Laparoscopic excision of pericardial and diaphragmatic endometriosis

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Objective: To present a five-step approach to the laparoscopic excision of pericardial and diaphragmatic endometriosis.
Design: Surgical video.
Setting: Academic tertiary care hospital.
Patient(s): 35-year-old nulliparous woman observed for chronic pelvic pain and infertility with a diagnosis of diaphragmatic endometriosis at a prior laparoscopy. Symptoms included severe chest pain and right shoulder tip pain, refractory to multiple medical therapies.
Intervention(s): Laparoscopic excision of pericardial and diaphragmatic endometriosis.
Main Outcome Measure(s): Description of the relevant anatomy, the literature surrounding pericardial and diaphragmatic endometriosis, and the approach to the surgical intervention and postoperative care.
Result(s): The laparoscopic excision of the full-thickness pericardial and diaphragmatic endometriotic lesions was successfully completed according to five reproducible steps: upper abdominal survey, liver mobilization, excision of diaphragmatic endometriosis, intrathoracic laparoscopic exploration, and closure of the diaphragmatic defect.
Conclusion(s): Although rare and challenging to diagnose and treat, pericardial and diaphragmatic endometriosis and its potentially debilitating symptoms can be successfully managed through a multidisciplinary and stepwise surgical intervention.

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Key Words: Diaphragm, endometriosis, laparoscopy, pericardium

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SUGGESTED READING

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