, et al. Laparoscopic management of ureteral endometriosis: our experience[J]. J Minim Invasive Gynecol,2007, 14(2):169-171

[14] Camanni M, Bonino L, Delpiano EM, et al. Laparoscopic conservative management of ureteral endometriosis: a survey of eighty patients submitted to ureterolysis[J]. Reprod Biol Endocrinol,2009,7:109

[15] Mereu L, Gagliardi ML, Clarizia R, et al. Laparoscopic management of ureteral endometriosis in case of moderate-severe hydroureteronephrosis[J]. Fertil Steril,2010,93(1):46-51

[16] Watanabe Y, Ozawa H, Uematsu K, et al. Hydronephrosis due to ureteral endometriosis treated by transperitoneal laparoscopic ureterolysis[J]. Int J Urol,2004,11(7):560-562

[17] Seixas-Mikelus SA, Marshall SJ, Stephens DD, et al. Robot-assisted laparoscopic ureterolysis: case report and literature review of the minimally invasive surgical approach[J]. JSLS,2010,14(2):313-319

[18] Smith IA, Cooper M. Management of ureteric endometriosis associated with hydronephrosis: An Australian case series of 13 patients[J]. BMC Res Notes,2010,3:45

[19] Chen HY, Huang MC, Hung YC, et al. Failure of laparoscopy to relieve ureteral obstruction secondary to endometriosis[J]. Taiwan J Obstet Gynecol,2006,45(2):142-145

[20] Scioscia M, Molon A, Grosso G, et al. Laparoscopic management of ureteral endometriosis [J]. Curr Opin Obstet Gynecol,2009,21(4):325-328

[21] SeracchioliR,MabroukM,ManuzziL,et al. Importance of retroperitoneal uretericevaluation in cases of deep infiltrating en-dometriosis [J]. J MinimInvasive Gynecol,2008,15(4):435-439

[22] Soriano D, Schonman R, Nadu A, et al. Multidisciplinary team approach to management of severe endometriosis affecting the ureter: long-term outcome data and treatment algorithm[J]. J Minim Invasive Gynecol,2011,18(4):483-488