

1ÈRE ÉDITION

**JOURNÉE
DE LA FILIÈRE
ENDO IDF**



L'endométriose de A à Z

L'importance du partenariat Radio-Chirurgical

Anne Elodie Millischer, IFEEN Paris

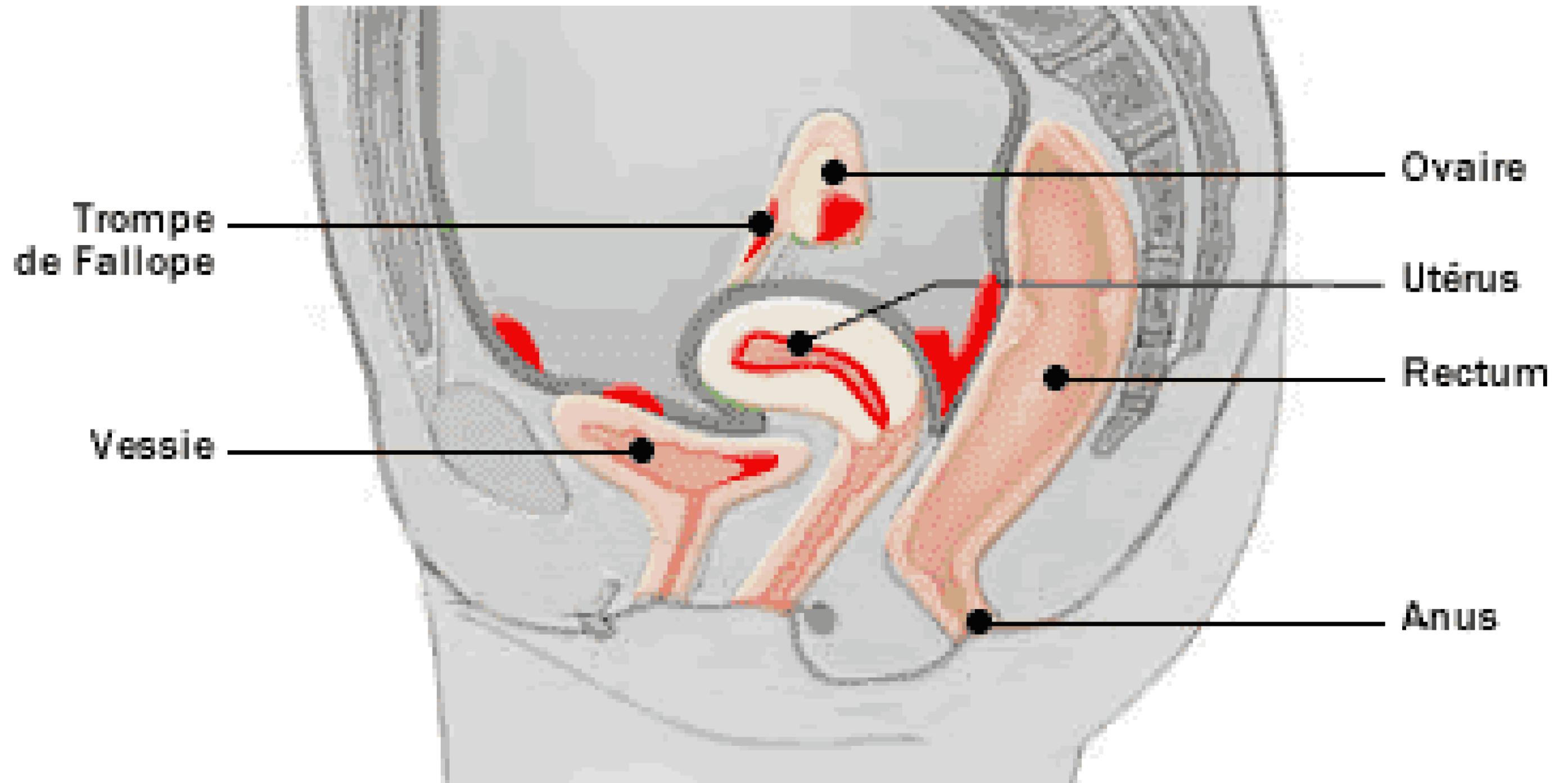
Pierre Panel, Centre Hospitalier de Versailles



LOCALISATIONS

1ÈRE ÉDITION

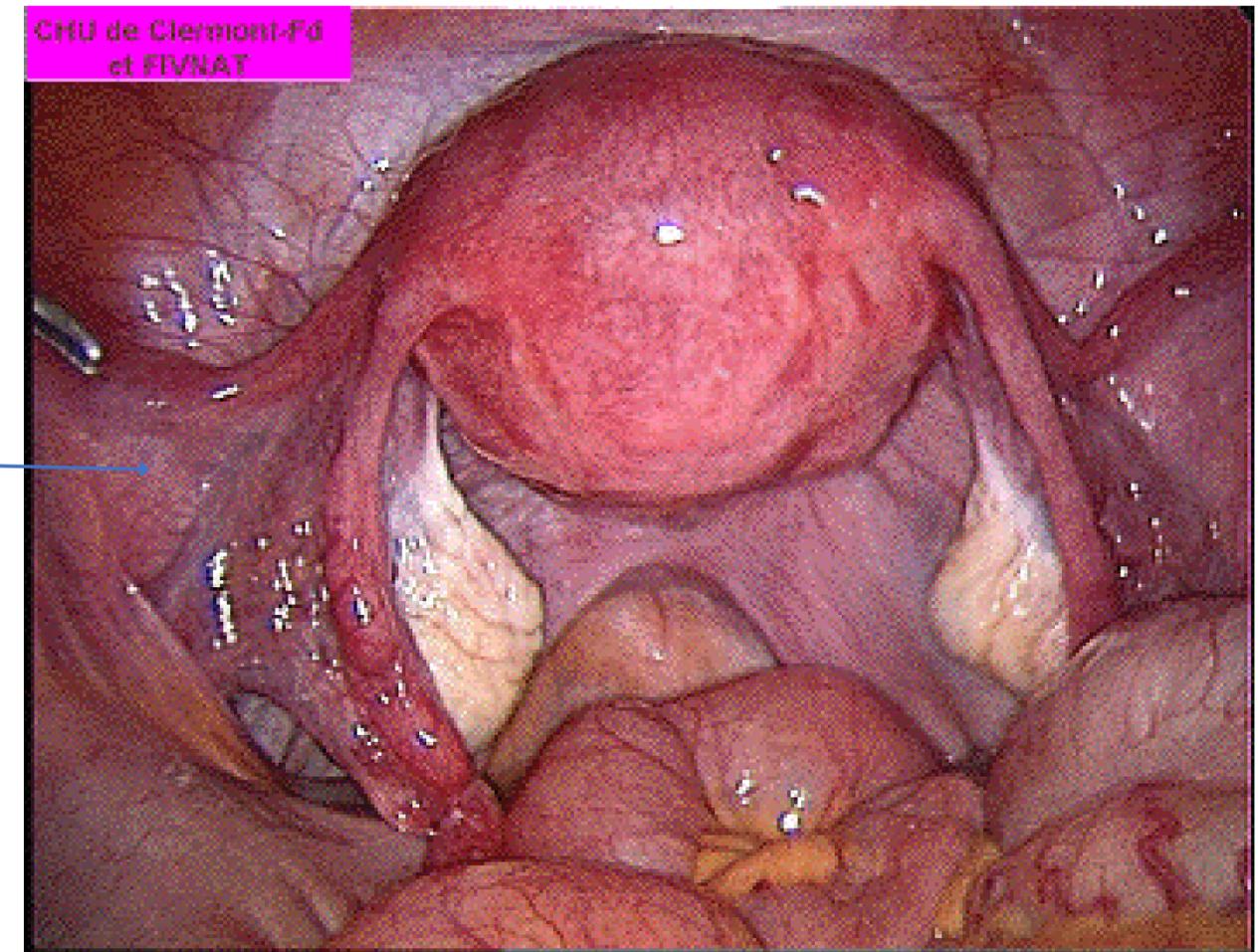
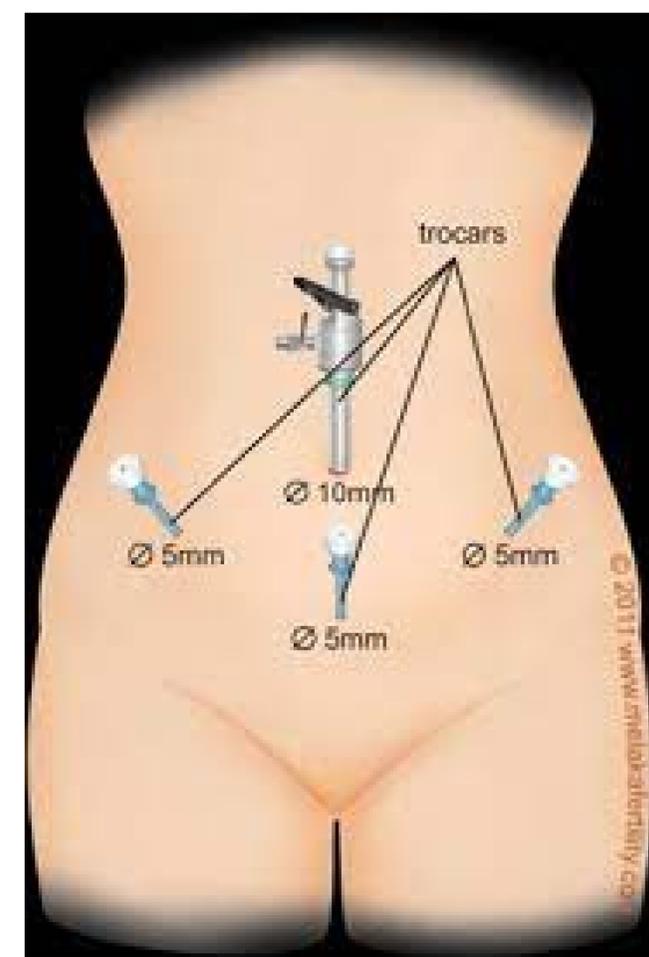
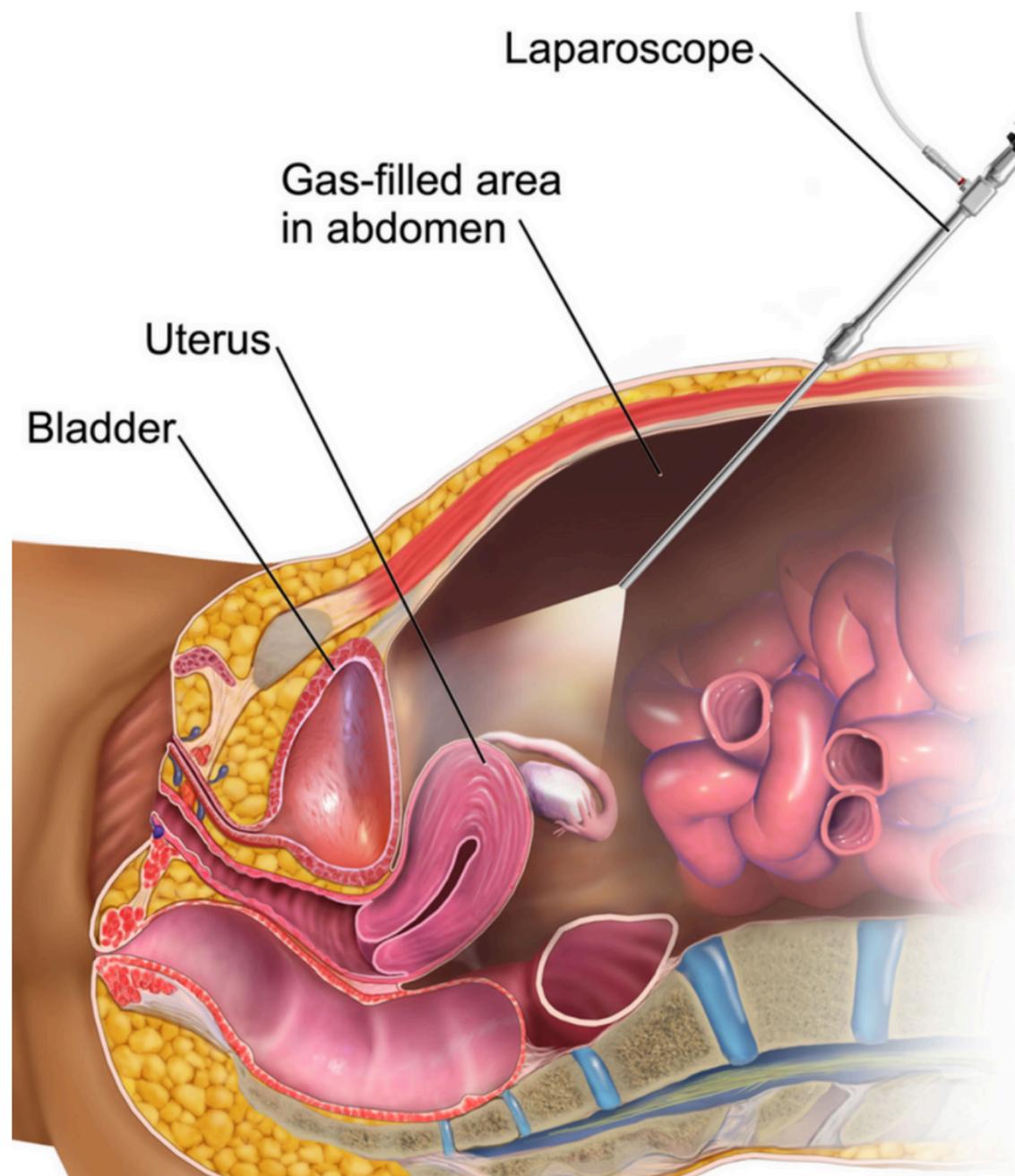
JOURNÉE
DE LA FILIÈRE



La vision coelioscopique

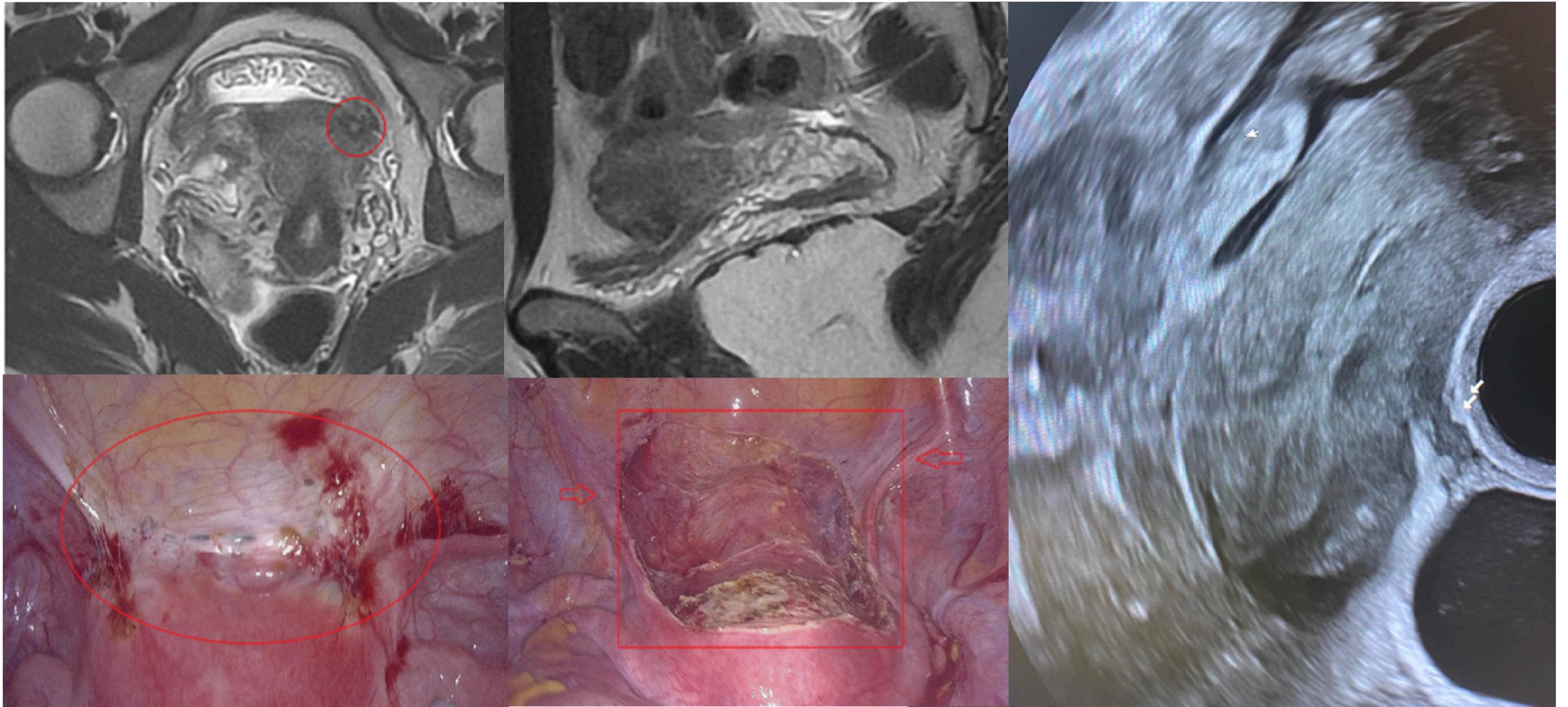
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JOURNÉE
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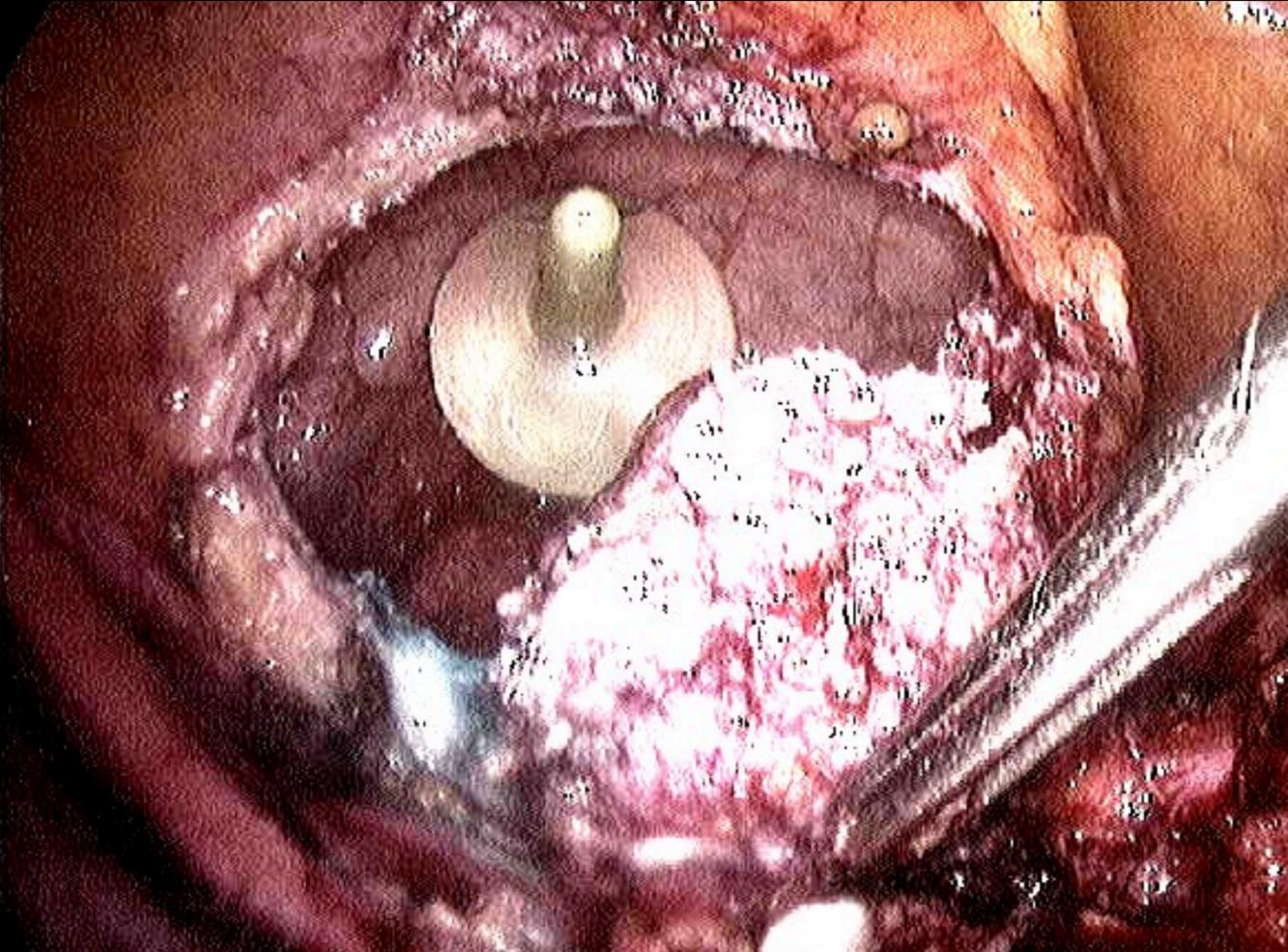
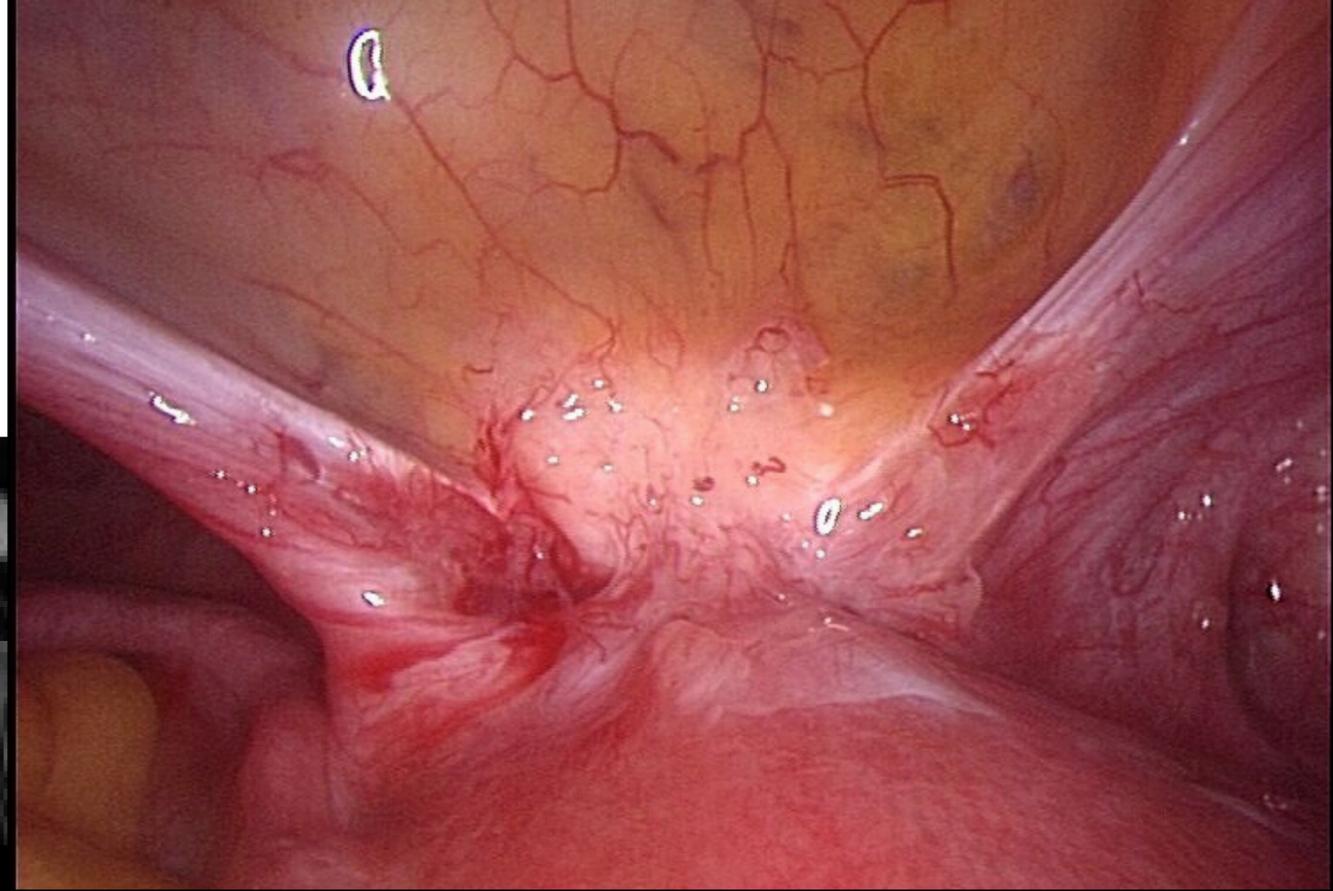
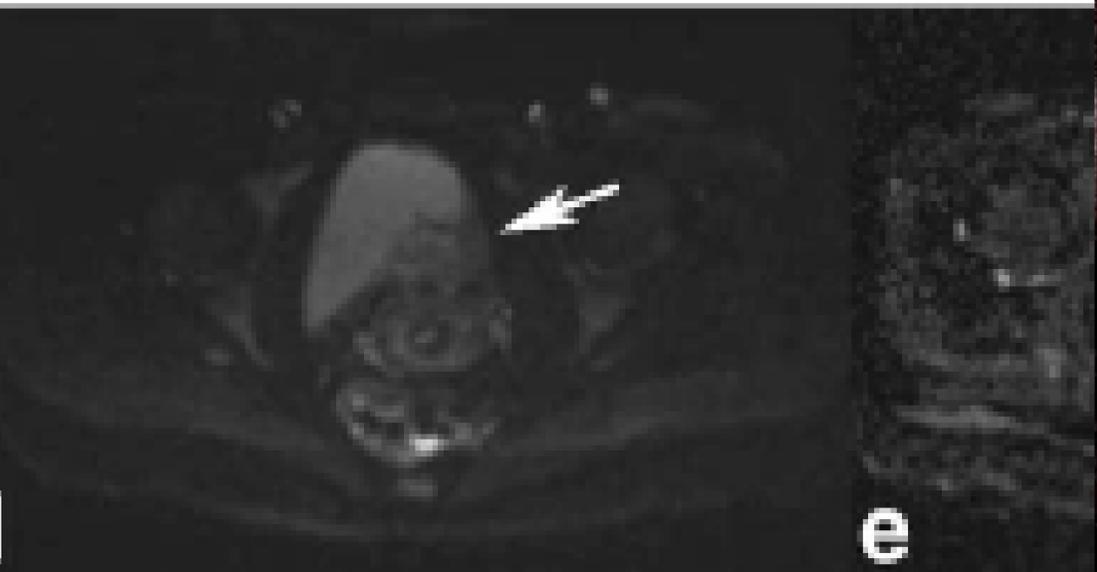
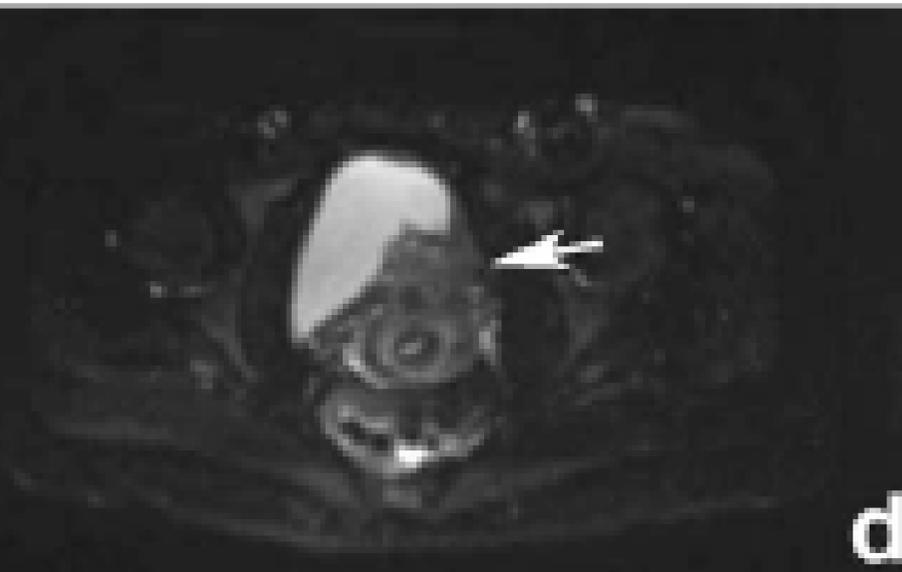
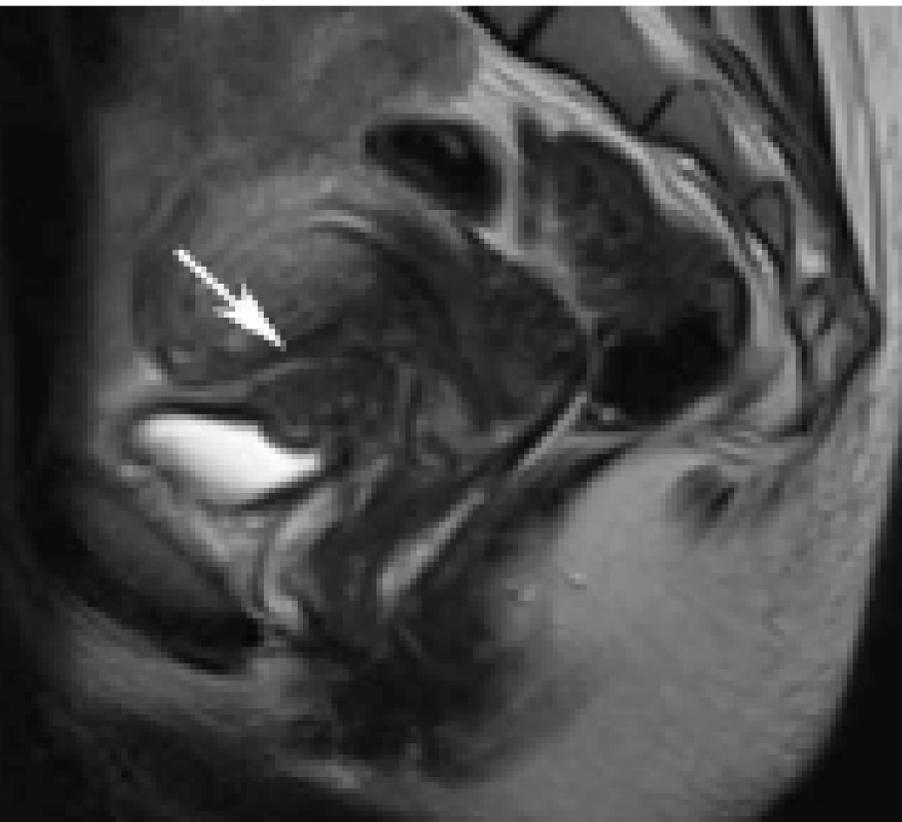


