ENDOUROSCOPIC FEATURES IN SOME GYNE LESIONS

Thesis

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بسم الله الرحمن الرحيم

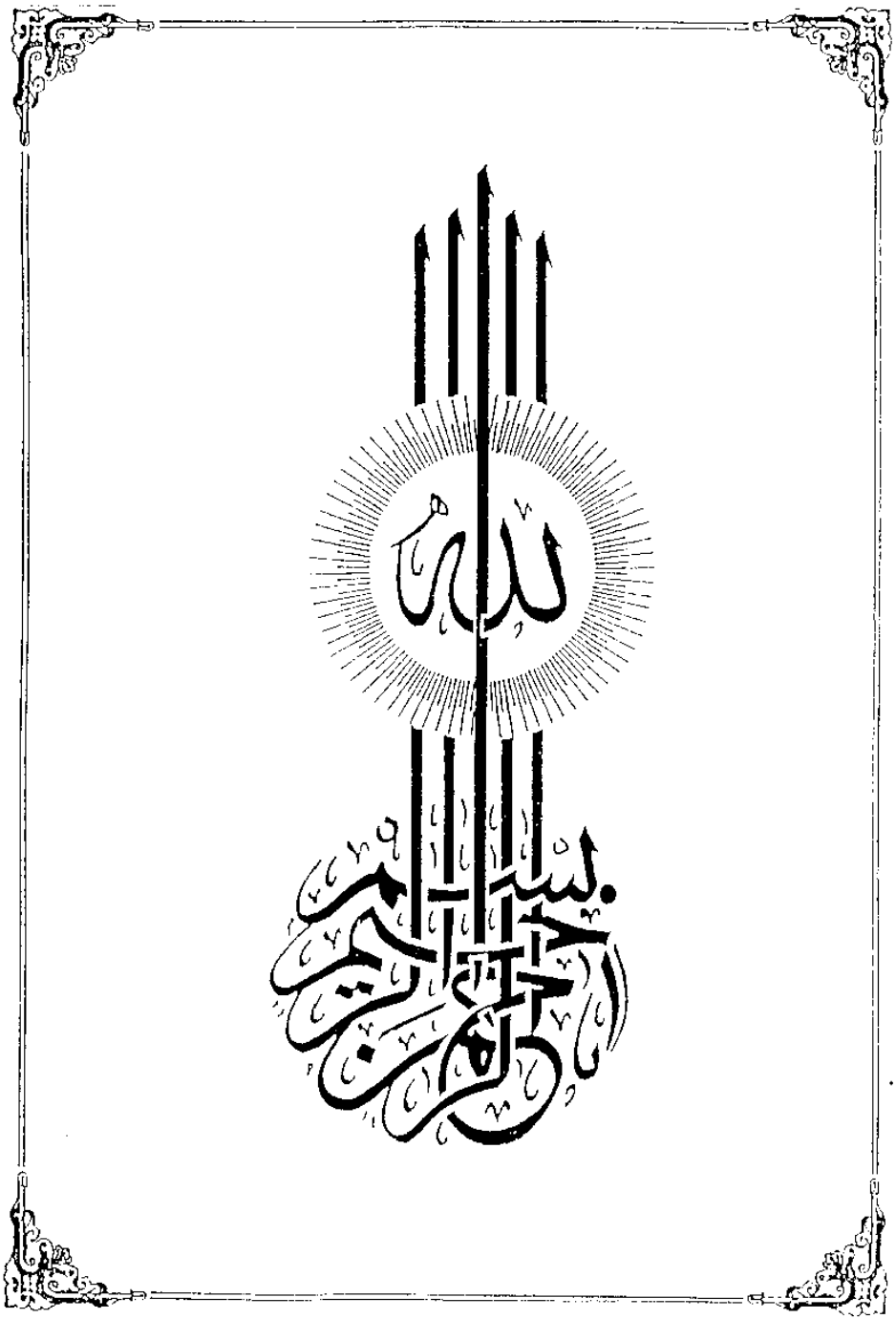
اقرأ باسم ربك الذي خلق

خلق الإنسان من علق

اقرأ وربك الأكرم الذي علم بالقلم

علم الإنسان ما لم يعلم

العلق ١-٥



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To My Father

My Mother

And
My Dear Husband

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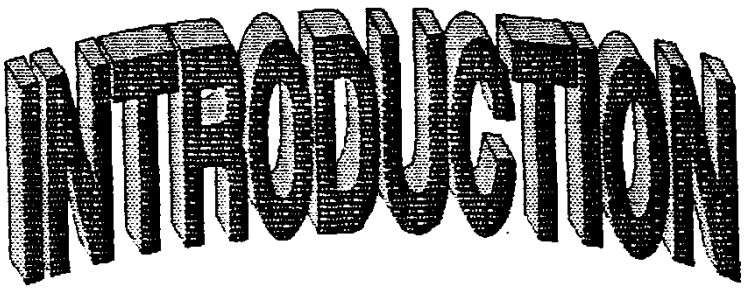


INTRODUCTION

During embryonic development, there is a close association between the urinary and genital systems, especially in the early stages. Both systems develop largely from the urogenital ridges, which are bilateral thickenings of intermediate mesoderm with overlying coelomic epithelium, that lie along the dorsal wall of the abdominal cavity (Aydelotte and Wilson, 1993).

