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Title: Paraureteral Endometriosis with Bilateral Gross Hydroureters and Left Renal Compromise.

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Deep endometriosis is usually defined as endometriosis infiltrating the peritoneum by >5 mm. It sometimes involves the ureter causing hydronephrosis in 5% of cases. The latter is associated with 18% ureteral lesions. Ureteral endometriosis is one of the rare causes of silent Kidney failure. The ureter obstruction can lead to urinary tract obstruction, hydronephrosis and hydroureters. The ureters are usually compressed externally by the endometriotic lesions surrounding it causing extrinsic ureteral endometriosis, and sometimes by pressure from the bulky adenomyotic uterus with paraureteral fibrosis. Renal Compromise is usually slow and progressive and its diagnoses might many times be missed because of the vague symptoms and late reporting. Imaging Ultrasound and Pelvis MRI is useful in detecting the ureteral obstruction and associated endometriosis in other organs. Renal Function tests and Renal Scintigraphy are essential to assess the renal function. Management of these cases can be multidisciplinary by the gynecologist and the urologists team and involves Surgical excision of the ureteral endometriosis to relieve the obstruction. These surgeries are better performed by Laparoscopy. These surgeries are difficult, challenging and requires advanced training, hence, should be performed in specialised centres for endometriosis and by expert hands.

Keywords: ureteral endometriosis; deep endometriosis; hydroureter

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advanced training. Therefore, it should be performed in specialised centres for endometriosis and by experts. We present a case of a 24yrs old nulliparous lady who was referred to us with left renal function compromise due to bilateral gross hydroureters and hydronephrosis for 2 years. The patient was managed in our department, by laparoscopic bilateral ureter Endometriosis lesions excision and ureteric re-implantation. She had a smooth recovery postoperatively and her renal function returned to normal.