Compartment antérieur :

Right round ligament

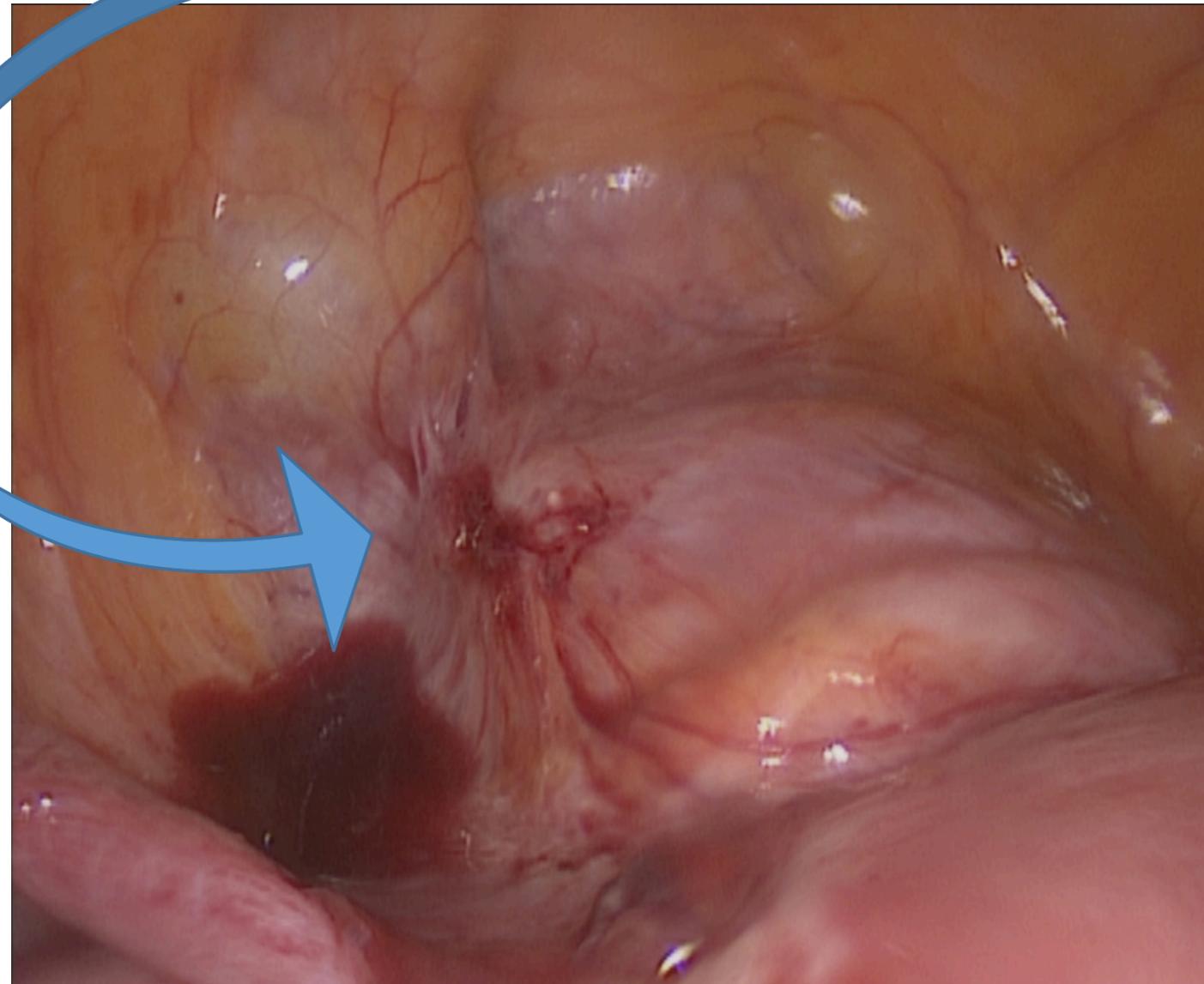


Endométriose vésicale

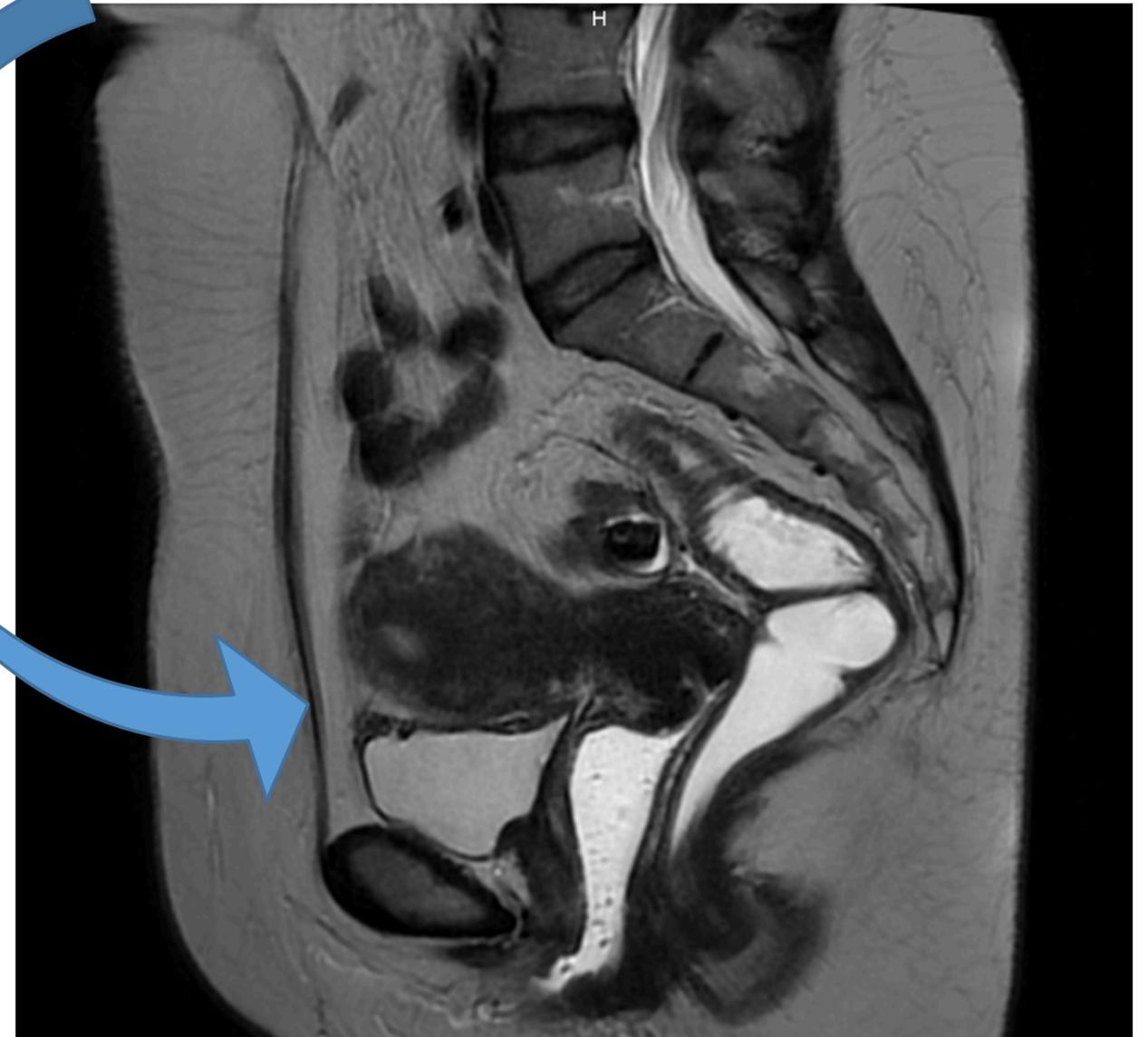


Lésion nodulaire du péritoine vésical antéro latéral gauche

COELIOSCOPIE

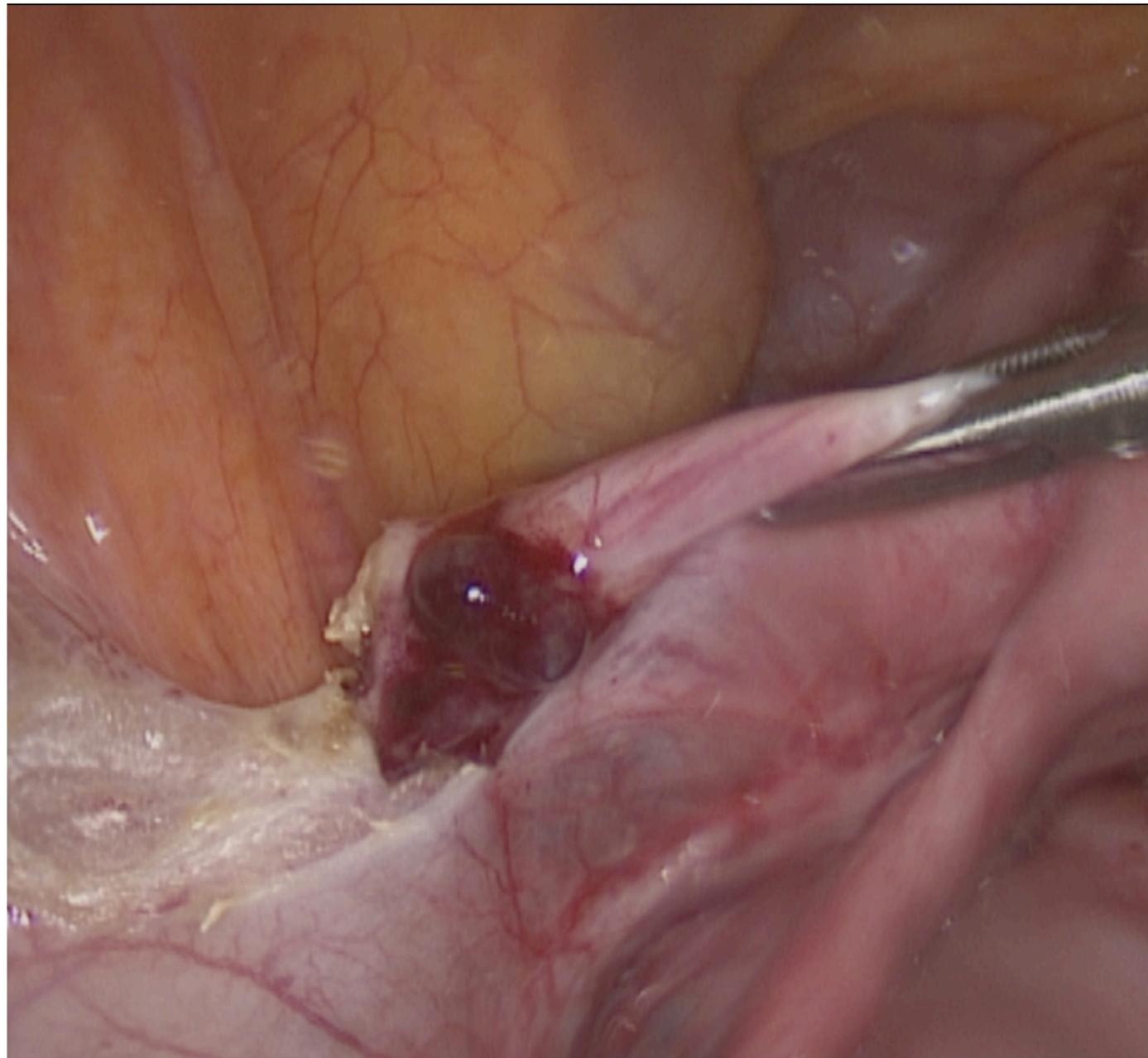


IRM PELVIENNE



Nodule du ligament rond gauche

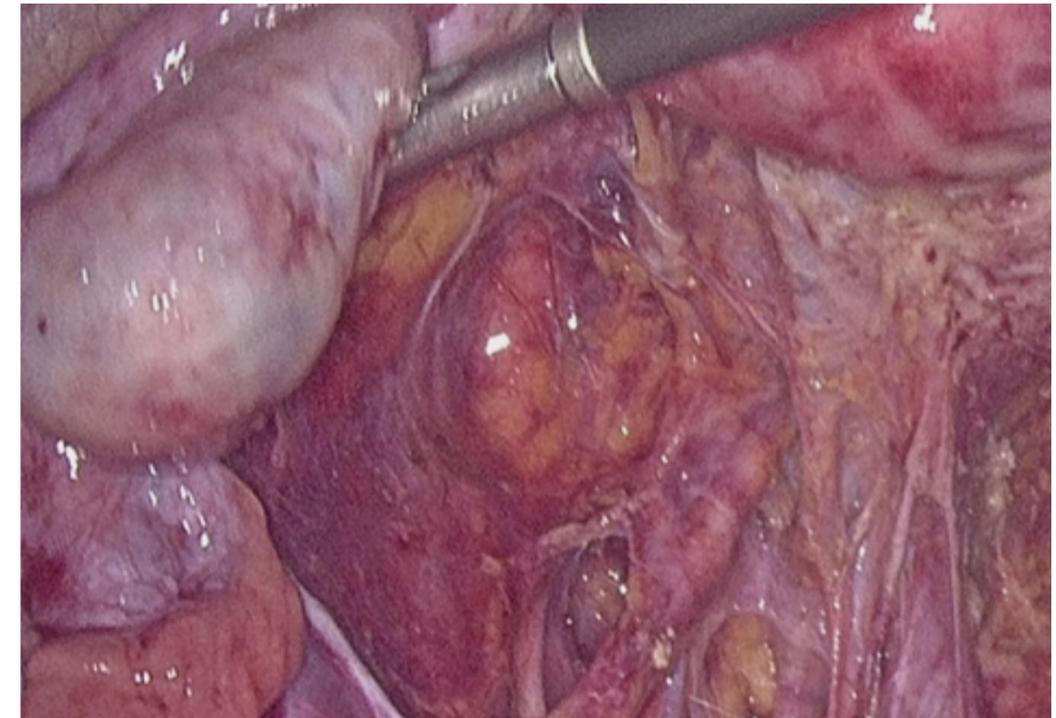
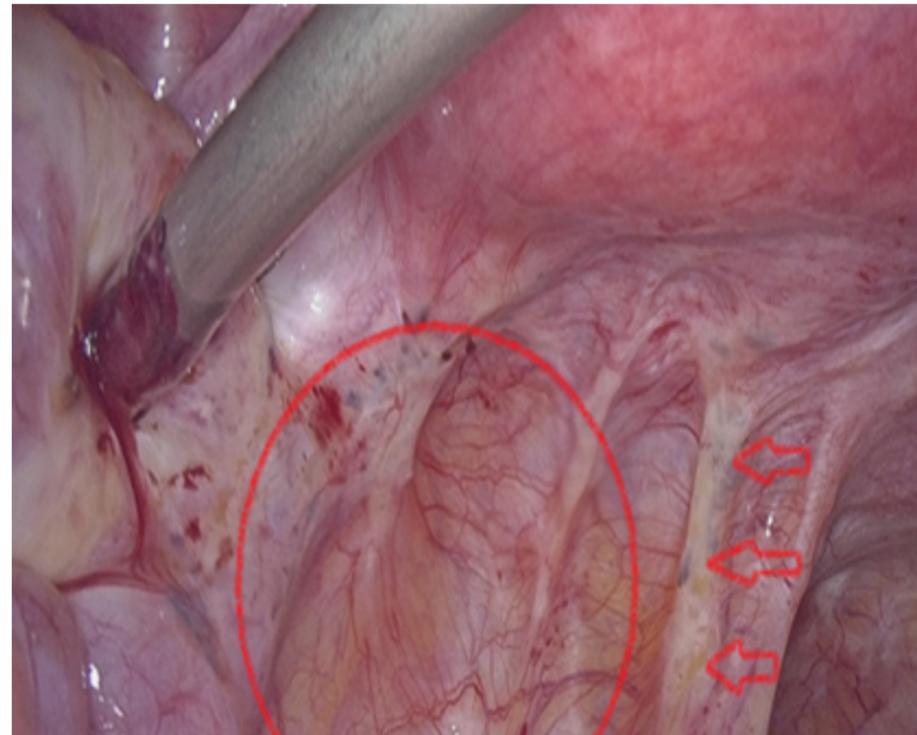
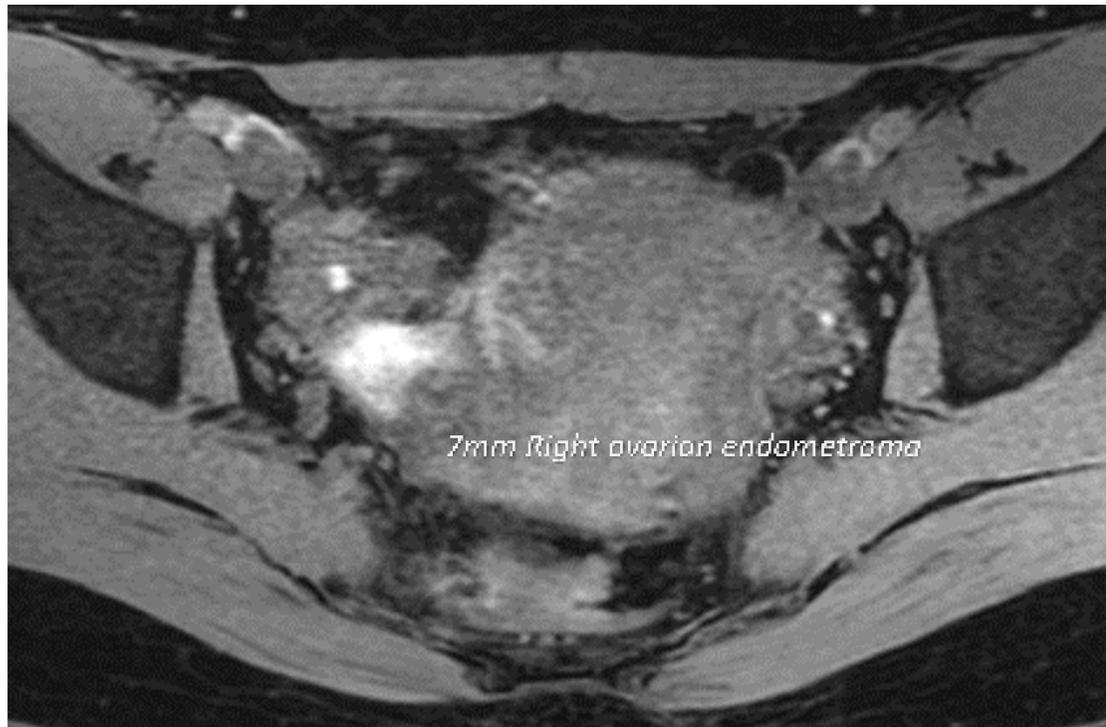
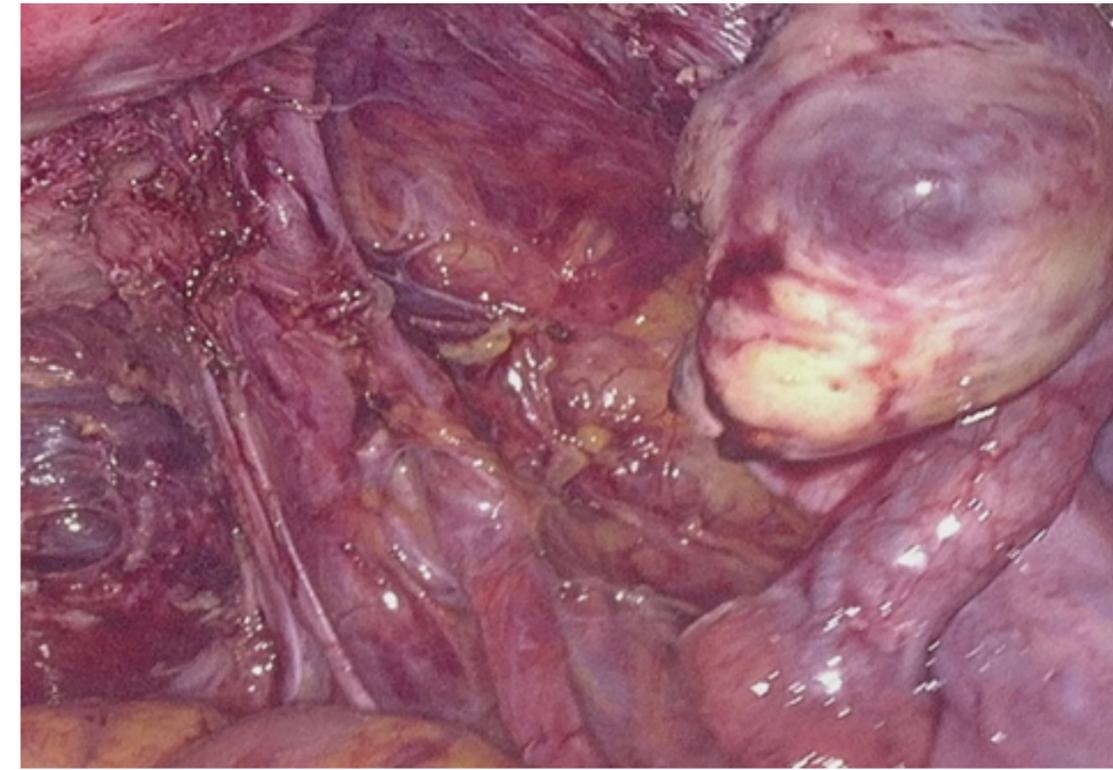
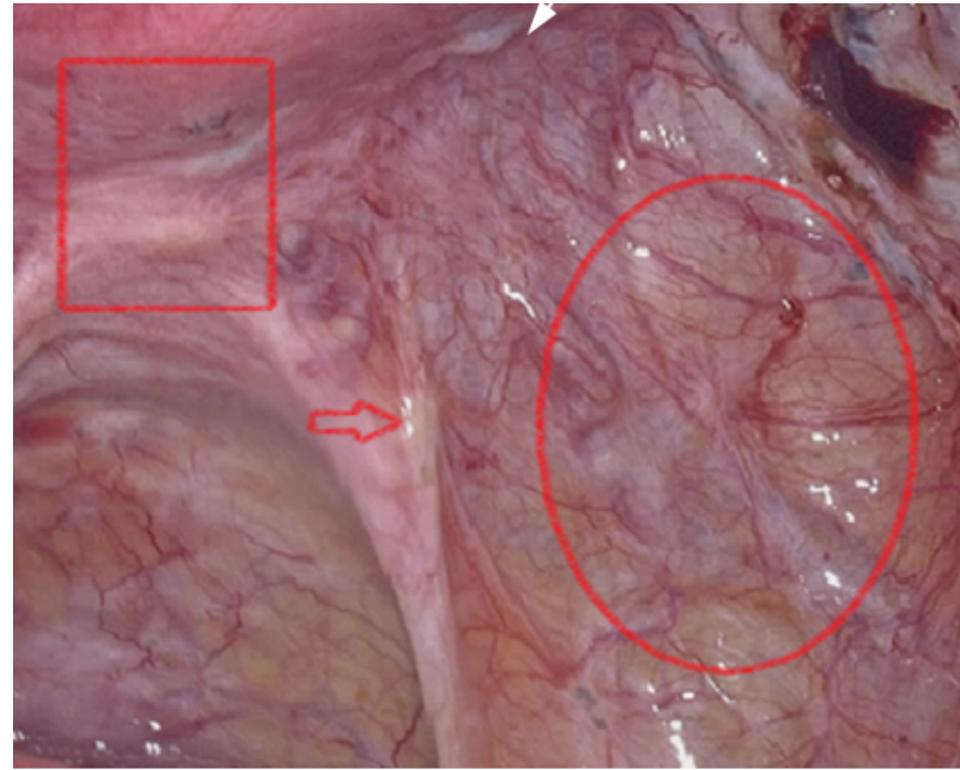
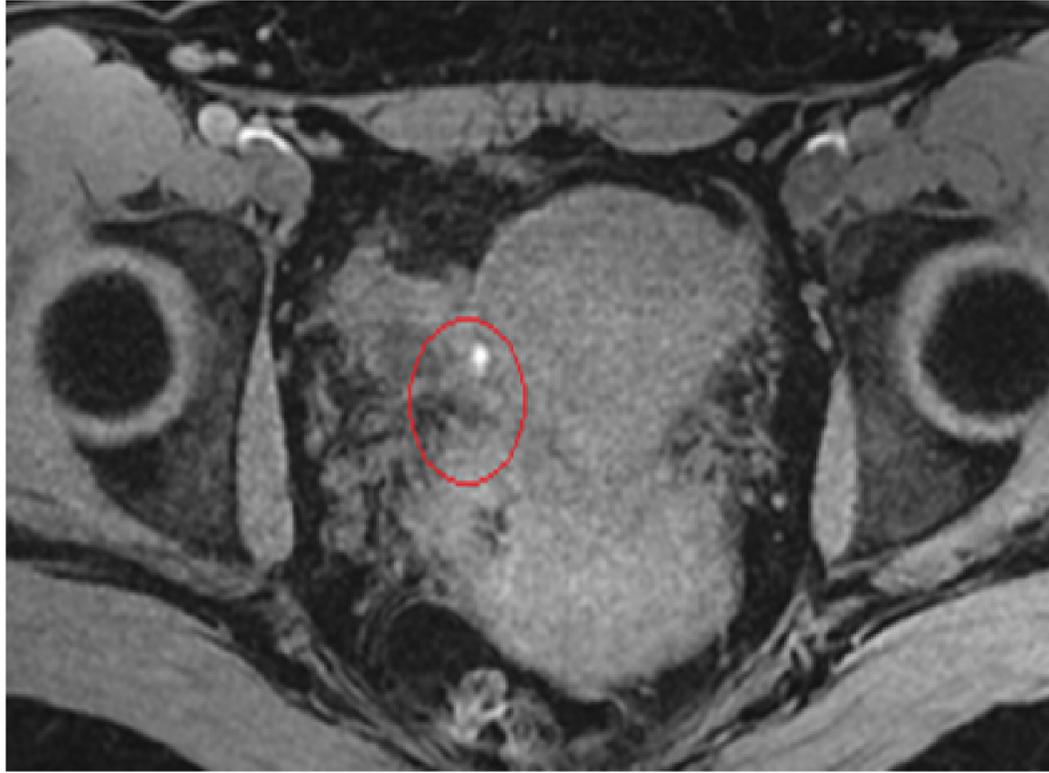
COELIOSCOPIE



