

Laparoscopic management of multiple site intestinal endometriosis.

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Introduction:

Endometriosis is common in women in the reproductive age, and it rarely involves the intestinal tract such as the rectum, colon and bowel. It is well known that intestinal endometriosis is mostly located in the rectosigmoid area and it is rarely found in the small bowel. We experienced several cases of intestinal endometriosis at multiple sites along the intestinal tract, such as both the rectum and bowel. The purpose of this study is to show the feasibility of planned complete laparoscopic management of intestinal endometriosis at multiple sites.

Methods:

From January 2006 to December 2016, 74 patients underwent laparoscopic rectum resection for endometriosis and 10 (14%) patients underwent laparoscopic intestinal tract resection at another site as well as resection of the rectum. Patients were divided into 2 groups according to the operative procedure. One group was patients who underwent laparoscopic rectum resection. The other group was patients who underwent laparoscopic intestinal tract resection at another site as well as resection of the rectum. Retrospective evaluation was performed and data analysis included operative time, bleeding, operative procedure and intra- and postoperative complications.

Results:

Affected locations were the rectum in 74 patients (100 %), the ileocecum in 5 patients (6.8%), the sigmoid colon in 4 patients (5.4 %) and the appendix in 1 patient (1.4 %). The resection was achieved laparoscopically at one operation in all patients and no patient needed conversion to laparotomy.

In the group that underwent laparoscopic rectum resection, median estimated intraoperative bleeding was 268mL (range: 10-900), and median operative time was 188 minutes (range: 115-363). In the group that underwent laparoscopic intestinal tract resection at another site as well as resection of the rectum, median estimated intraoperative bleeding was 261mL (range: 100-470), and median operative time was 216minutes (range: 110-278).

Although surgery took longer in the second group due to the necessity of resecting multiple sites, there was no significant statistical difference in operative time between the groups ($p=0.25$). There was also no significant difference in intraoperative bleeding between the groups ($p=0.90$).

In the group that underwent only laparoscopic rectum resection, anastomotic leakage occurred in 2 patients and those patients needed operative treatment as a result. No patients that underwent laparoscopic surgery for multiple sites as well as resection of the rectum needed operative treatment for complications.

Conclusion:

Intestinal endometriosis is a rare disease. We can perform treatment of intestinal endometriosis laparoscopically with a low incidence of major complications such as anastomotic leakage. Even when there is endometriosis discovered at multiple sites along the intestinal tract, total laparoscopic resection in one operative session is both feasible and safe.

Keywords : Endometriosis, Rectum, Bowel, Multiple, Complication, Technique, Laparoscopy

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