Laparoscopic management of Diaphragmatic Endometriosis: Triple approach

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Introduction:
The video demonstrates our surgical approach in the management of diaphragmatic endometriosis. We employ the laparoscopic approach in women who present with small black-pigmented diaphragmatic lesions, with or without infiltration of the diaphragm.
In larger deep infiltrating implants we deploy a robotic-assisted laparoscopic route, whereas in lesions involving the central tendon of the diaphragm a robotic-assisted thoracoscopy is preferred to avoid phrenic nerve injury.

Method:
In the majority of them lesions are multiple and measure less than 20mm in diameter, and are thus treated by ablation using plasma energy.
In order to achieve this, we exclusively use plasma energy in our practice, which has a major property that allows a high control of tissue destruction with minimal thermal diffusion in depth, therefore avoiding unintentional diaphragmatic perforation.
In the presence of full-thickness diaphragm infiltration, the ablation is continued up to the pleural cavity, and the intentional diaphragmatic defect can then be sutured.

In larger infiltrating lesions of the diaphragm, the robotic-assisted laparoscopic approach is utilized. The diaphragm is resected using a Maryland bipolar forceps. The diaphragmatic defect is then repaired with a permanent running suture, usually easy to perform with robotic assistance.

When large endometriosis lesions infiltrate the central tendon of the diaphragm, care should be taken not to injure the phrenic nerve, which cannot be identified by laparoscopy.
In such cases, robotic assisted-thoracoscopy is preferred through which the phrenic nerve can be identified and preserved. The procedure is performed by a multidisciplinary team including a gynecologist and a thoracic surgeon.

Discussion:
By combining resection and ablation techniques, we offer a surgical strategy which is as conservative as possible, with an aim to limit postoperative adhesions between the liver and the diaphragm, and avoid diaphragmatic paralysis.

Conclusion:
Through this video we present an overview of the various possible surgical approaches we deploy in patients with diaphragmatic endometriosis. Keeping with our conservative surgical philosophy, our aim is to provide an optimal balance between postoperative benefits and intra-operative risks.

P.S. The video will be transferred via WeTransfer
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Mots clés : deep infiltrating endometriosis, diaphragmatic endometriosis
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