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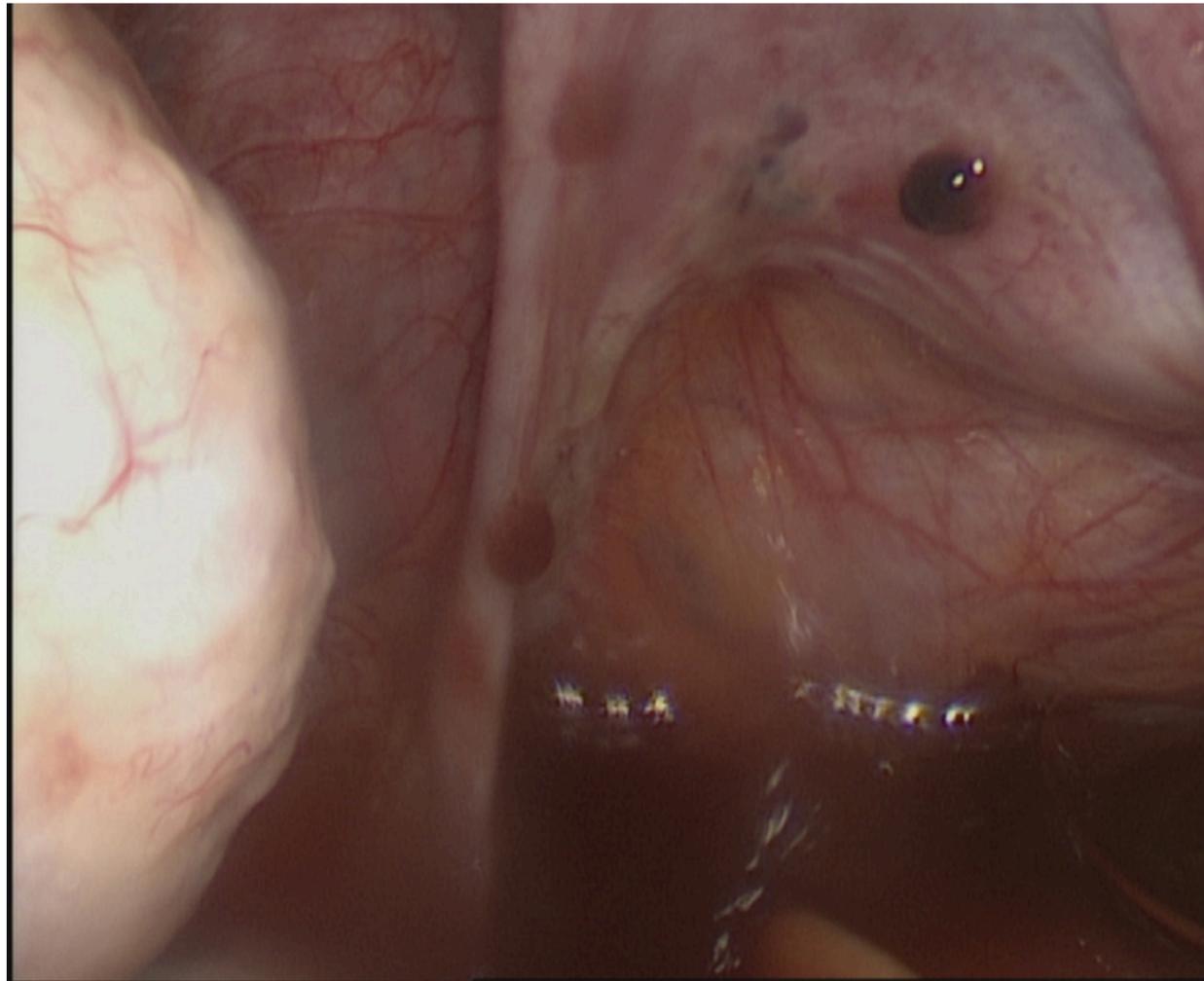


compartment postérieur



Nodule du torus et US gauche + implants superficiels
responsable d'une rétroflexion utérine

COELIOSCOPIE

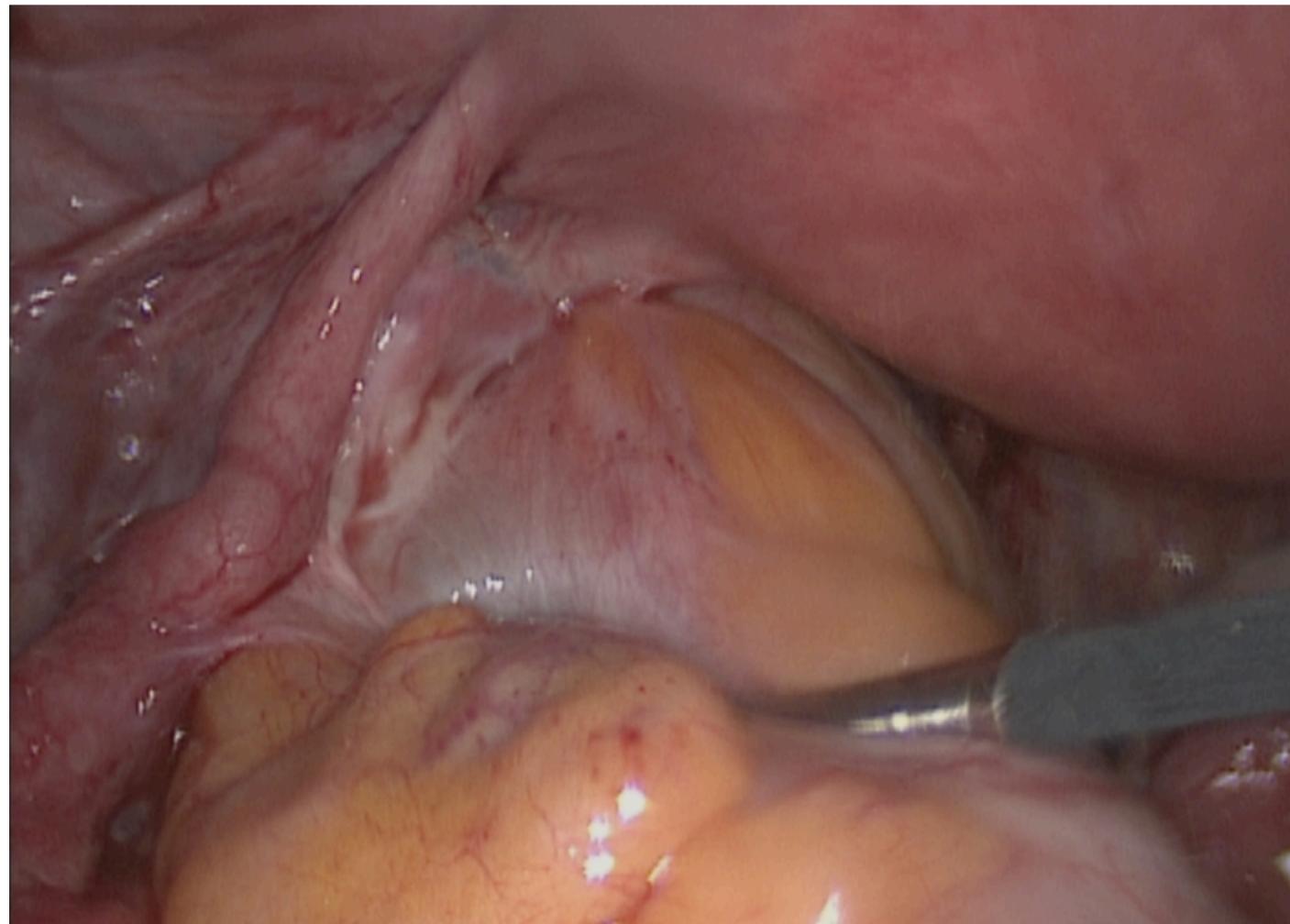


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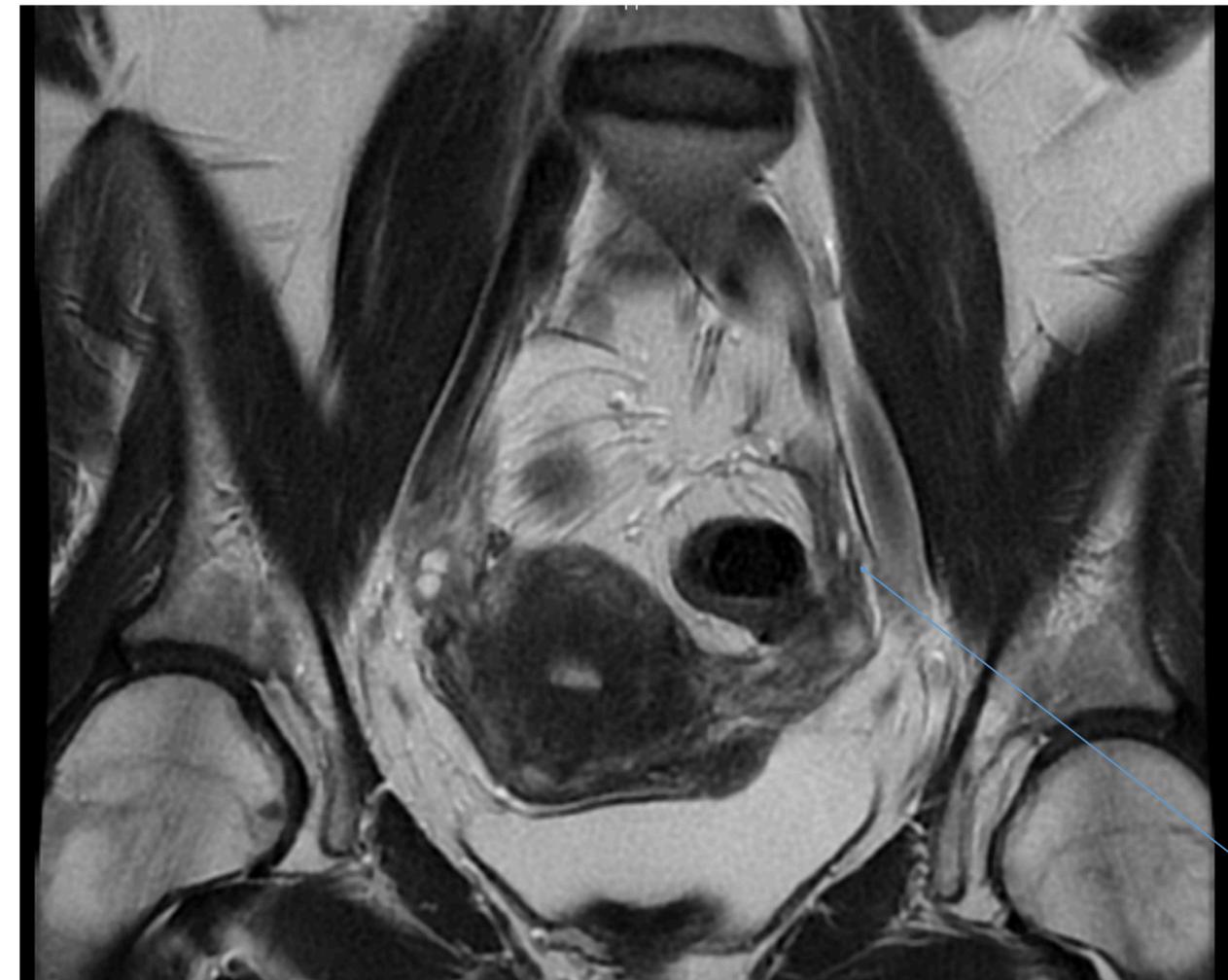


Fossette ovarienne gauche gelée

COELIOSCOPIE

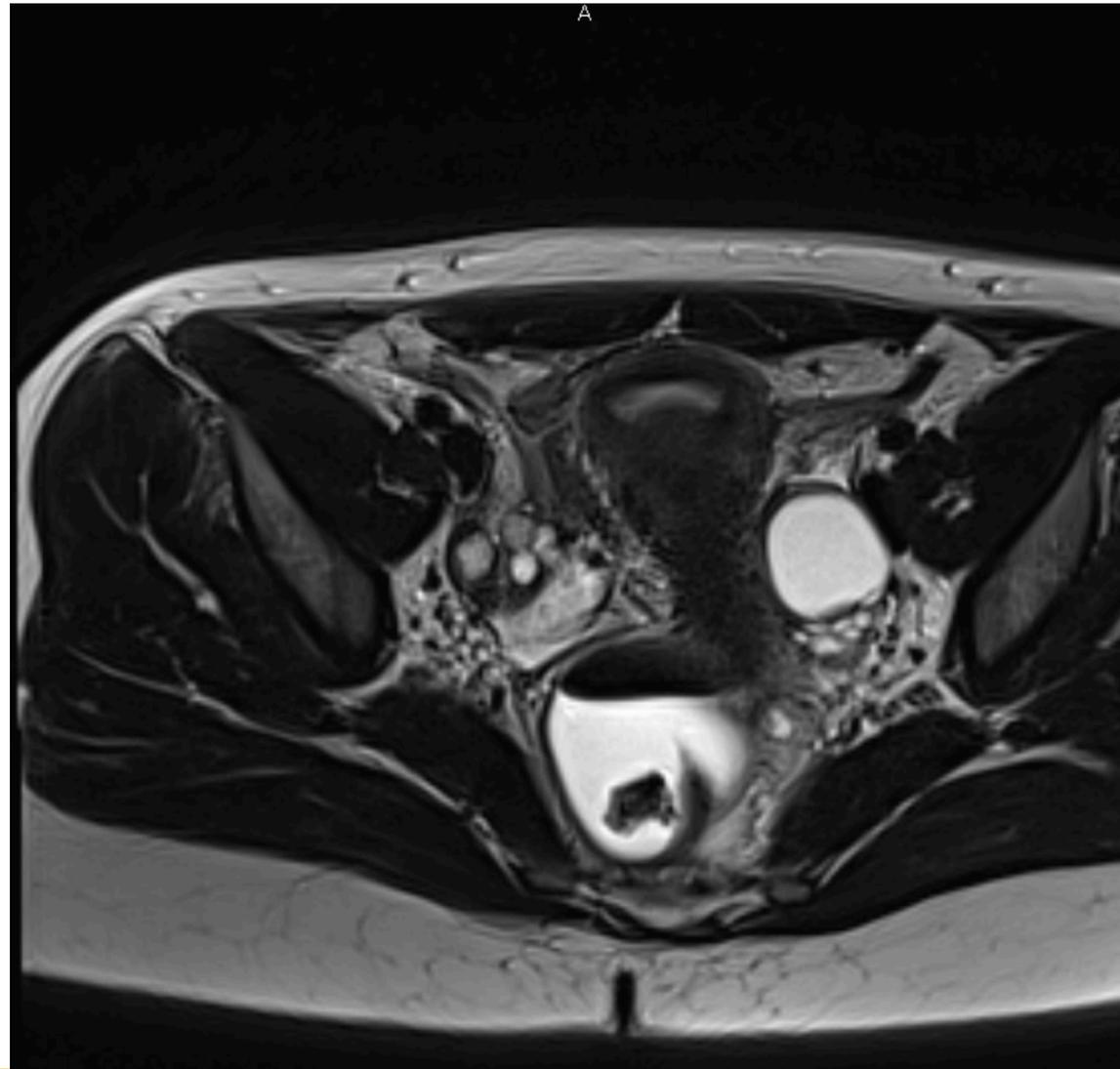


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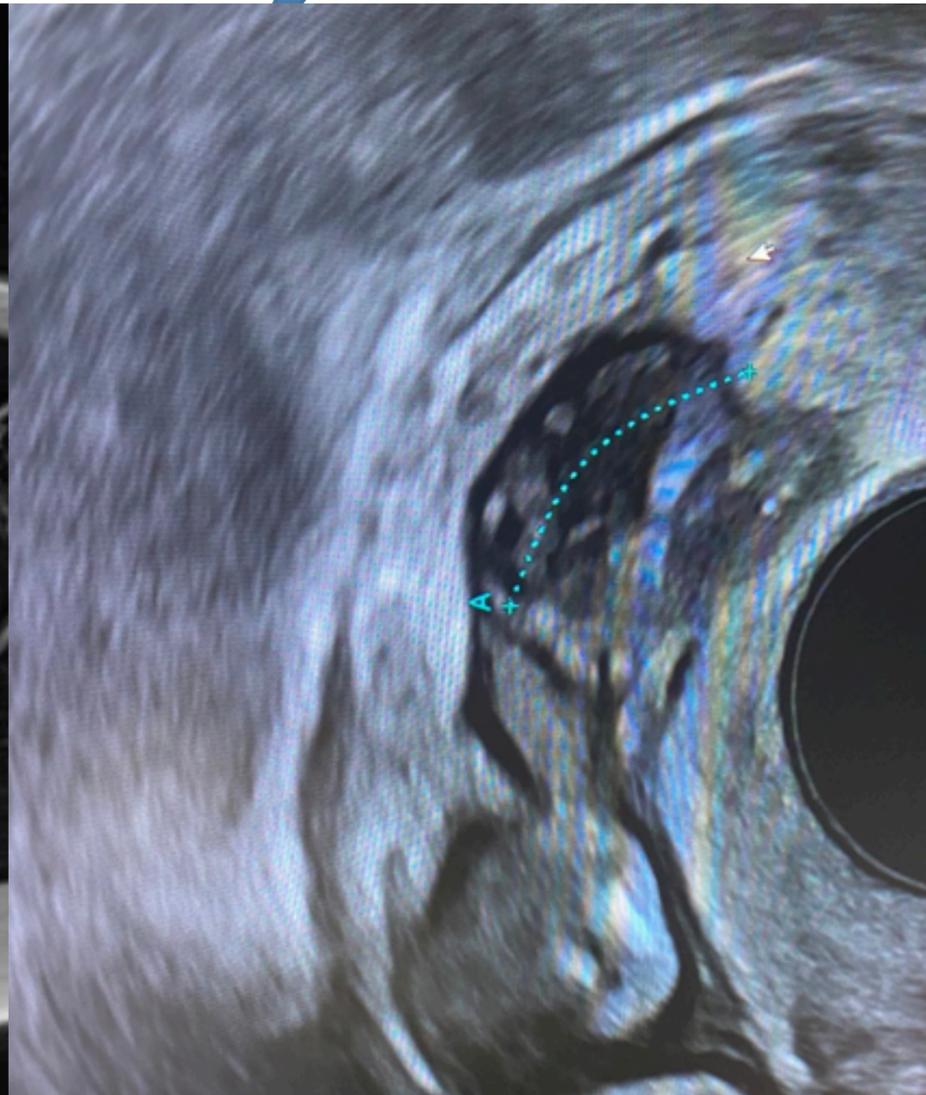


