Mapping of bowel occult microscopic endometriosis implants surrounding deep endometriosis nodules infiltrating the bowel

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Introduction and Objective: To provide a mapping of bowel occult microscopic endometriosis implants from colorectal specimens removed from patients who had undergone colorectal resection for deep endometriosis infiltrating the rectum.

Methods: A series of consecutive patients with deep endometriosis infiltrating the rectum and/or sigmoid colon, between January 2013 and December 2013, in the department of gynecology in Rouen University Hospital, France. 26 patients were included. Mapping of occult microscopic endometriosis implants from specimens was established by histologic examination of 1051 microsection slides taken from transversal macrosections of 3mm thickness (40 microsections per patient in average).

Results: The mean length of colorectal specimens was 110 mm. Microimplants were found at varying distances up to 54mm from the macronodule limits. Multiple macroscopic nodules were identified in 5 patients (19.2%). In 69% of specimens diffusion of endometriosis implants was longitudinal, whereas in 31% diffusion was concentrated around the macroscopic nodule. Respectively, 31%, 19%, 8% and 4% of patients presented with microimplants at 2, 3, 4 and 5 cm from macroscopic nodules.

Discussion/Conclusion: The data suggests that in patients presenting with deep colorectal endometriosis, microscopically complete excision of rectal endometriosis may be unachievable because of occult microscopic implants located further away.

Mots cléfs : bowel endometriosis, colorectal endometriosis, colorectal resection, deep endometriosis
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