OP14.09 Symptoms and sonographic findings of women with bladder endometriosis
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Introduction
Bladder endometriosis (BE) is present in approximately 1% of women with endometriosis, and it is defined as the presence of endometrial tissue in the detrusor muscle. Transvaginal ultrasound (TVUS) could describe the endometriotic nodules in the bladder wall and the degree of infiltration of those nodules. The aim of the study is to compare the results of the TVUS with the symptoms in women with BE. Ureteral meatus, signs of hydronephrosis (abdominal) and other focus of pelvic endometriosis were also collected.

Methods
A total of 22 patients with TVUS diagnosis of BE were included. They were classified into two groups:
- Group 1 (9 patients): less infiltrative nodules affecting anterior cul-de-sac and partially the detrusor.
- Group 2 (13 patients): more infiltrative nodules affecting completely the detrusor with bladder protrusion.
Dysuria, dysmenorrhea, dyspareunia, pelvic pain and dyschezia were evaluated using VAS (0-10). Severity of symptoms were compared between groups.

Results
14/22 patients reported dysuria (63%):
- Group 1: VAS 1±2.7
- Group 2: VAS 5.7±3.5 (p=0.0004).
No statistically significant differences were found in the rest of symptoms.
4/22 patients reported haematuria (3/4 in the Group 2, with more infiltrative nodules). Ureteral meatus were visualized in 20/22 women. Only 4/22 women had hydronephrosis due to retrocervical nodules.

Figure 1. Endometriotic nodule Group 1

Figure 2. Endometriotic nodule Group 2

Conclusion
- Women with more infiltrative nodules referred more dysuria than women with nodules that do not protrude in the bladder cavity.
- Bladder nodules do not usually affect ureteral meatus and do not frequently cause hydronephrosis.