Lésions rectales

IRM : 1ère lésion rectale visualisée



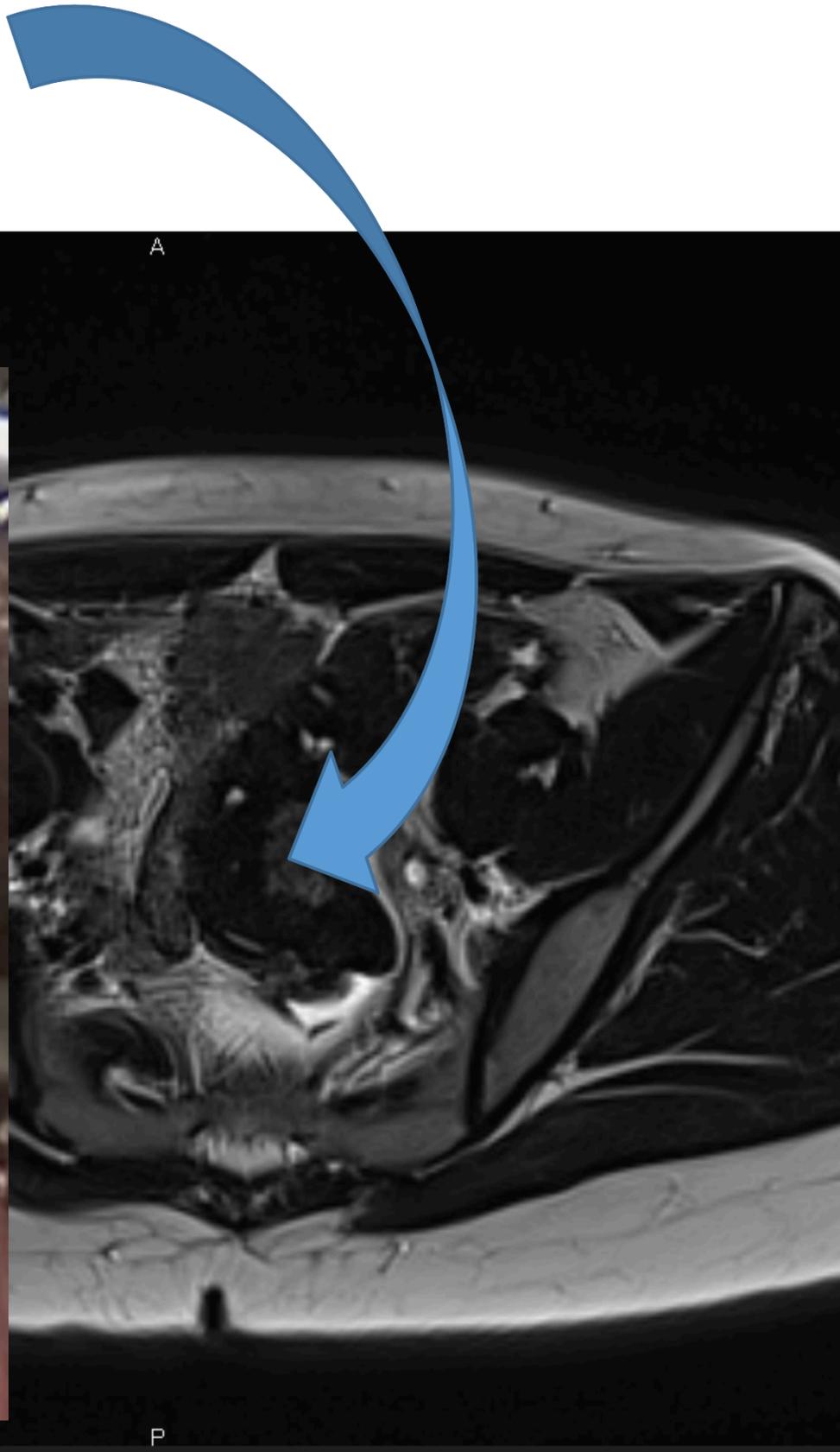
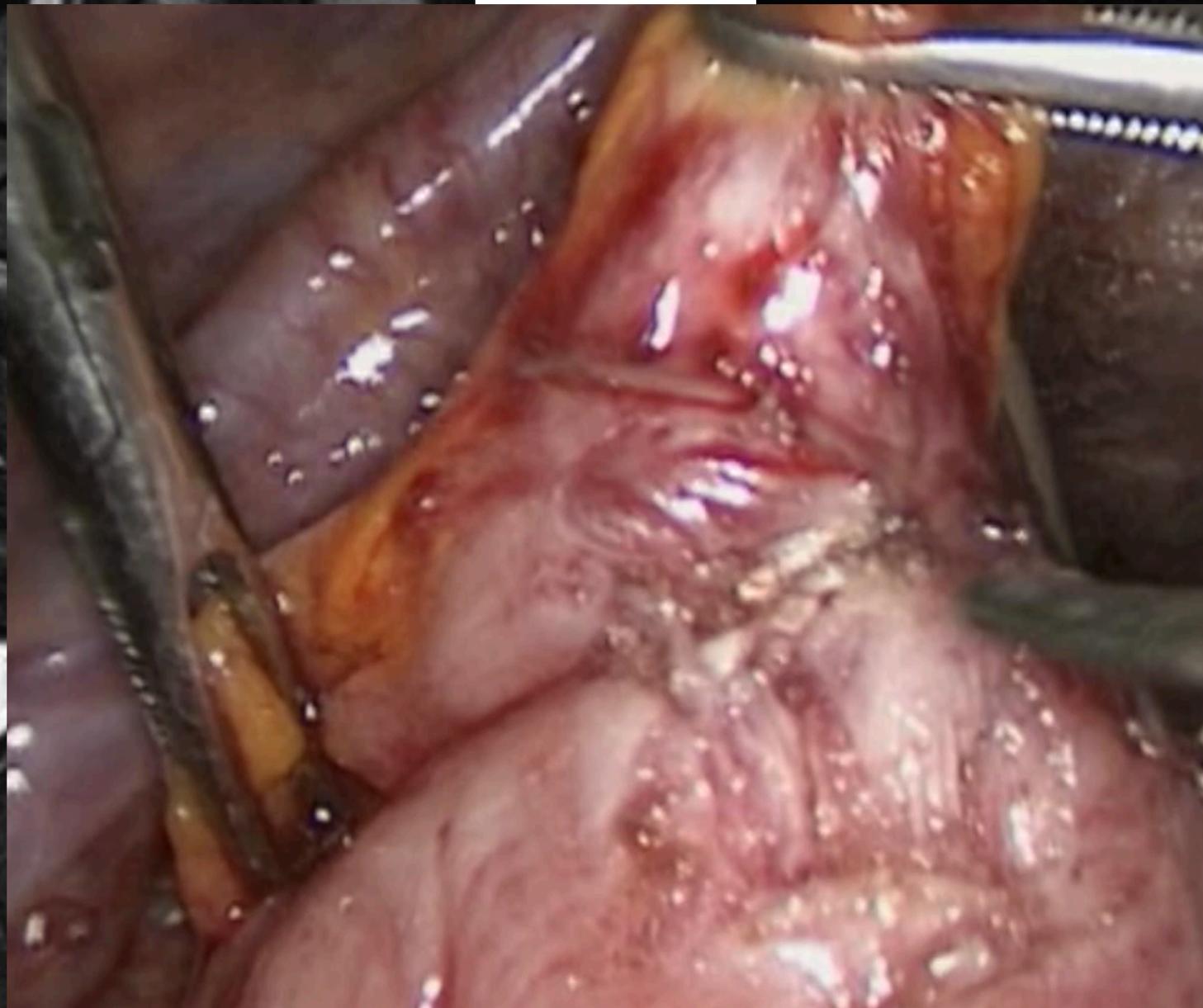
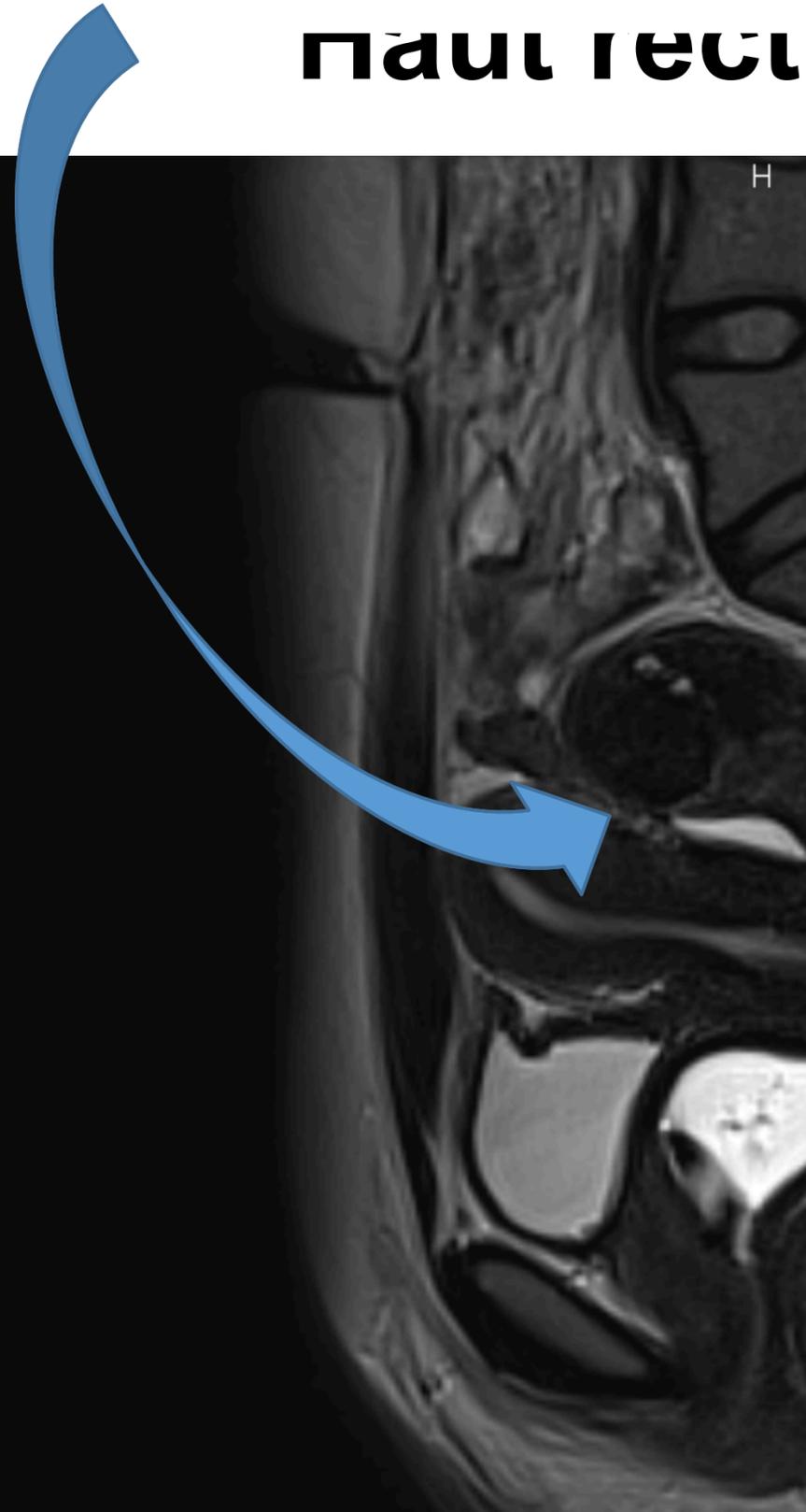
Lésion retrouvée entre l'US gauche et le rectum



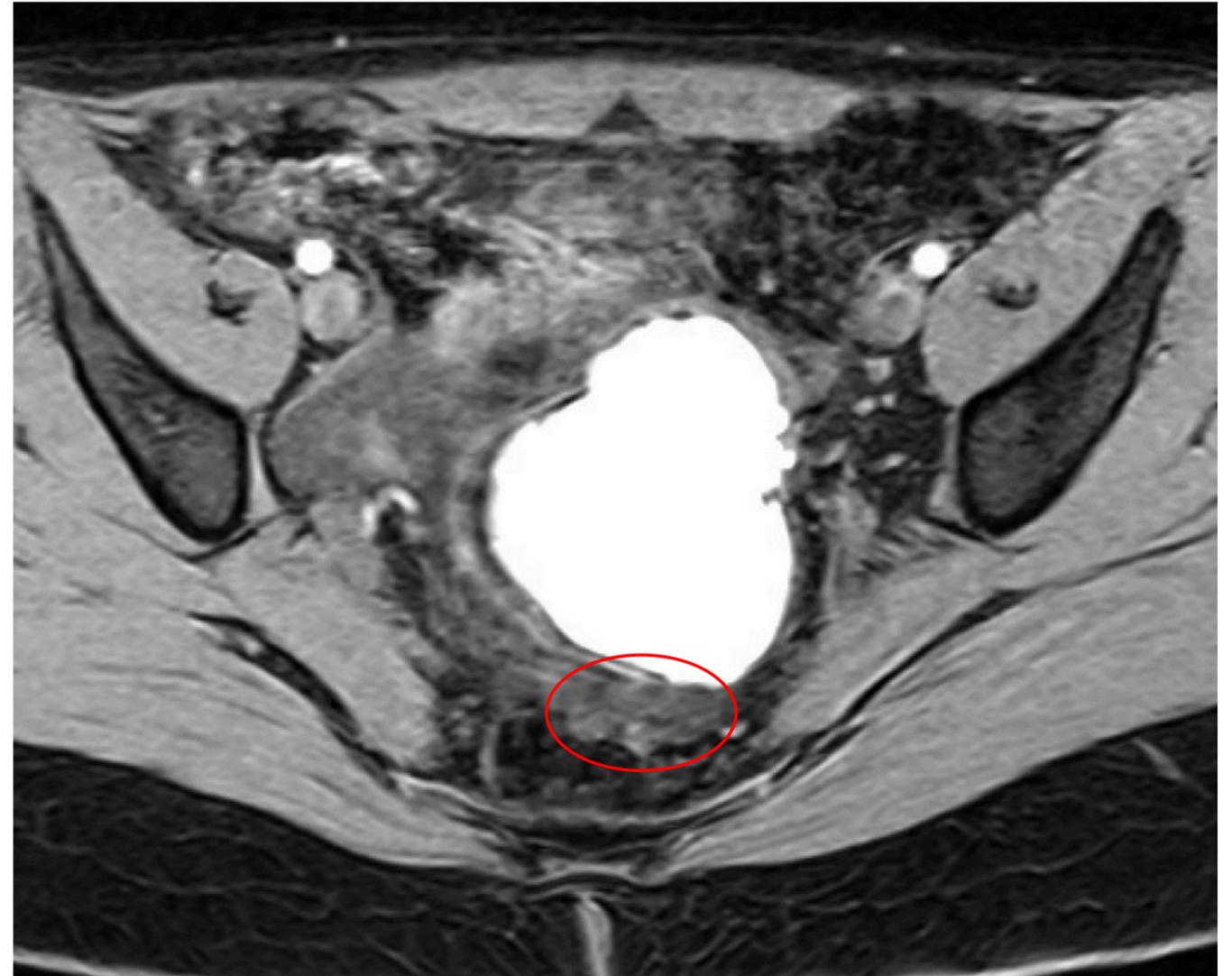
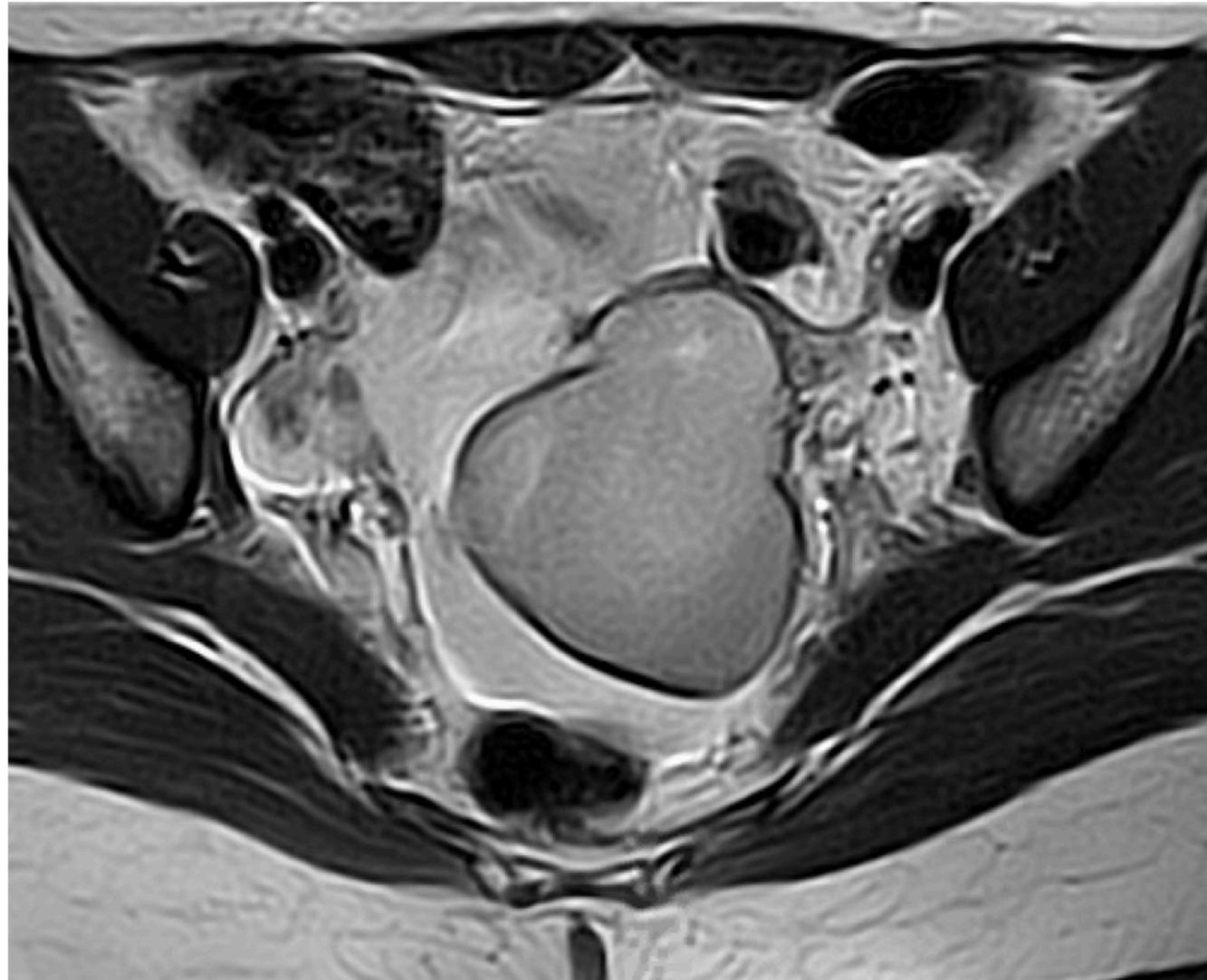
Confirmée en écho endovaginale

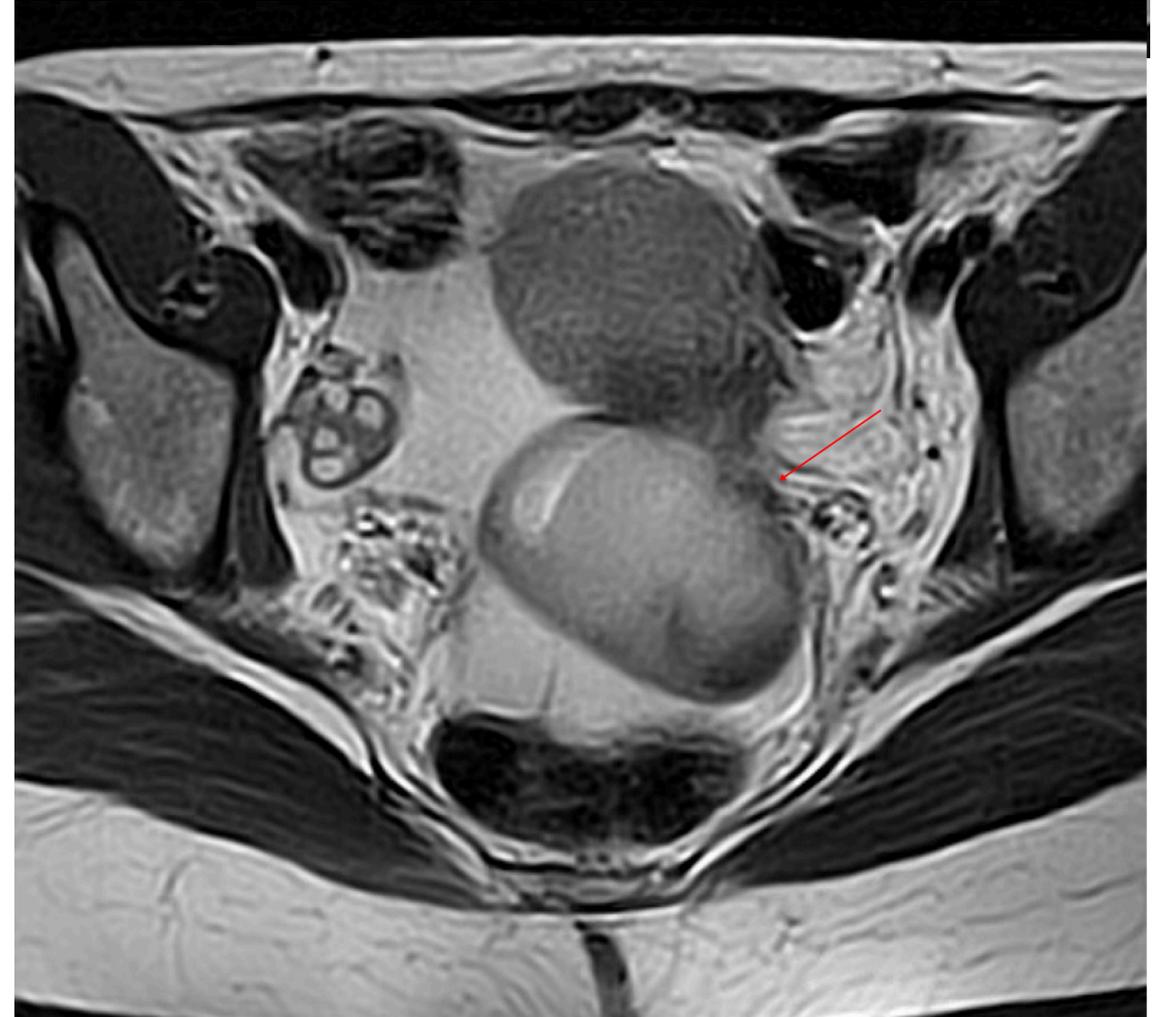
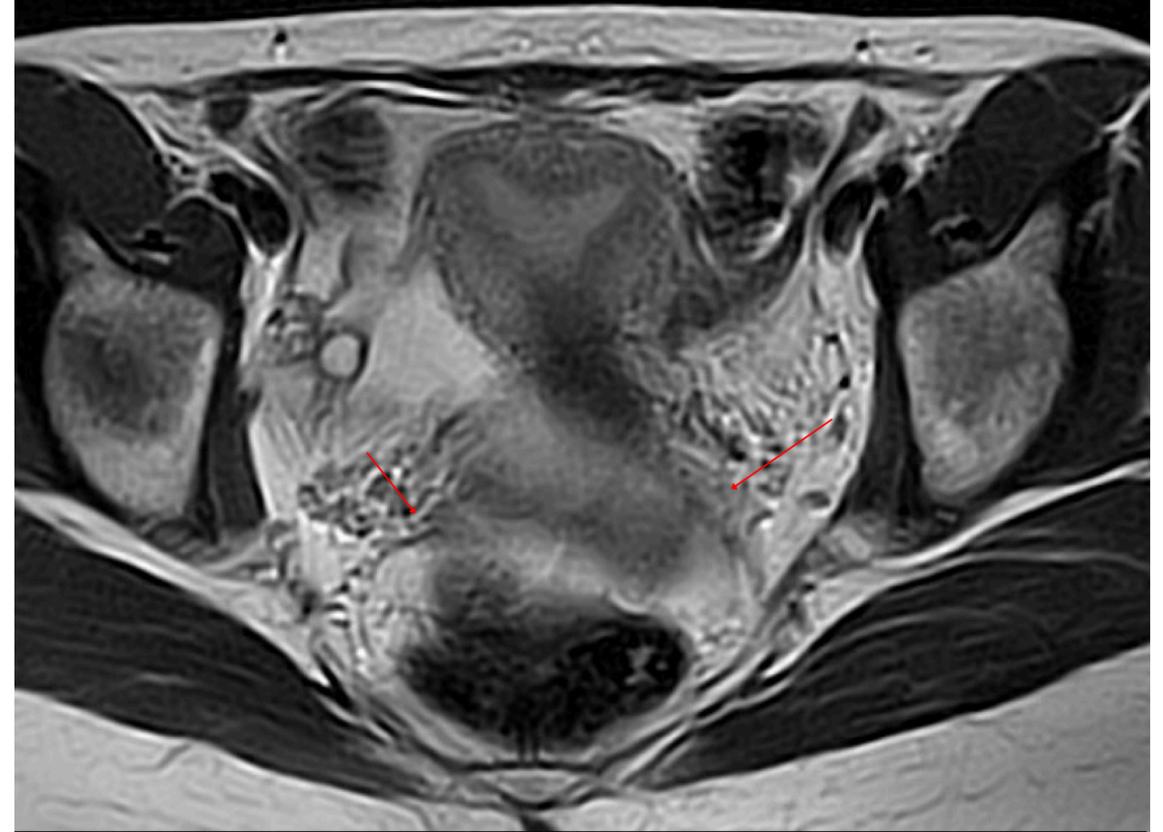
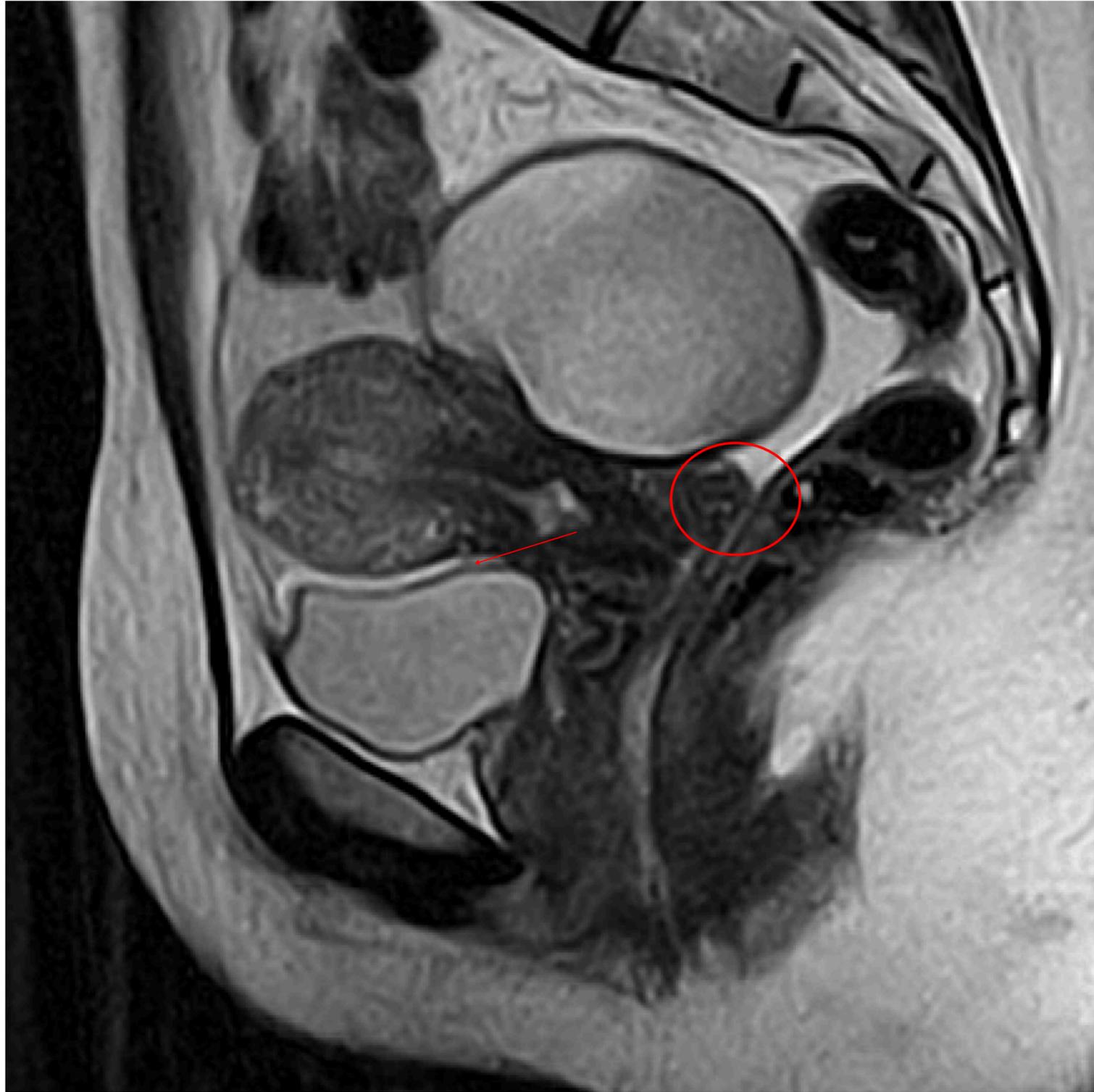
2ème lésion rectale