The close relationship between the urinary and genital tracts during early embryogenesis accounts for the high incidence of associated anomalies in the two systems. Since development of the Mullerian duct is normally induced by an adjacent mesonephric duct, faulty differentiation of the mesonephric duct and ureteric bud, leading to renal agenesis, is very frequently accompanied by gynecologic malformations. For example, individuals with a hemiuterus (of single mullerian origin) frequently have contralateral renal agenesis, where as bilateral renal agenesis (incompatible with postnatal life) may be associated with complete absence of the uterus and fallopian tubes (Magee et al., 1979; Sarto and Simpson, 1978).

Diseases of the female genital tract can cause functional and morphological alterations in the urinary tract. The close anatomic and physiologic relationship of the gynecologic and urologic systems, developed in embryonic life, makes one organ system responsive to both benign and malignant alterations in the other (Braly and Buchsbaum, 1993).

This concept provides the clinician with the rationale for investigating the urinary system when defects are present in the genital system. It is important to identify urinary tract anomalies because these patients are in general more prone to renal disease which may result from infection as a consequence of obstruction, or malposition, or it may be idiopathic (Chapler and Schmidt, 1993).

The disease processes that cause urinary symptoms can arise at any site in the genital tract: ovary, parovarium, fallopian tube, uterine corpus, cervix, or vagina (Braly and Buchsbaum, 1993).

The physician in gynecologic practice often encounters conditions that cause functional and anatomic changes in the urinary tract. Drugs and surgical procedures used in the

management of these conditions can compromise further or even injure the urinary tract. More urinary tract injuries occur in the performance of gynecologic surgery than during any other type of surgery. The major problems are usually encountered in radical pelvic syrgeries as well as the anatomic physiologic alterations of the urinary tract resulting from common malignant and inflammatory gynecologic conditions.

During the past 10 years, many new instruments and devices have been introduced into the practice of urology that have radically changed approaches to endoscopic diagnosis and treatment. Many problems involving the urinary tract that previoulsy could be diagnozed only at the time of surgery are now routinely evaluated through the use of endoscopy (Lawson and Taylor, 1993).

Direct visualization of the urethra, bladder neck and bladder is accomplished by urethrocystoscopy. The primary indication of urethrocystoscopy is the diagnosis of lower urinary tract disease. Access to the upper urinary tract is now feasible by ureteroscopy and through cystoscopic guidance; ureteral catheterization, bougynage and retrograde contrast urography is of utmost importance (Carter, 1992).

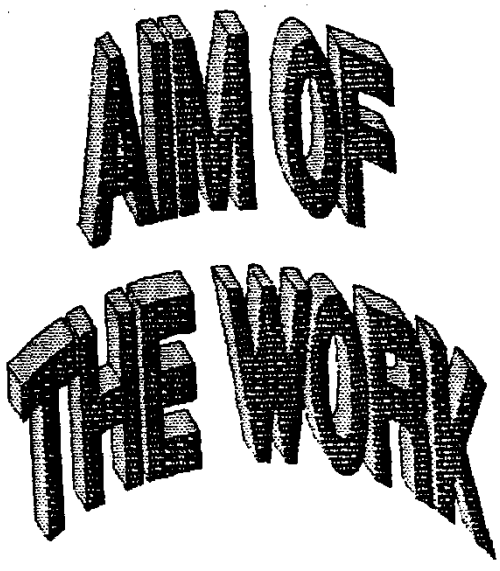
Urethrocystoscopy or endoscopic examination of the urethra and bladder, is the most common urologic procedure and that which most characterizes the field of urology. It is the major diagnostic and operative endoscopic procedure in the urinary tract. Advances in instrumentation and development of new endoscopic techniques have continued to expand and enhance the role of endoscopy in the urologists armementarium (Bagley et al., 1985a).

With respect to diagnosis of lower urinary tract disorders signs and symptoms that may be related to the urinary tract are evaluated using urethrocystoscopy to directly visualize lower urinary tract anatomy and macroscopic pathology, which may be responsible for the clinical picture under evaluation. In addition, material for both cytologic and histologic examination can be obtained using cystourethroscopic techniques.

Major examples for the value of cystoscopy in gynecology is the evaluation of cervical cancer and for investigation of urinary symptoms including hematuria and incontinence or fistulae, evaluation of voiding symptoms (obstructive and irritative) which may be the result of

neurologic, inflammatory, neoplastic, or congenital abnormalities and finally other traumatic lesions (Lewis, 1992).

Urodynamic evaluation is one of the major functions of cystoscopy through simple urodynamic parameters that can be determined at the time of cystoscopy (Lawson and Taylor, 1993).



AIM OF THE WORK

Presentation of a variety of gynecologic conditions with expectation of uroscopic findings. Reversely the underlying gynecologic lesions may be evaluated and categorized as far as the degree and extent, on bases of uroscopic features and hence affecting the management.

A main part of the work is to acquaint the gynecologist with both the uroendoscopic armementarium and principles of uroscopic handicraft.