Conservative rectal surgery in multifocal colorectal endometriosis instead low large colorectal resection

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Objective: The aim of our video is to demonstrate how we avoid low colorectal resection in patients presenting with deep endometriosis infiltrating both low rectum and sigmoid colon.

Methods: The procedure presented in the movie is performed in a 30-year nullipara presenting with large deep endometriosis of vagina infiltrating the low rectum on 4 cm length at 4 cm above the anus. Sigmoid colon presented major infiltration responsible for severe stenosis 10 cm above rectal nodule. Preoperatively, we decided to remove low nodule by deep shaving using plasma energy followed by transanal disc excision, employing a semicircular stapler (the Rouen technique). As regards the nodule on sigmoid colon, we planned short segmental resection.

Results: Operative time was 3h15min. We performed rectal disc excision by removing a patch of 45mm diameter, along with segmental resection of sigmoid colon of 10cm length. At the end of the procedure, the patient kept 11cm of mid and low rectum, with complete preservation of the mesorectum. The length of healthy rectum preserved between the two sutures was 7cm. Postoperative outcomes were favorable.

Conclusion: Conservative management of rectal endometriosis in patients with multifocal colorectal disease is feasible by combining low rectal disc excision with disc excision / segmental resection of sigmoid colon. This approach allows avoiding removal of long colorectal specimen and low colorectal anastomosis which functional outcomes may be disastrous in young patients affected by a benign disease.

Mots clefs : rectal endometriosis; disc excision; segmental resection; multiple endometriosis.

Auteurs :
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1456063077_roman-seud.mp4
Références : , , ,

Auteurs

Horace Roman 1,
1. Gynecology, Rouen University Hospital, Rouen, FRANCE

Auteurs (raw format)

Roman Horace - email : horace.roman@gmail.com Etablissement : Rouen University Hospital Service : Gynecology Ville : Rouen Pays : FRANCE Présentateur : Oui