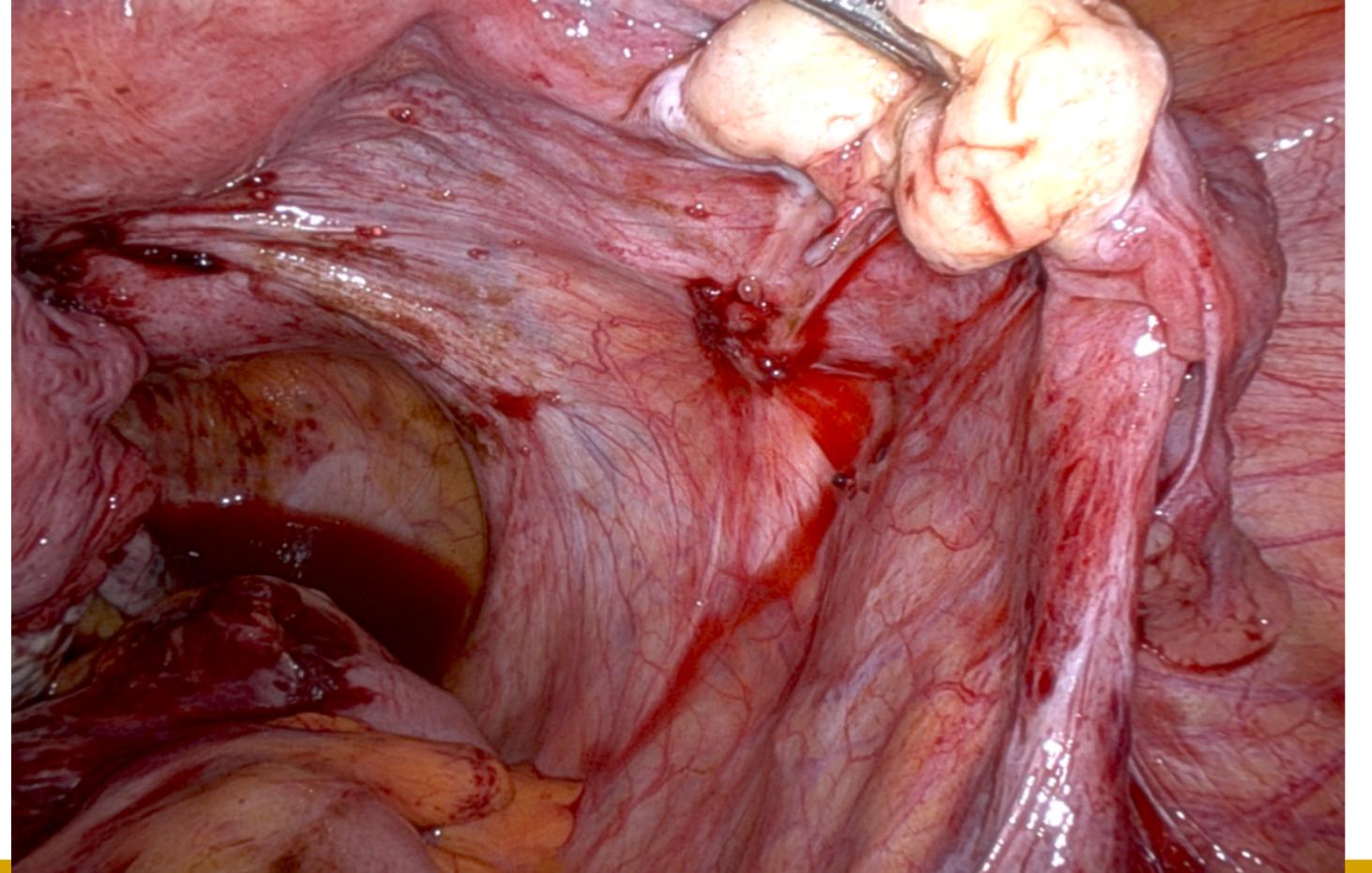
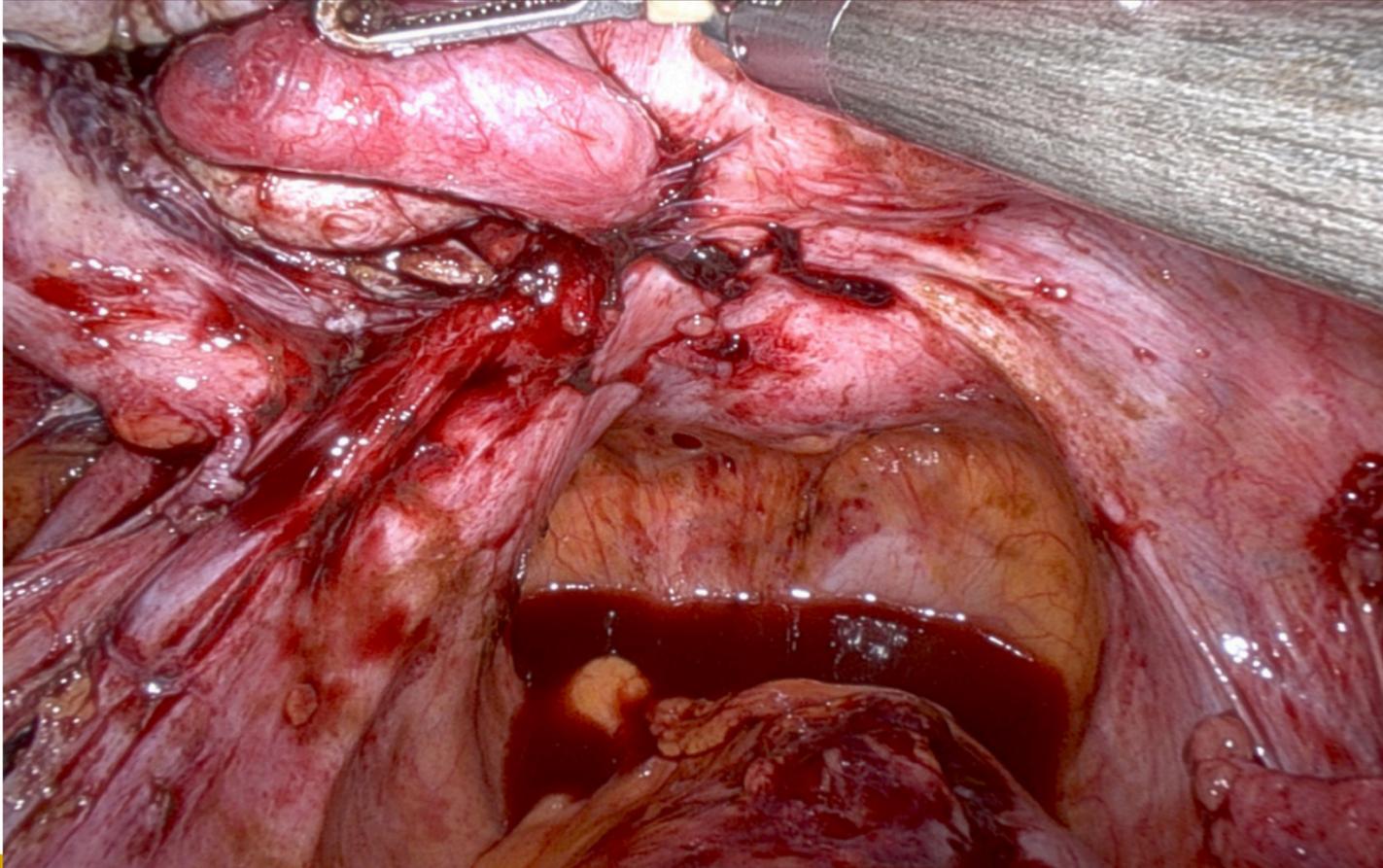
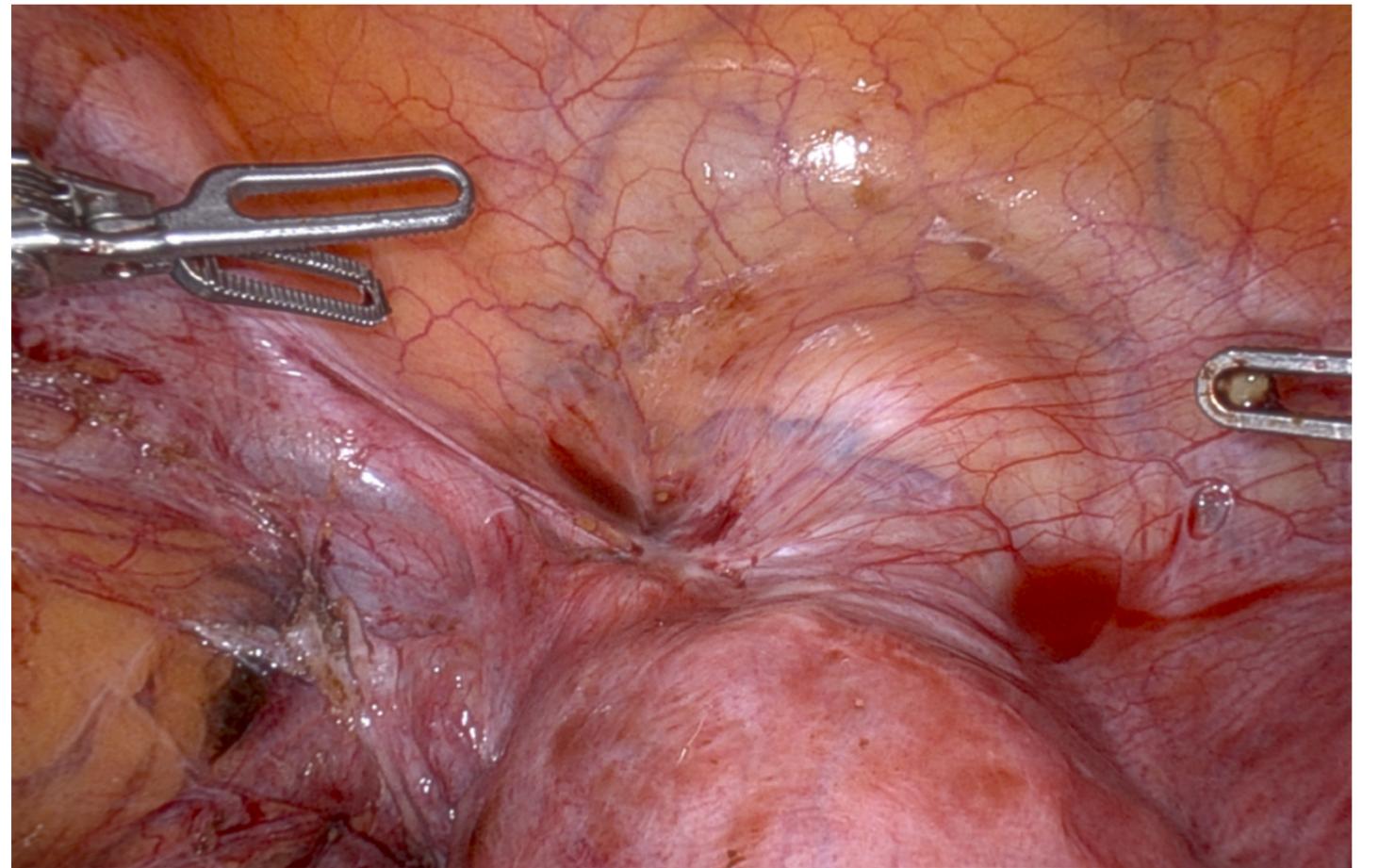
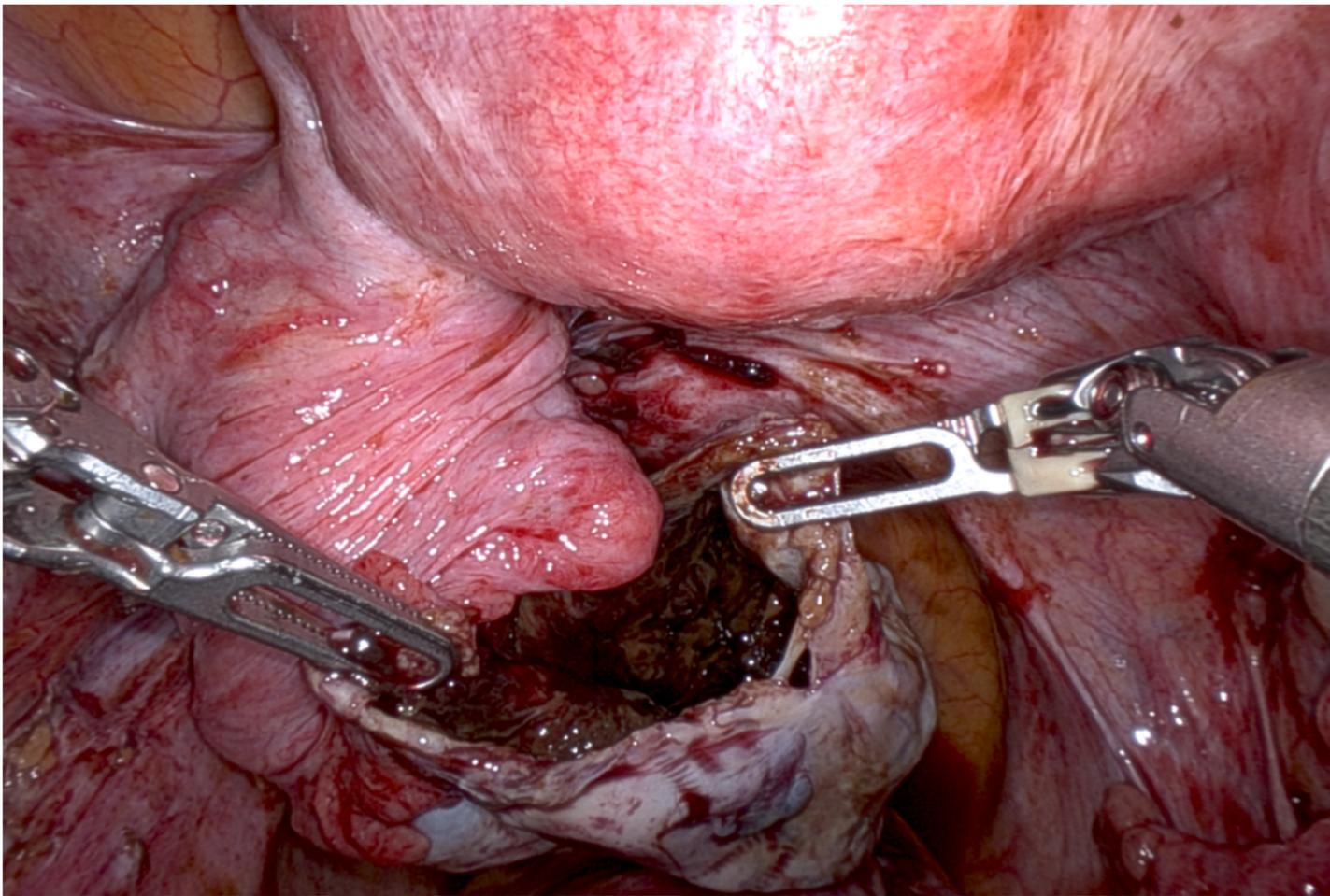
haut rectum : nouvelle encrasse

