INTRODUCTION

Deep infiltrating endometriosis (DIP) involves the gastrointestinal tract in approximately 5 % cases, being the sigmoid colon and the anterior wall of the rectum the most common locations.

This disease is suspected clinically and can be confirmed by transrectal or transvaginal sonography and magnetic resonance (MR). The surgical treatment of DIP is challenging and complex, and it should be studied by a multidisciplinary team including gynecologists, colorectal surgeon and urologist.

CASE REPORT

A 29 year old woman presented to emergency service with anal pain, dysmenorrhea and severe dyschezia. On digital rectal examination, a hard, mobile 3 cm nodule was palpated on the anterior wall of the rectum.

MR was requested, founding a 4 cm tumor, sharp edges, located outside the rectal muscle, in the rectovaginal septum thickness, 5 cm from the anal sphincter. It suggest the image of endometrioma. It was decided to start treating the patient with combined hormonal contraceptives with a continuous pattern, with symptoms improvement on the subsequent review.

Control MR, six months later, reported two 5mm cystic images in rectovaginal septum. In addition, other endometriosis focus in uterine serosa on the pouch of Douglas, next to the uterine isthmus, was reported. In successive annual reviews the patient reported improvement of dysmenorrhea, dyspareunia and dyschezia.

Two years later new MR was requested. The small endometriotic focus on pouch of Douglas remained, however, the images of rectovaginal septum are no longer displayed. Currently the patient is asymptomatic, continuing treatment with continuous combined hormonal contraceptive regimen, and following annual reviews.

DISCUSSION

In the last decades, an impressive amount of pharmacological agents has been tested for the treatment of DIP-associated pelvic pain, but only a small fraction of them have been introduced in the clinical practice. Following the results of the controlled studies available, to date, the first-line treatment for rectovaginal endometriosis is still represented by oral contraceptives used continuously, as we noted in the case exposed. Surgery is reserved for those cases resistant to drug treatment.

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