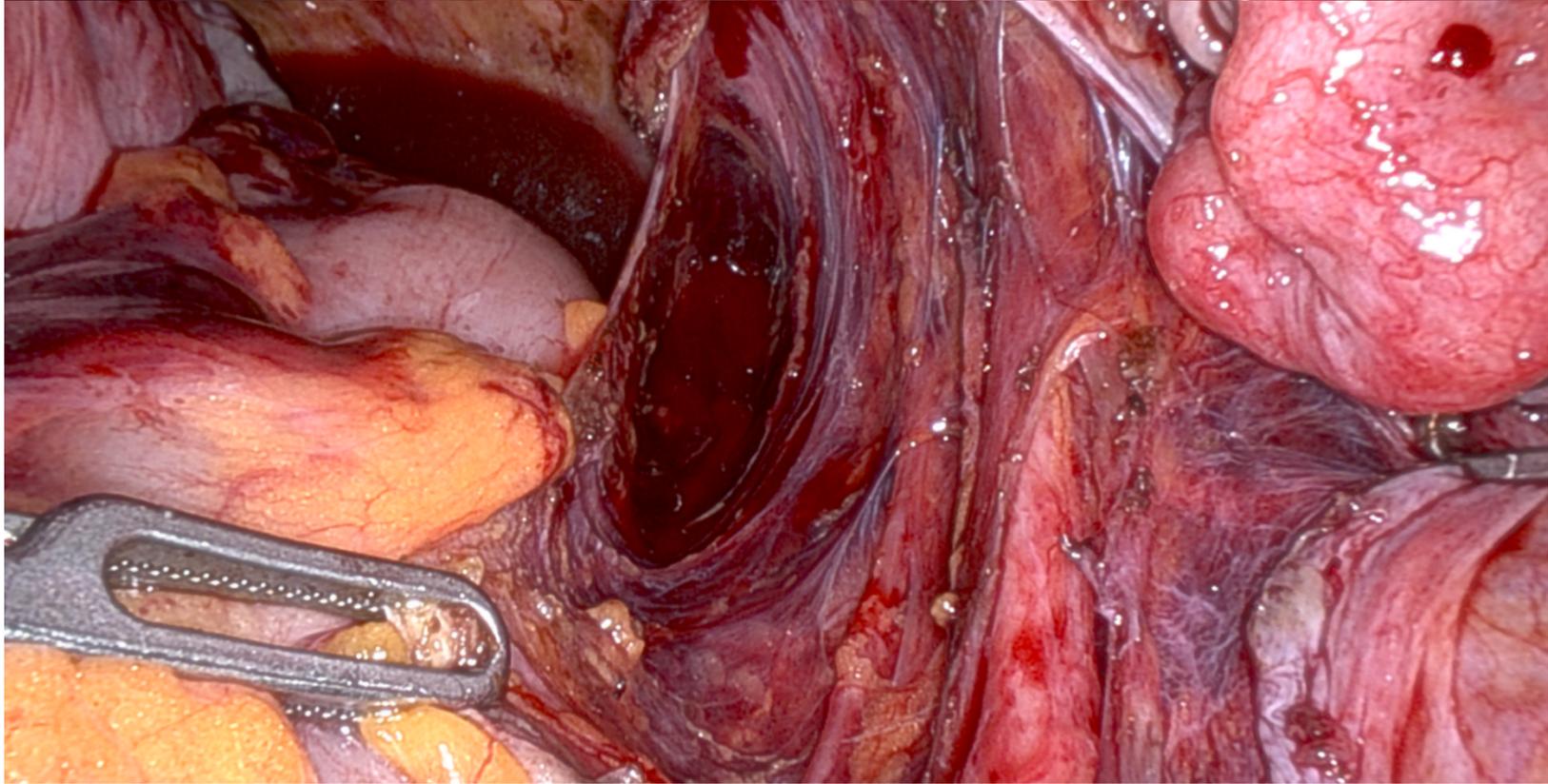
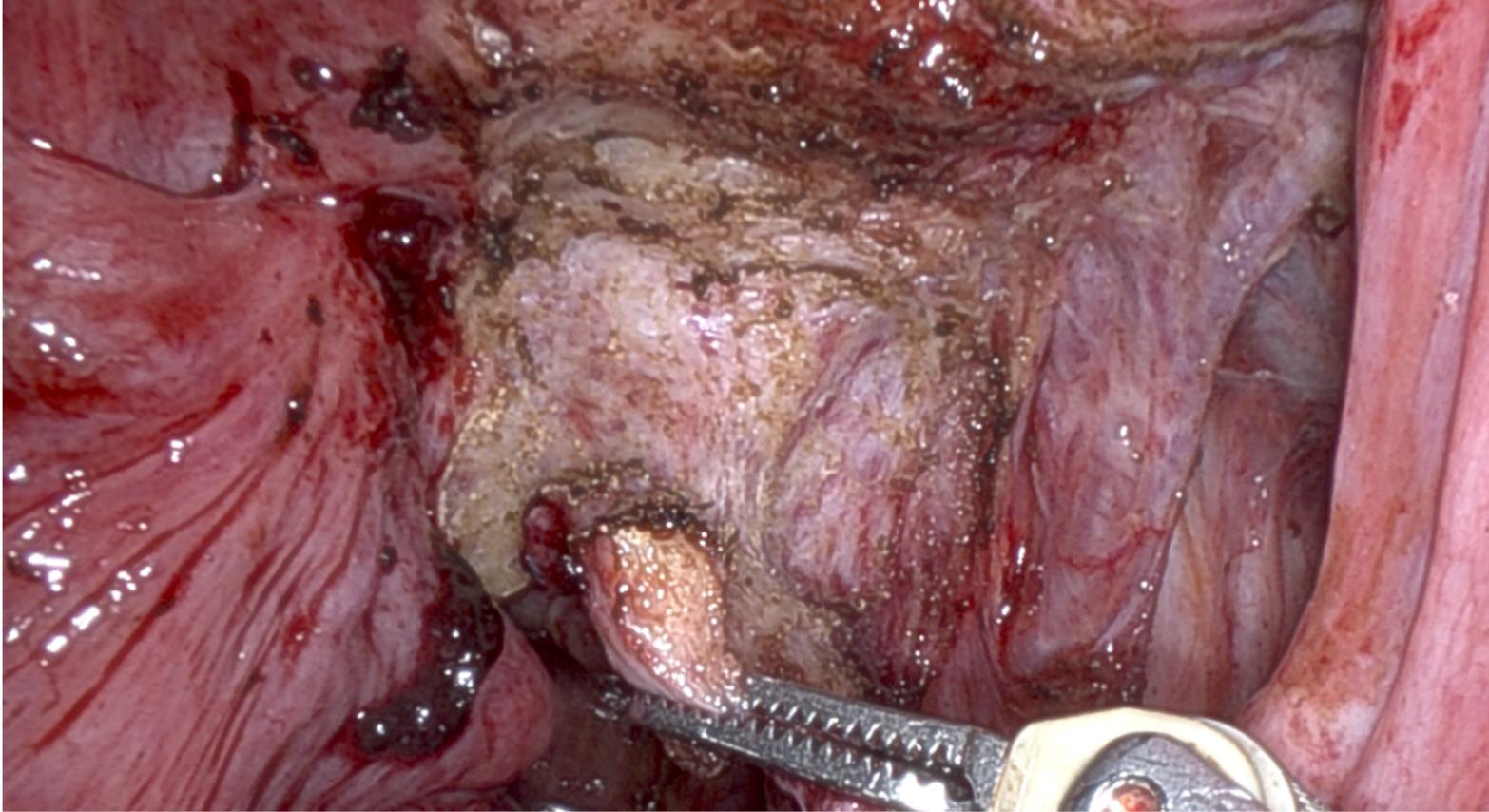
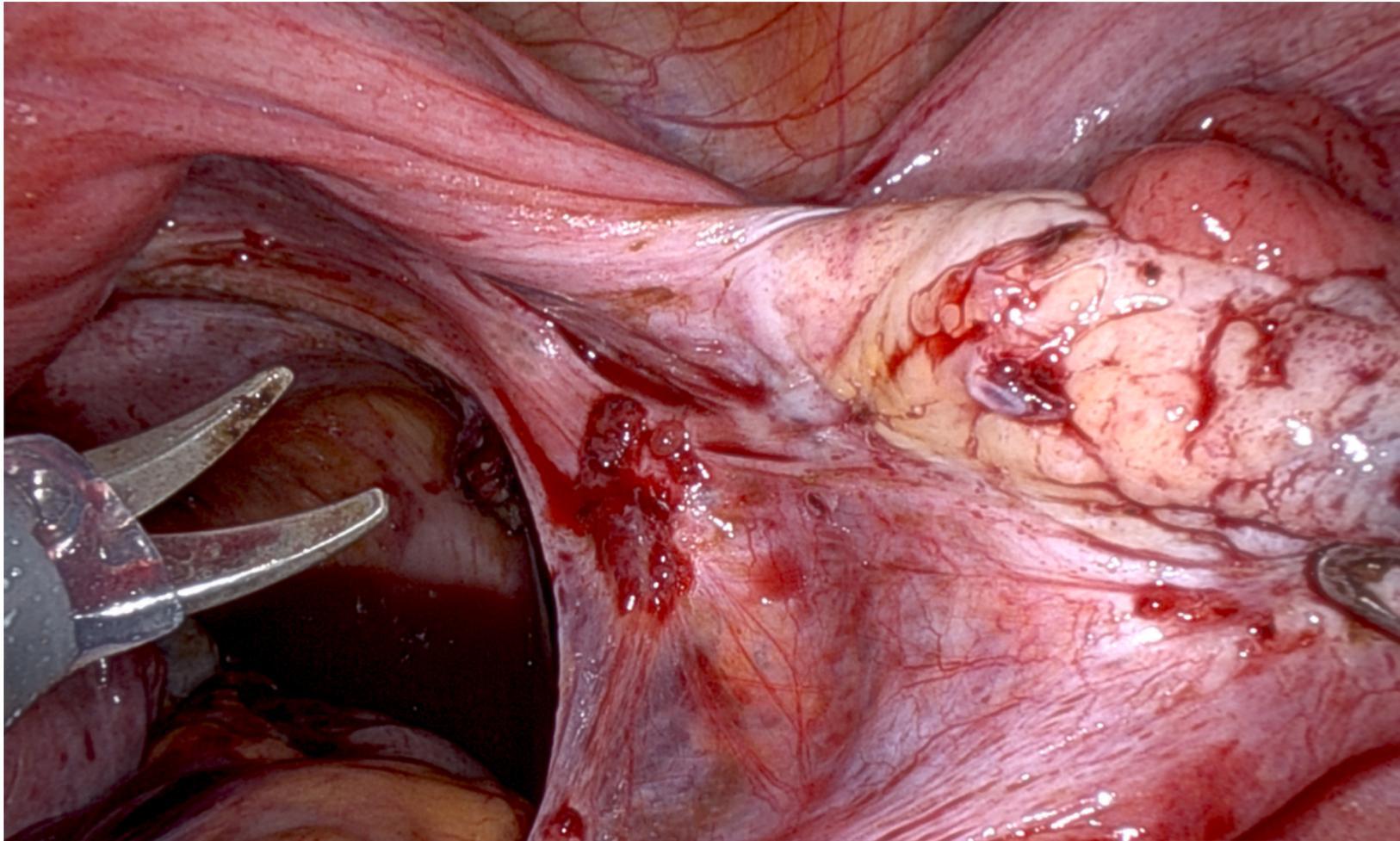
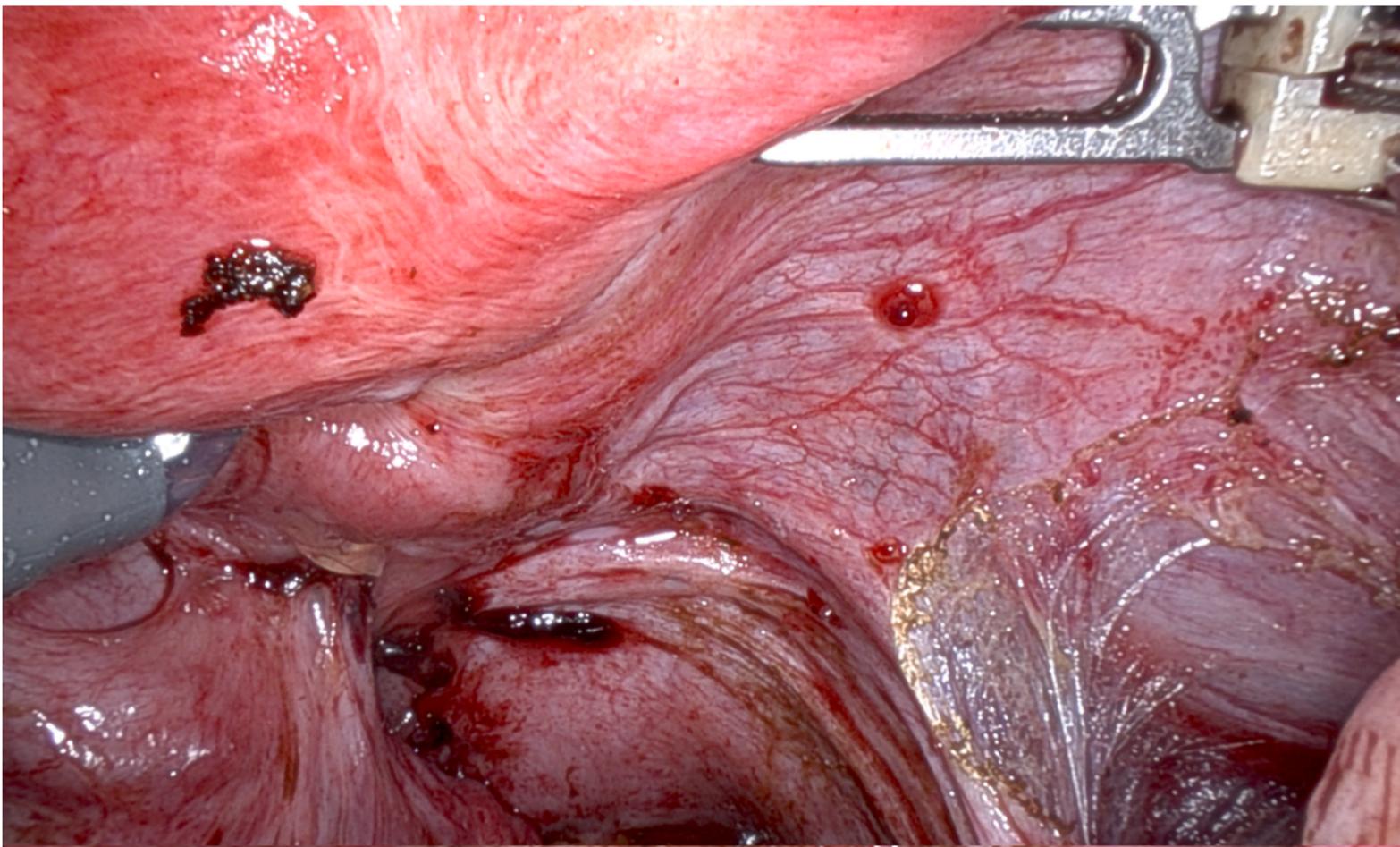


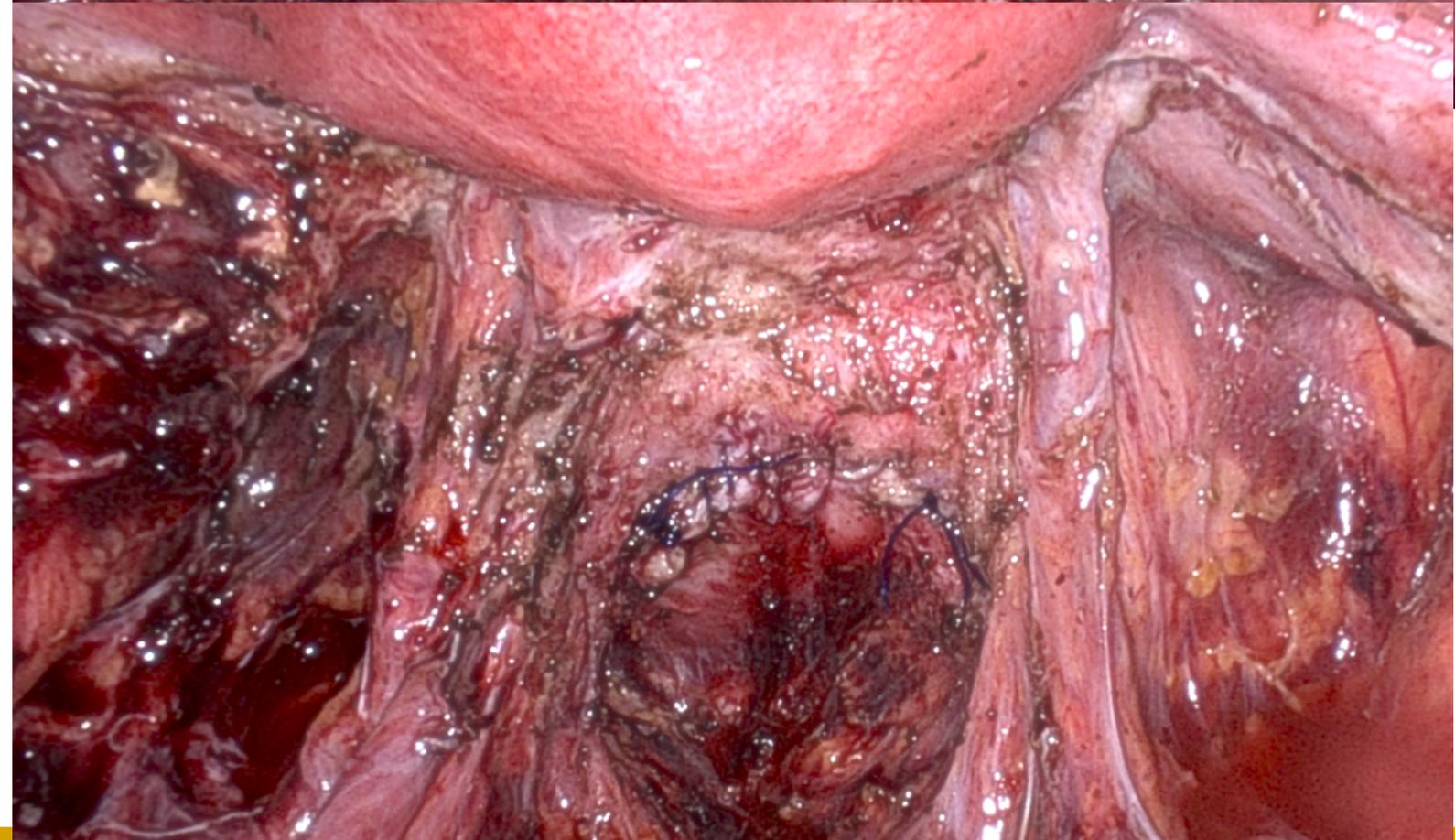
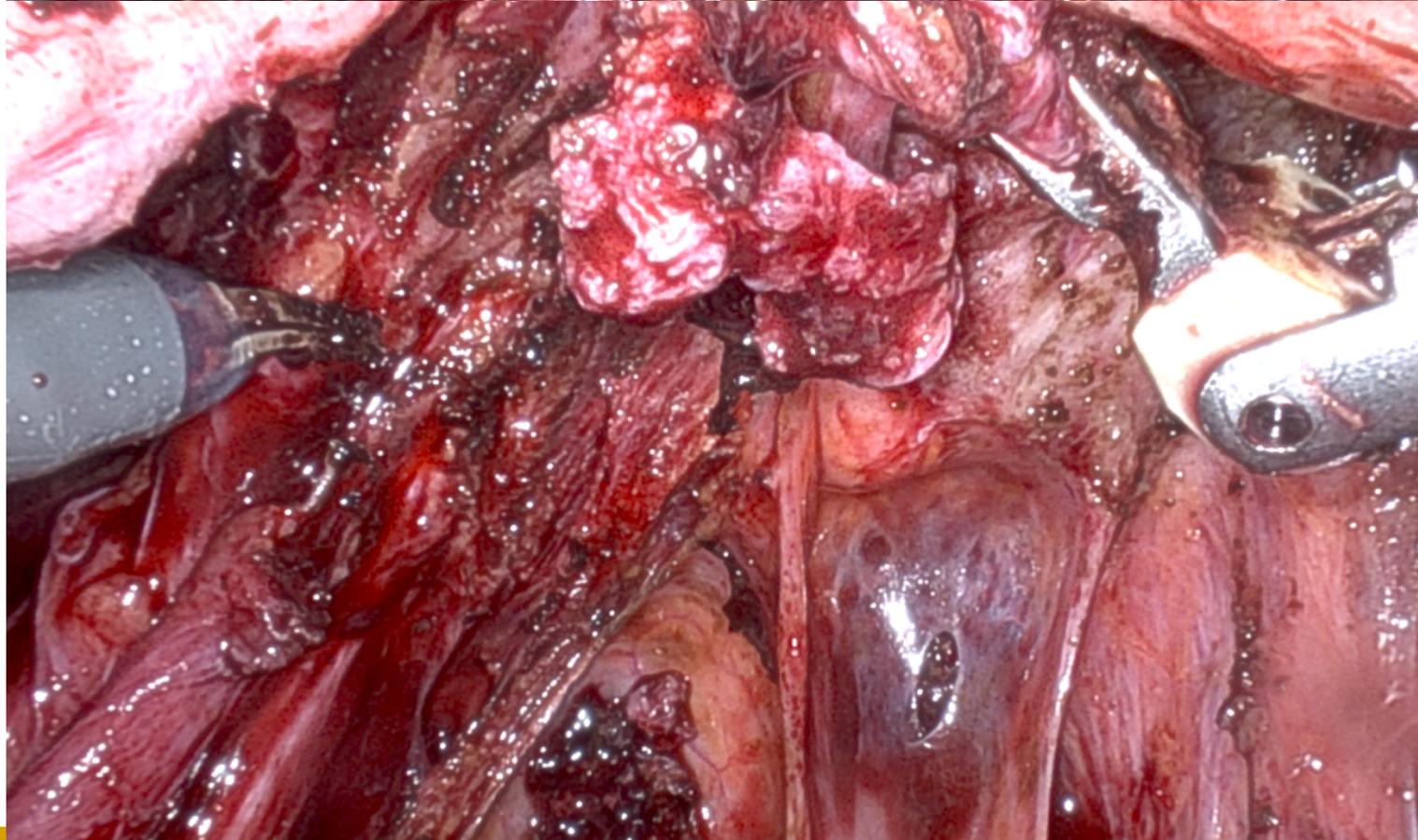
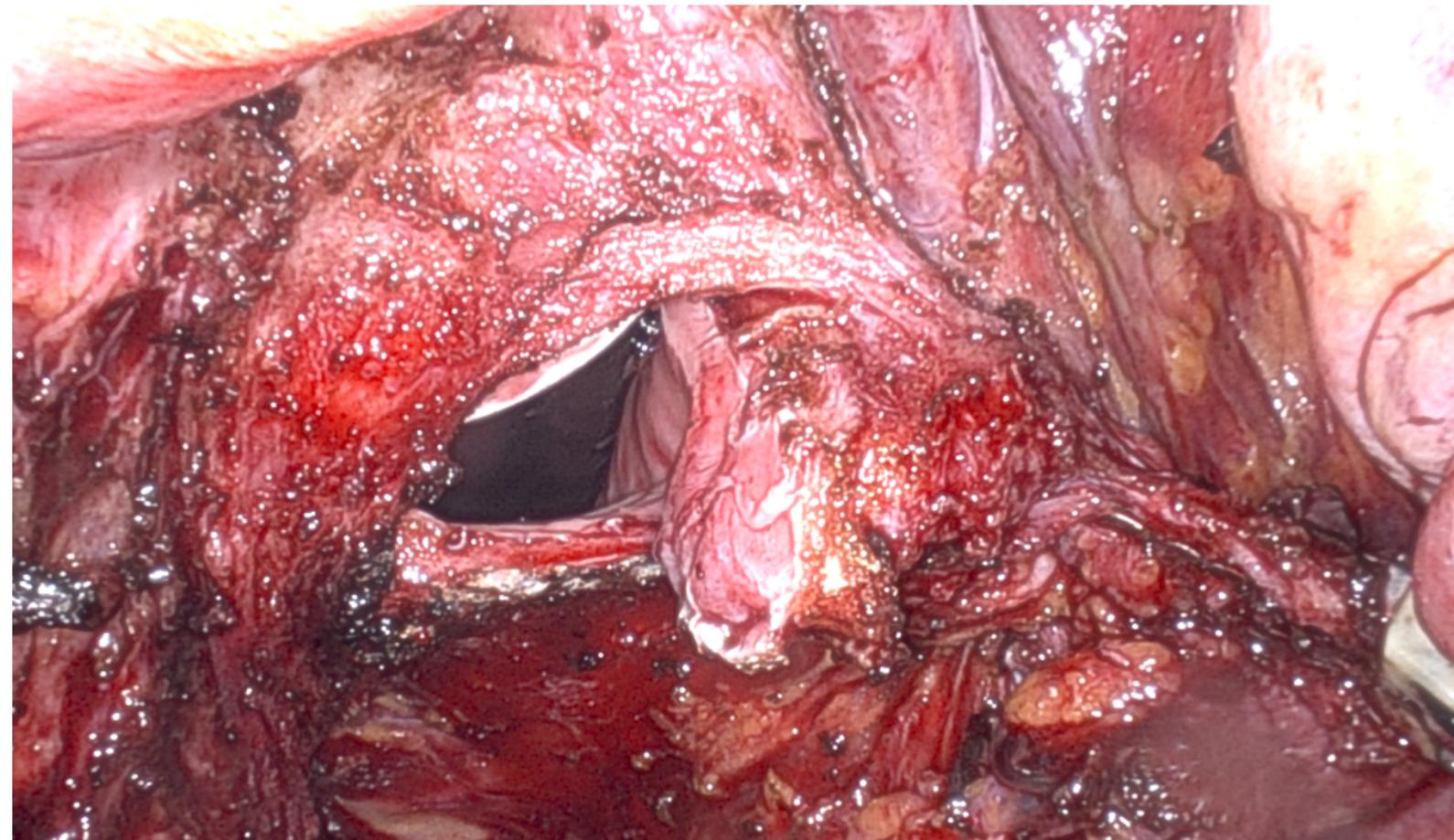
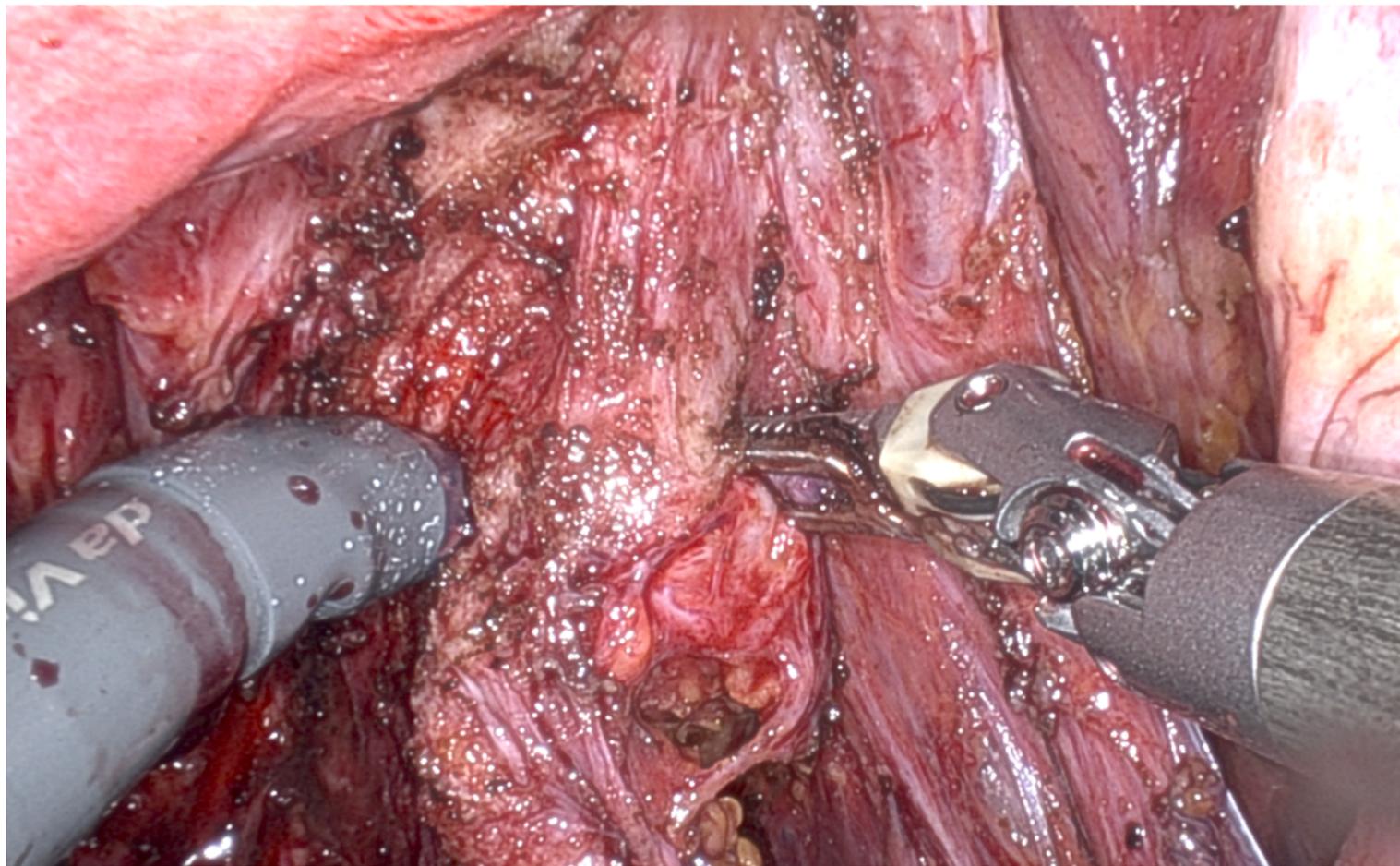
Mme J. C. opérée le 13/03/2025



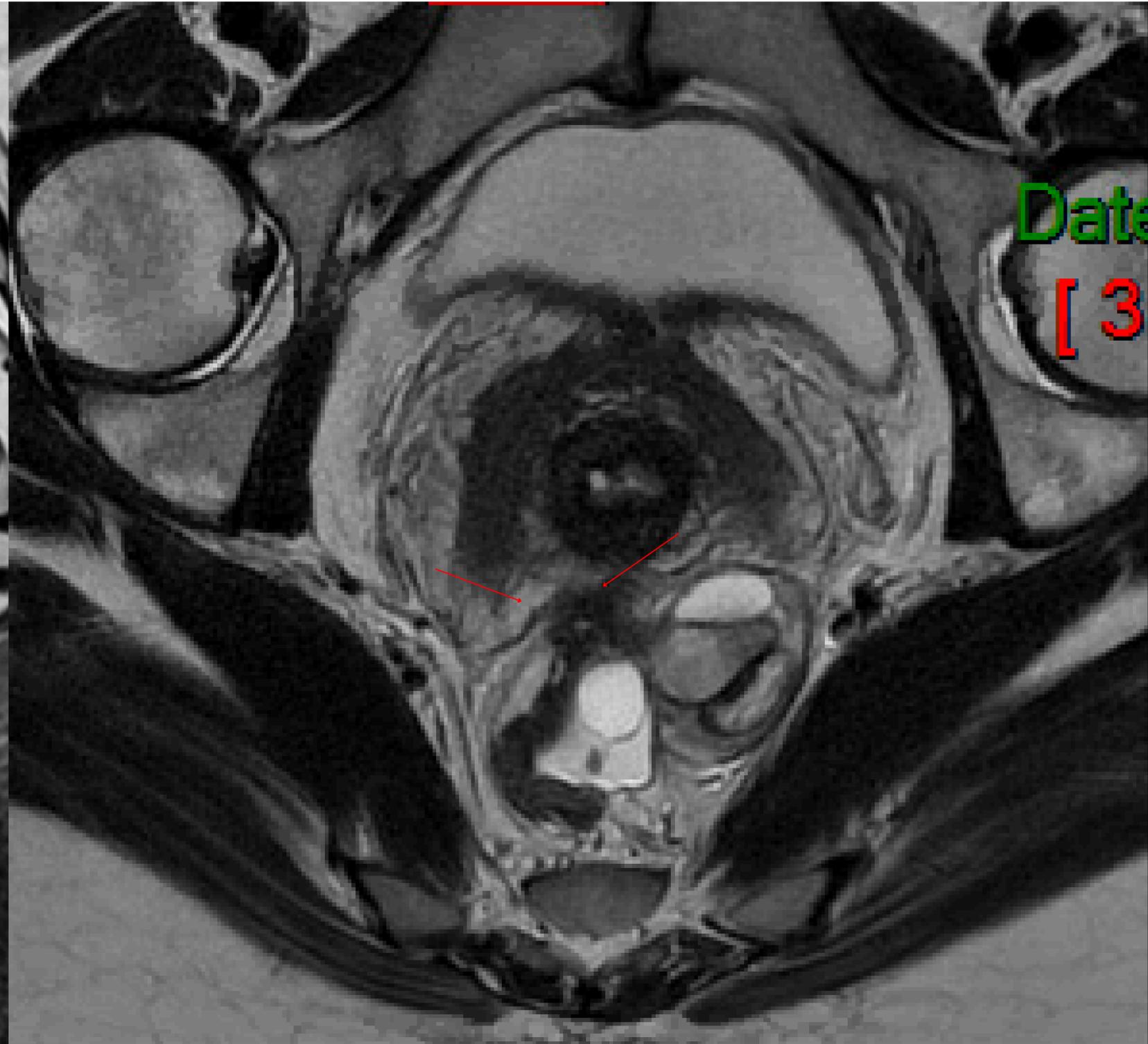
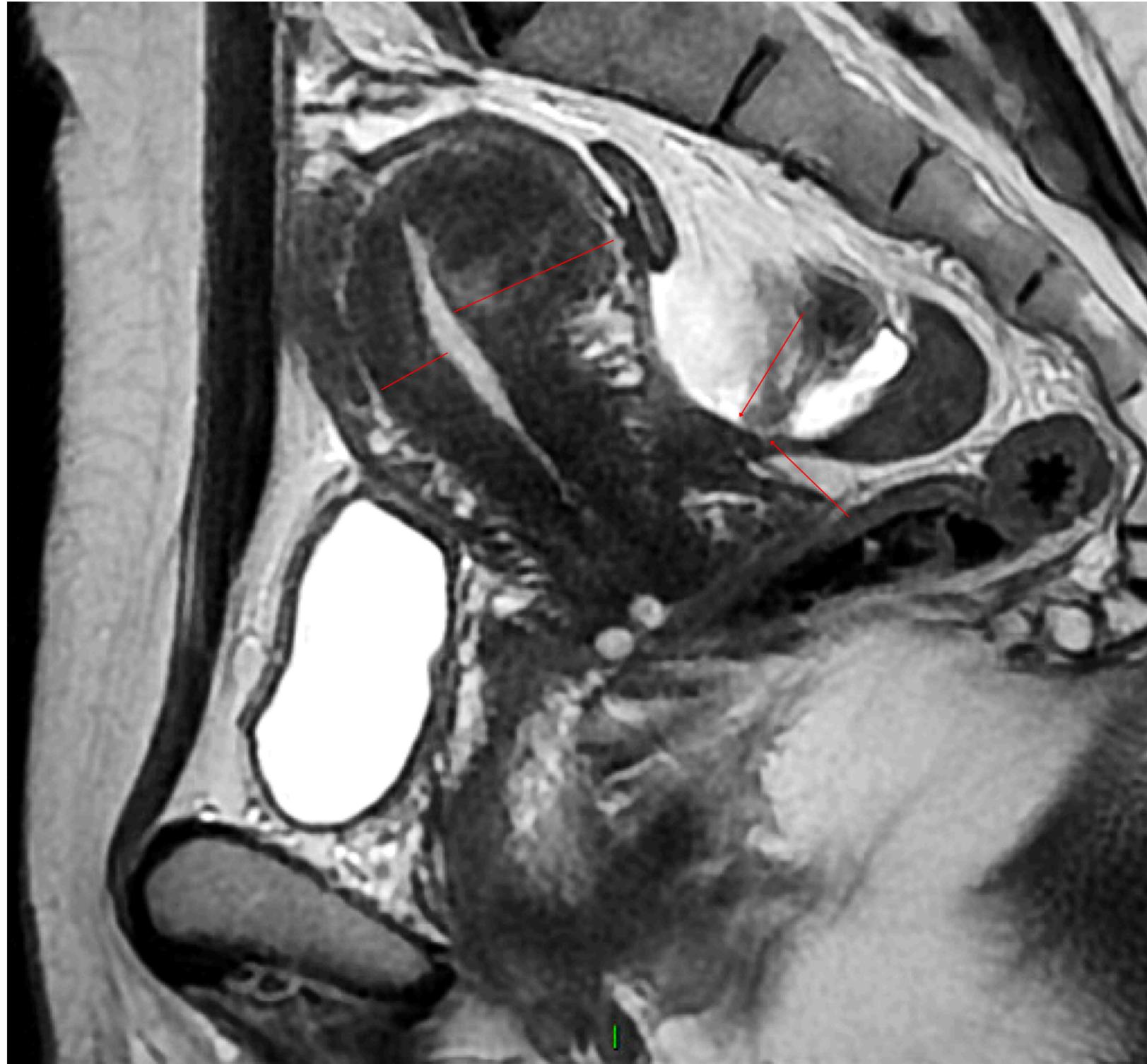


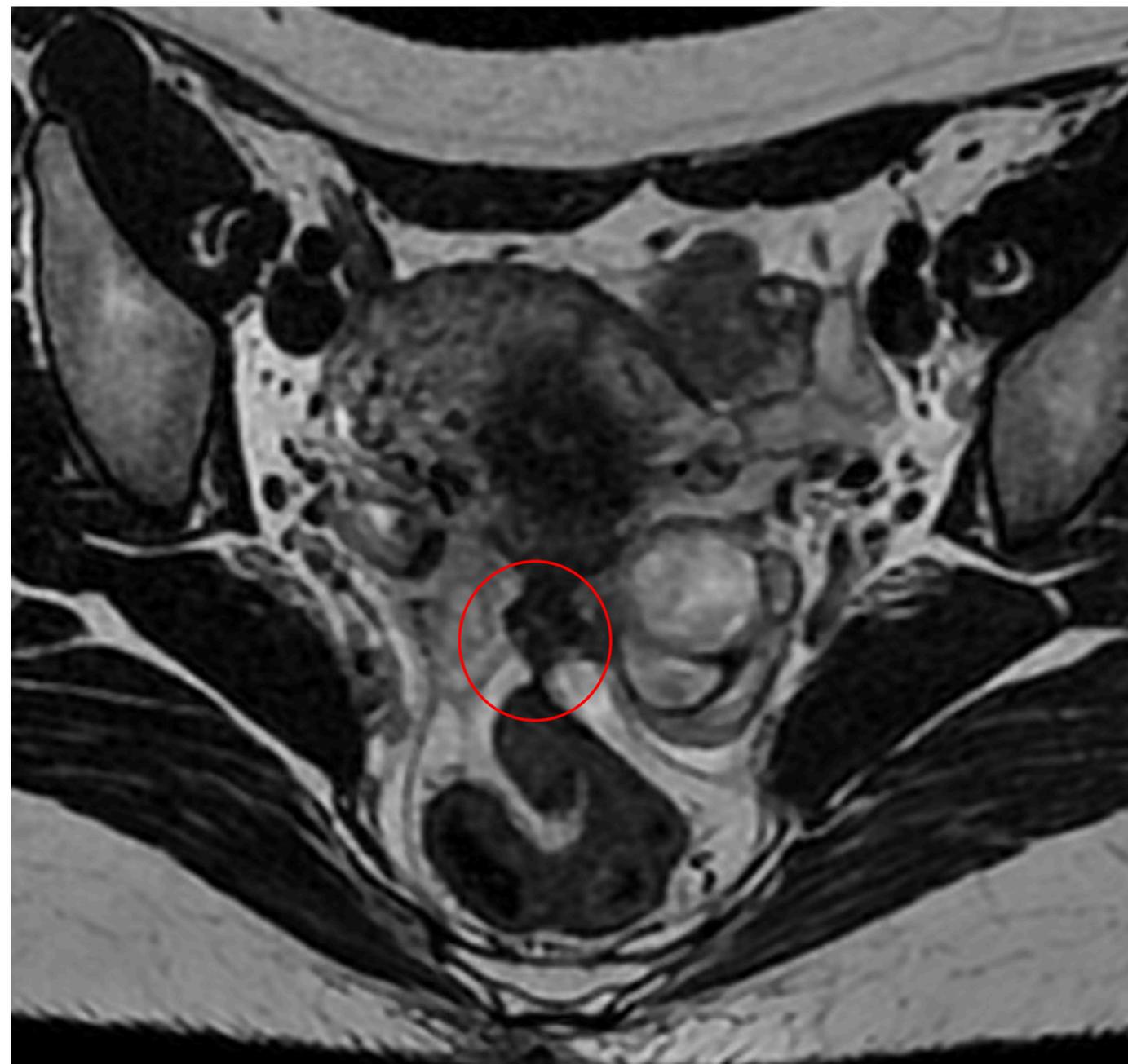
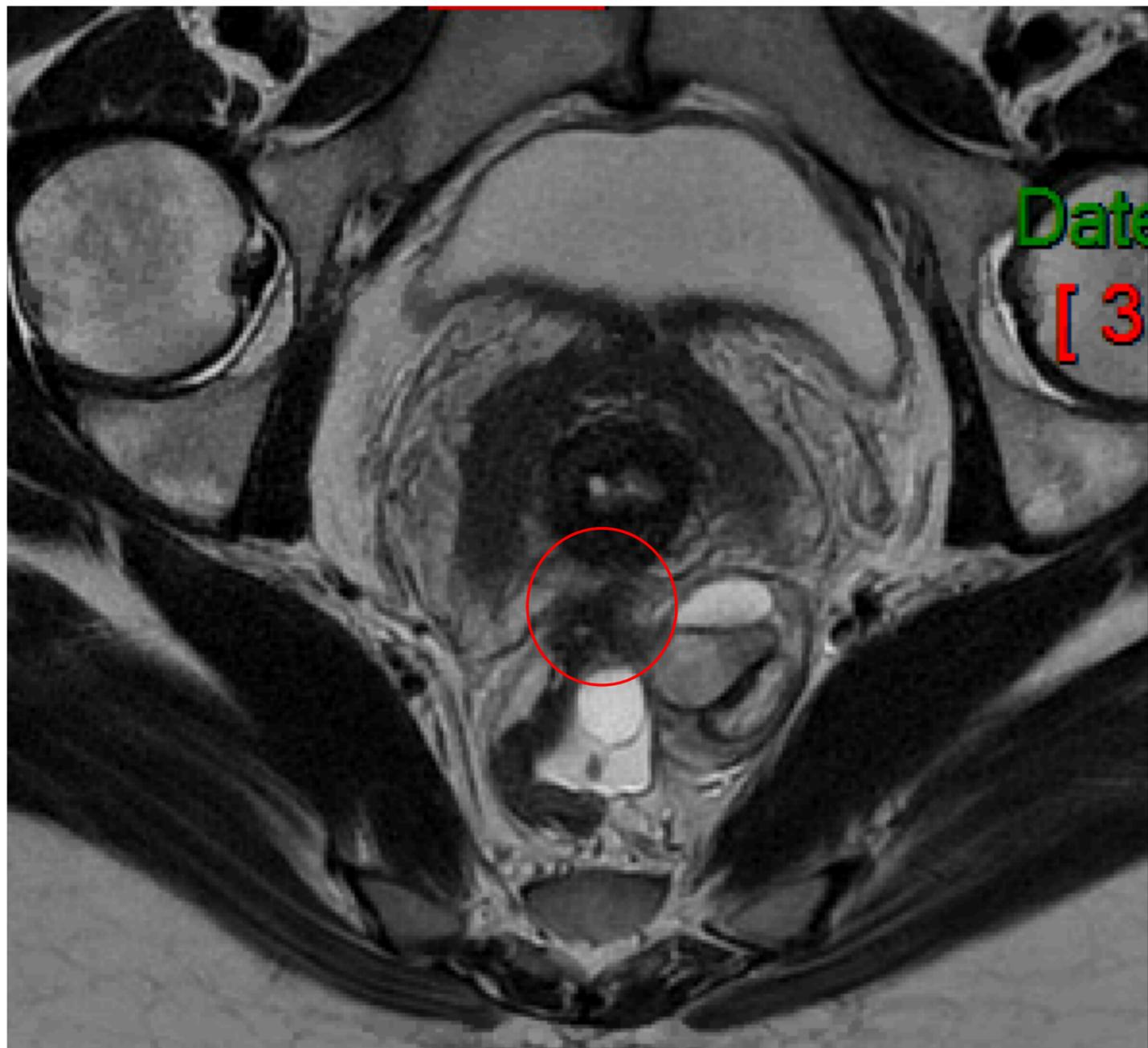


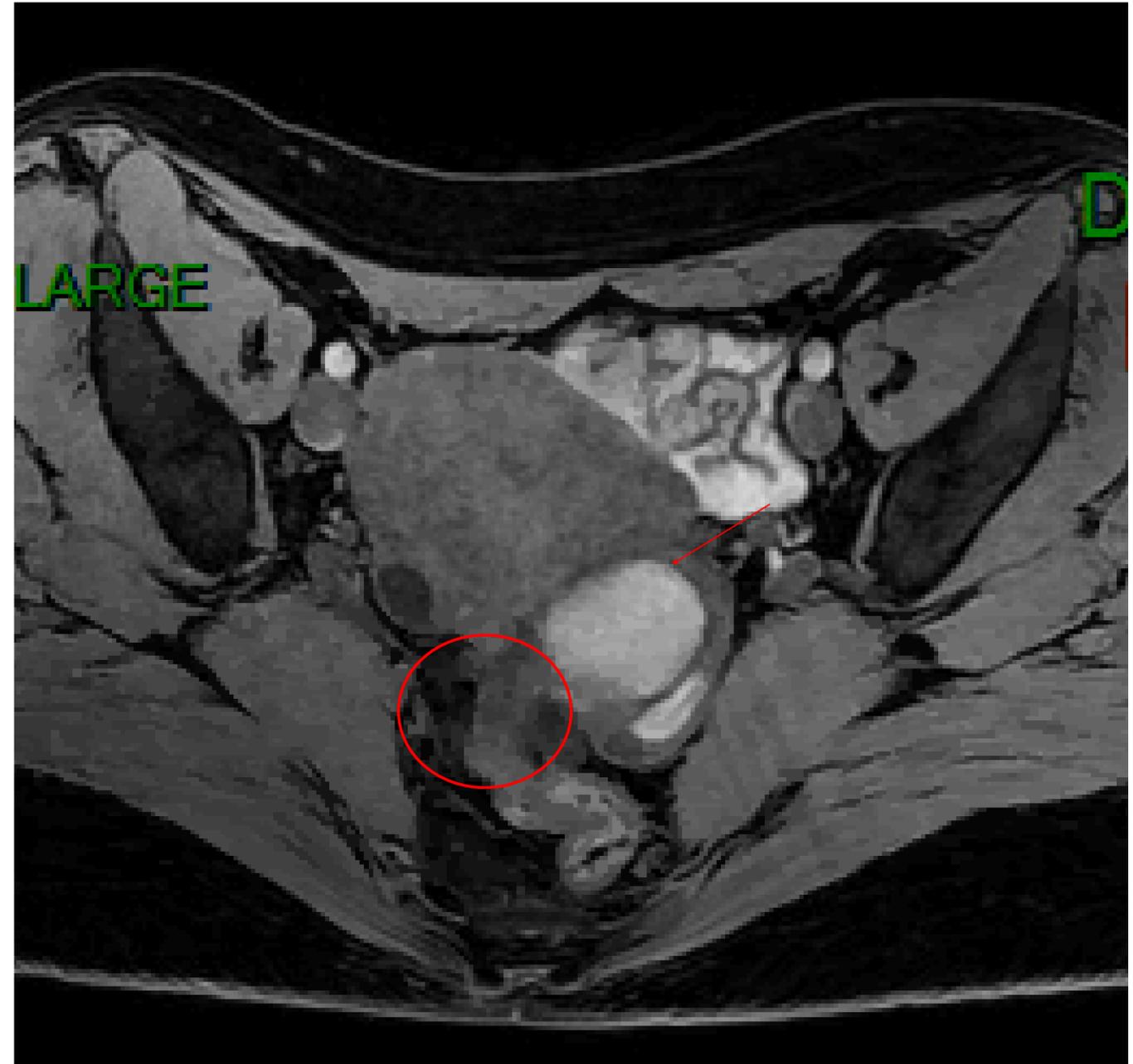
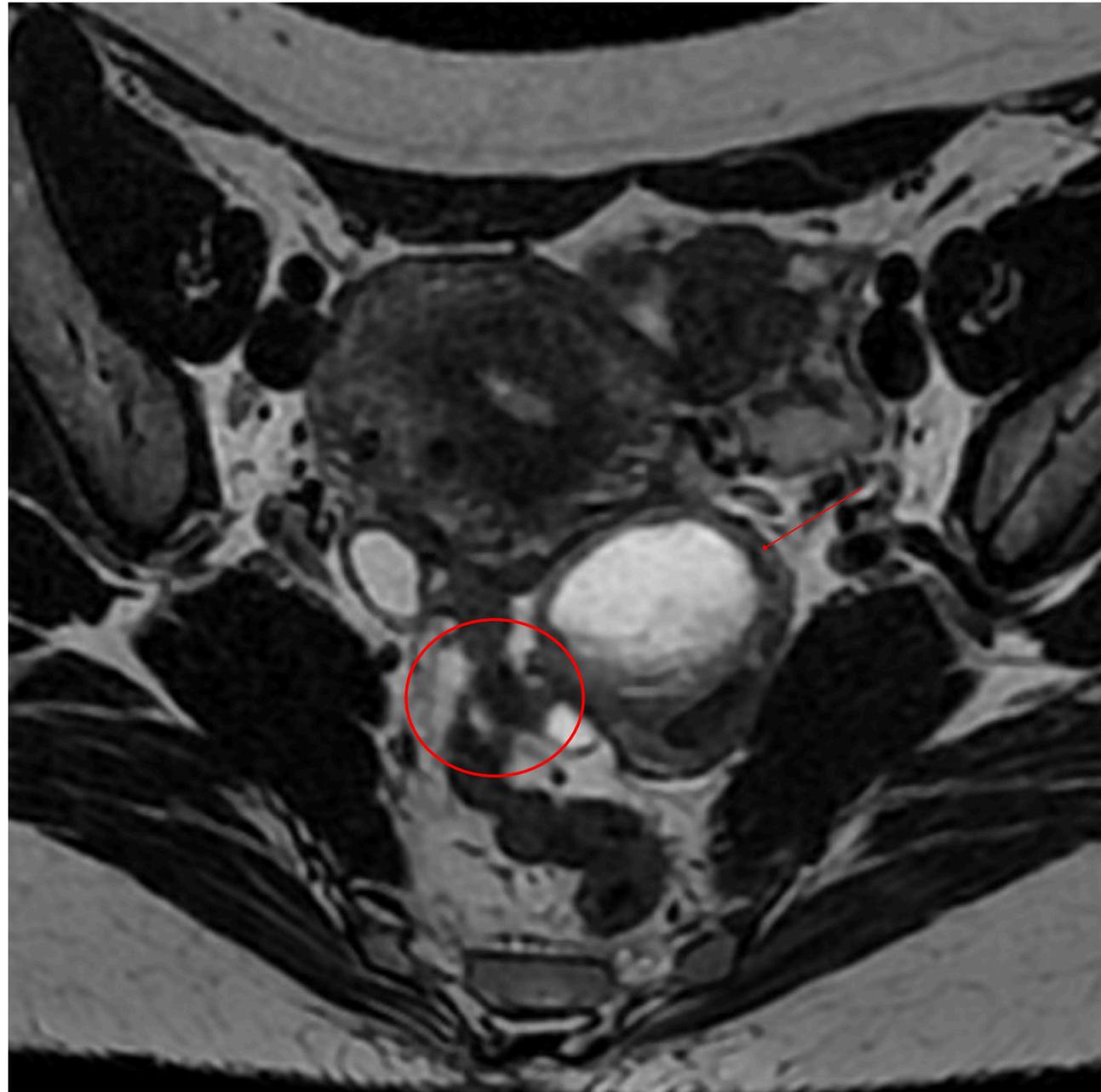




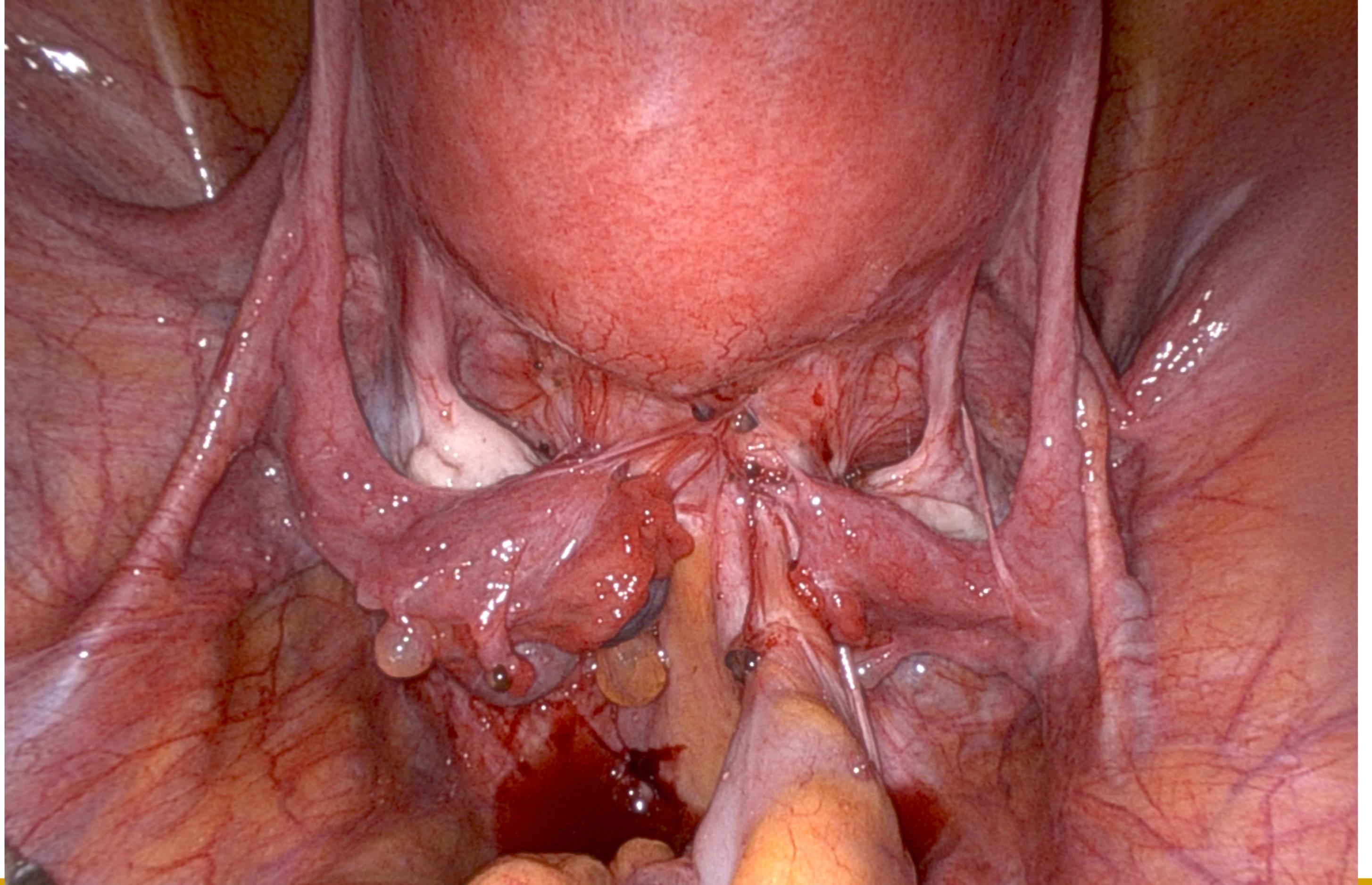
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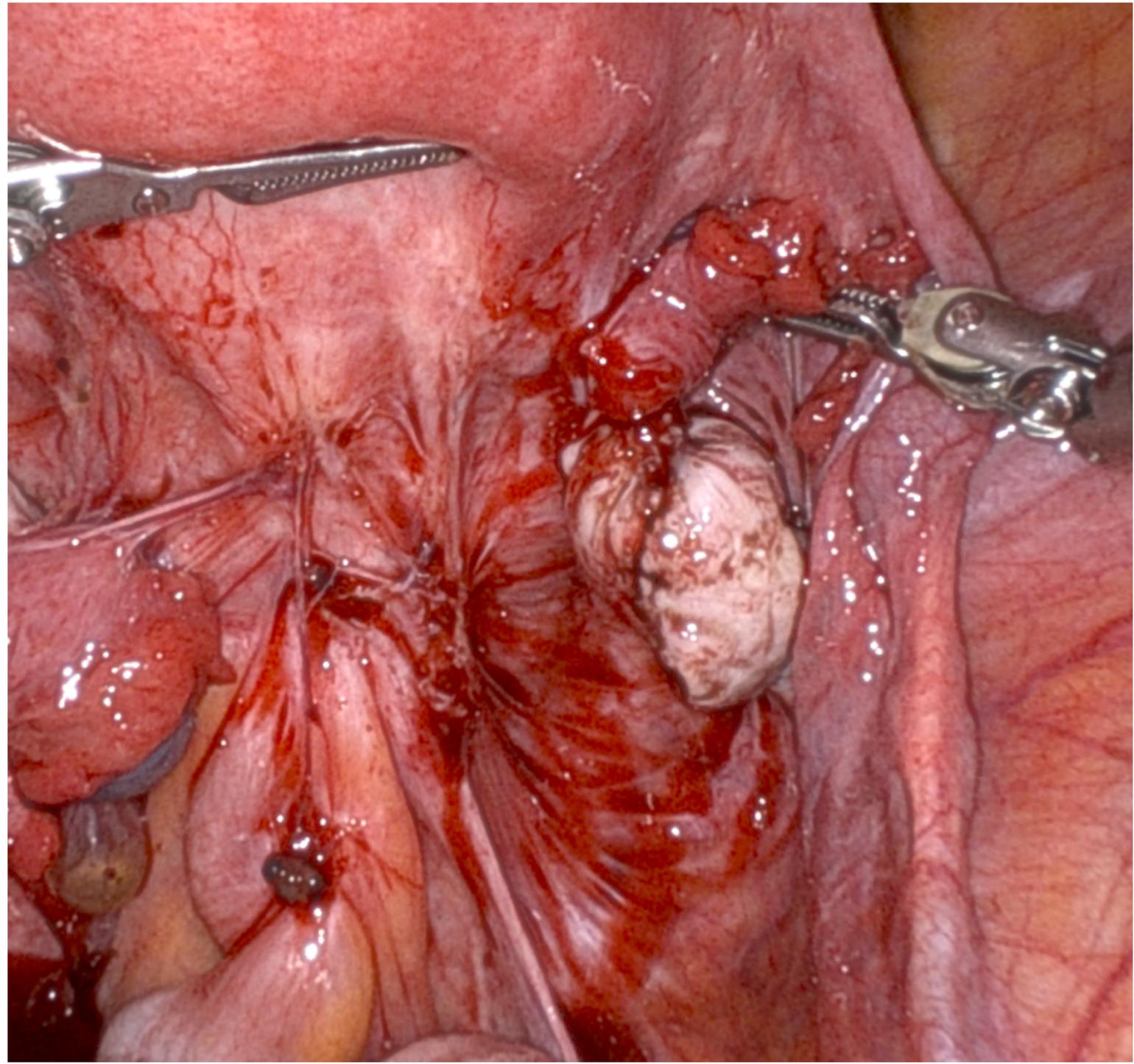
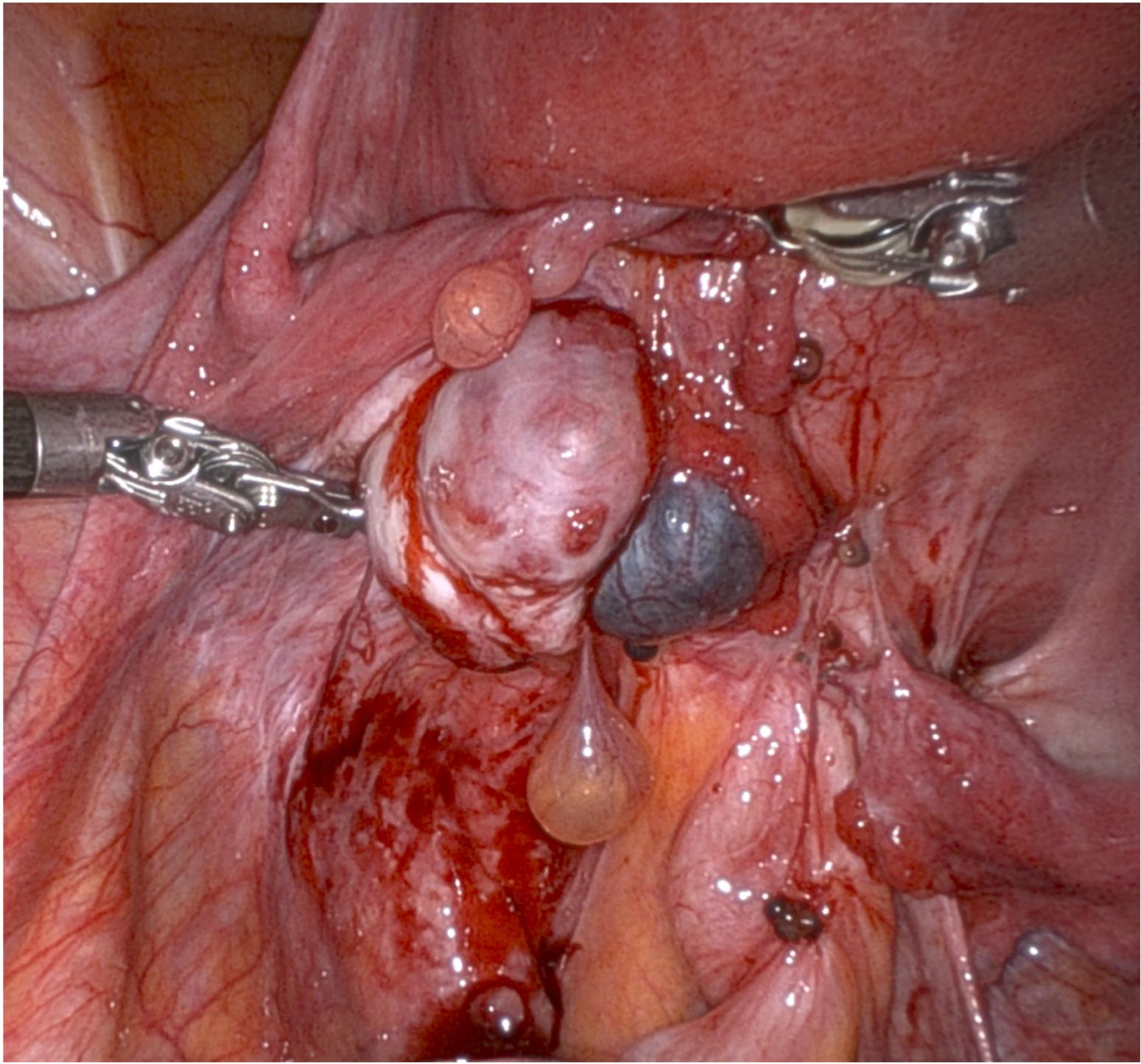


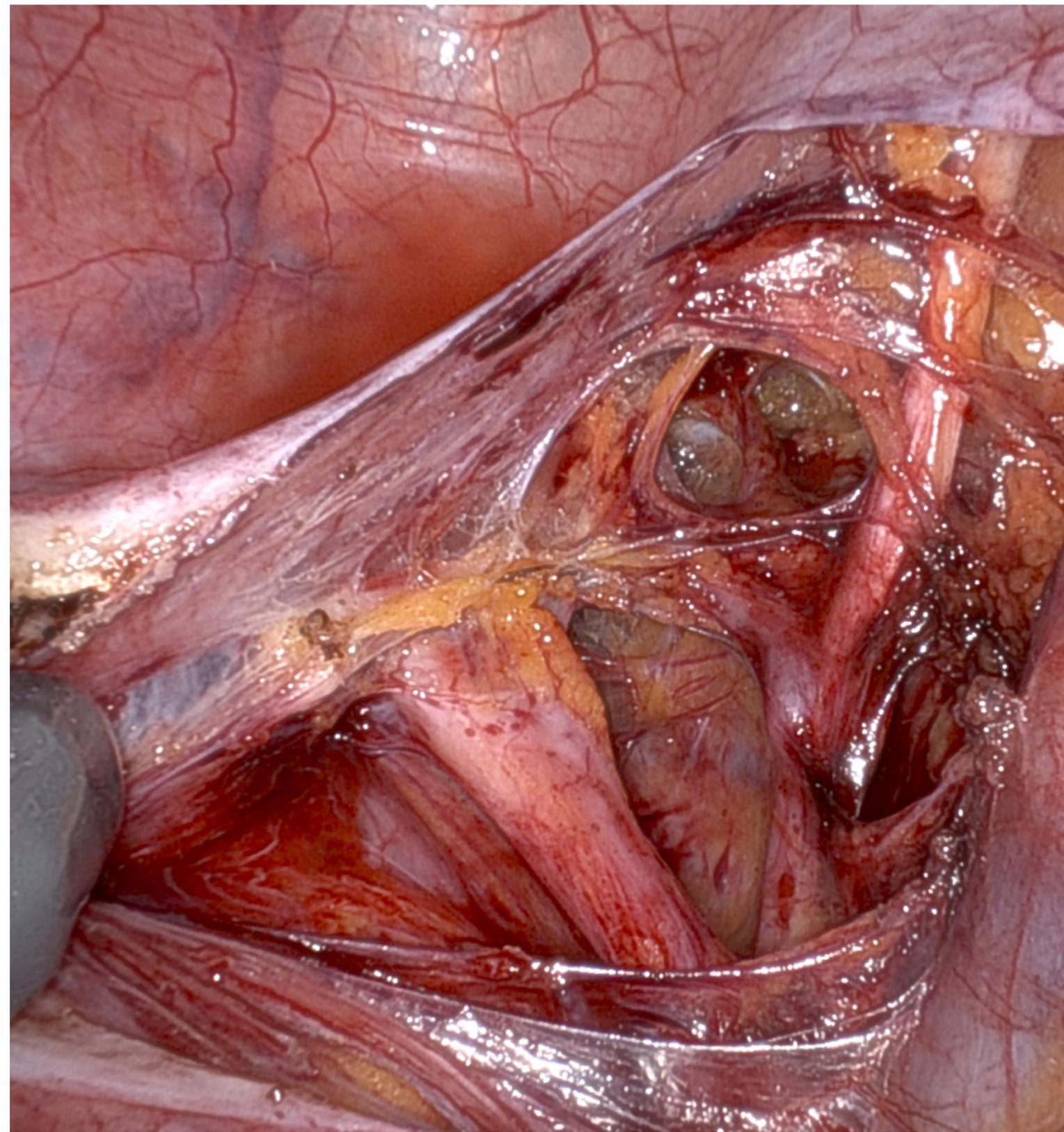
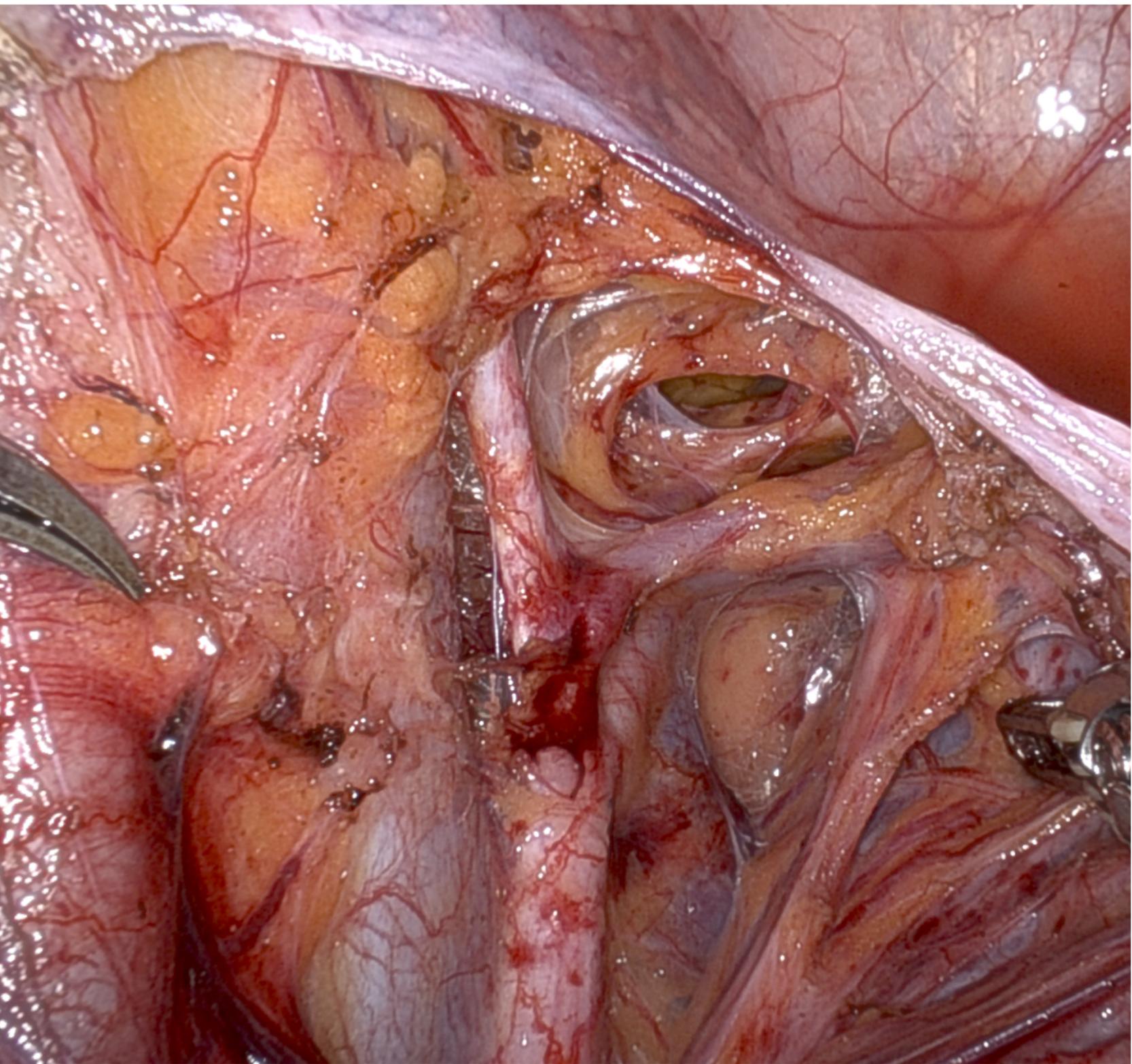


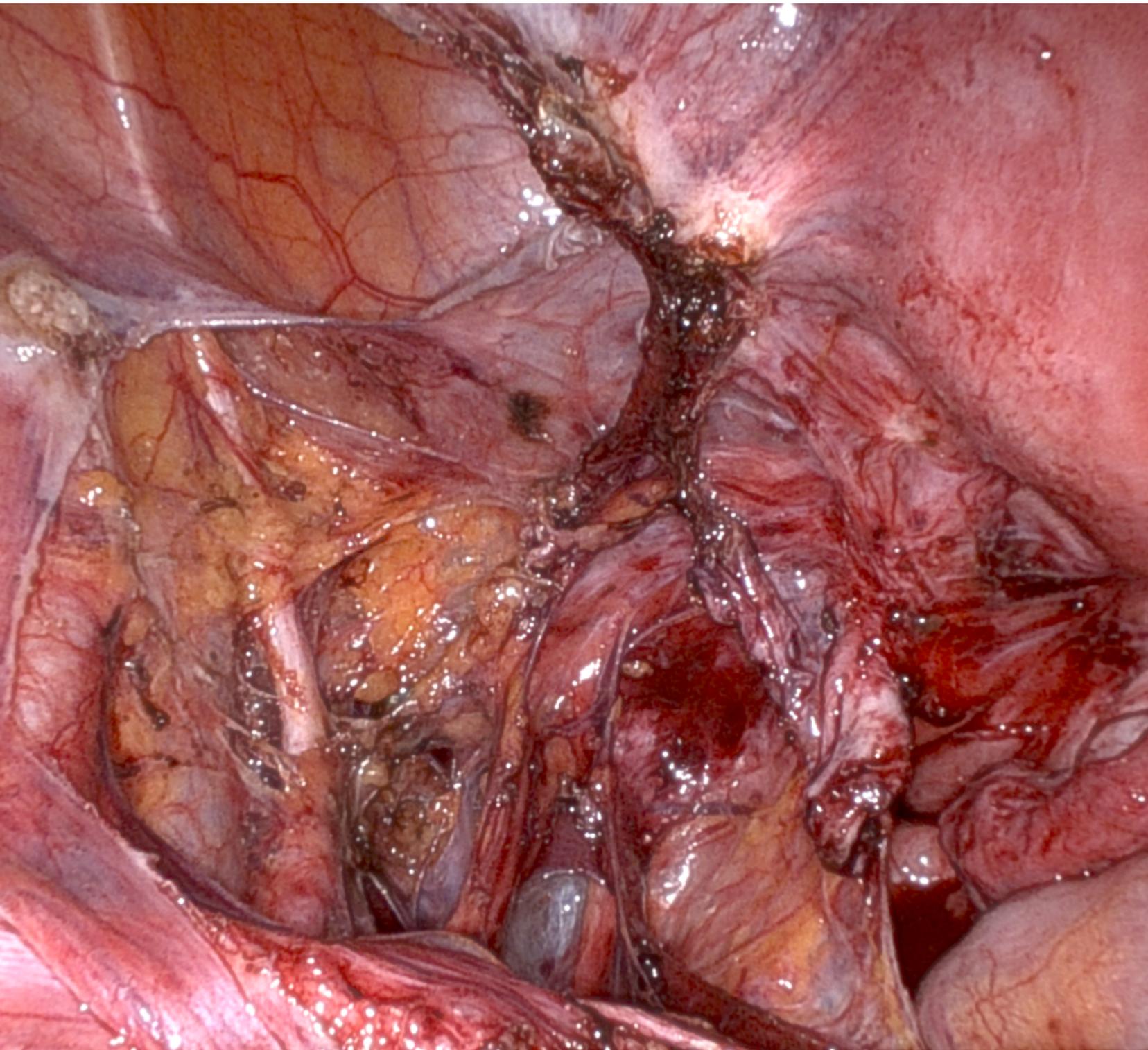


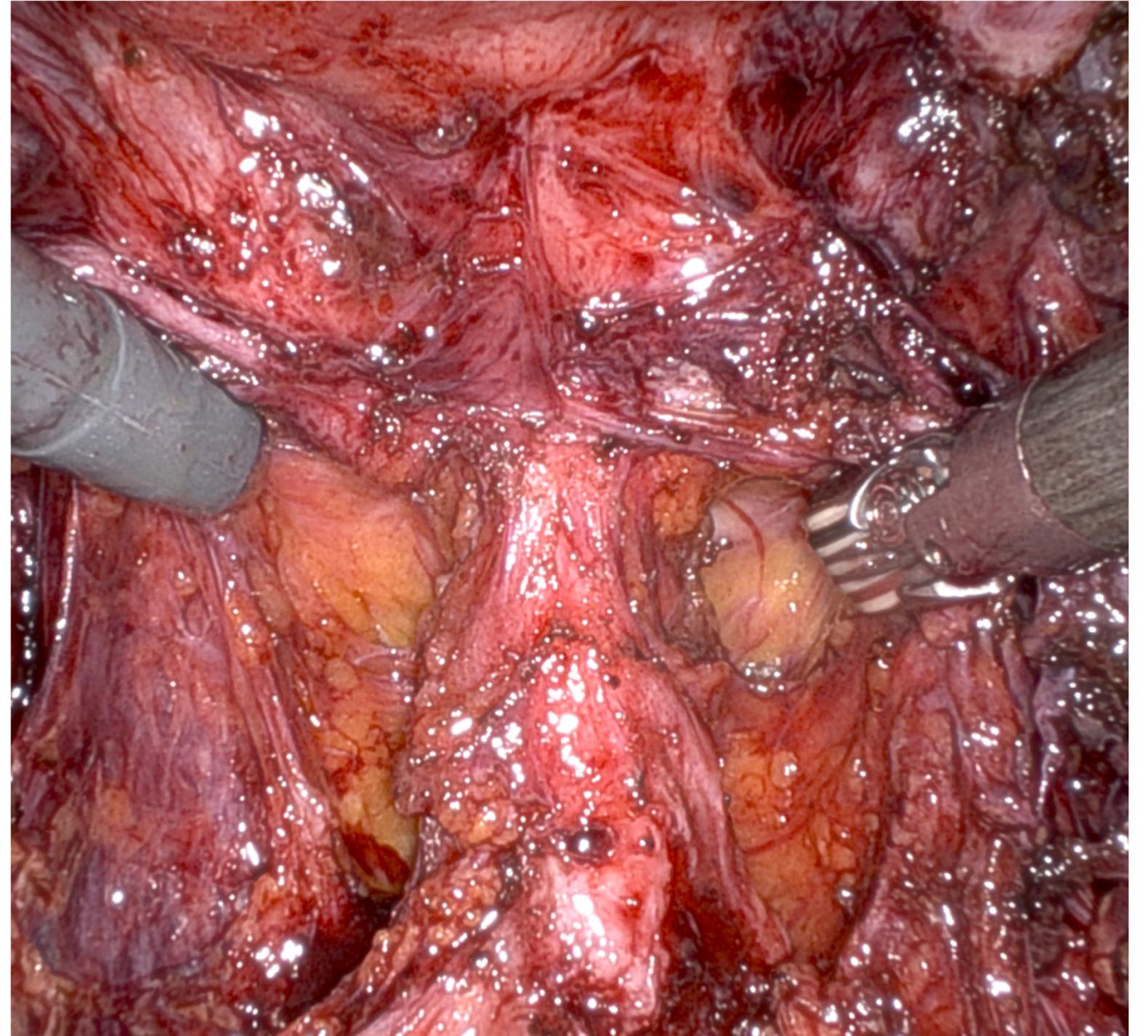
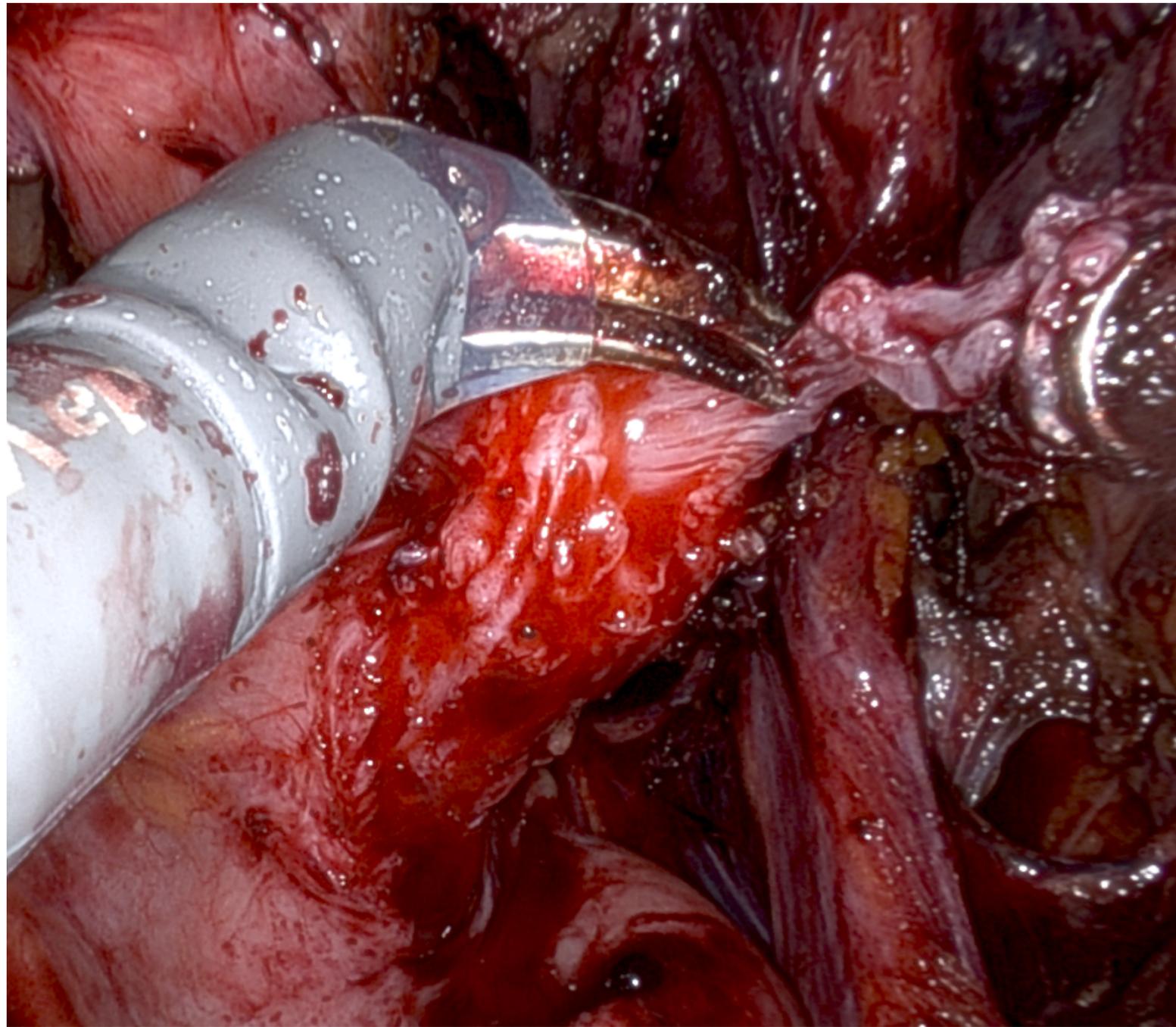












CONCLUSION

- **Nécessité d'analyser tous les compartiments**
- **Corréler à l'examen clinique :**
 - **cartographier les zones douloureuses**
 - **percevoir les nodules**
 - **vérifier l'infiltration vaginale**
- **Relecture en RCP pour définir clairement les gestes chirurgicaux à envisager**
- **Contractualiser avec la patiente ce qui sera fait ou non et en détailler les risques**