

Surgical management of deep infiltrating endometriosis of the rectum and sigmoid colon in 2015 in France: a case-series study of 1000 patients

Abstract ID : 1618

Soumis par : Roman Horace Le 2016-03-13 07:08:42

Nom de la catégorie : SEUD CONGRESS

Typologie : Communication orale / Oral communication

Statut : validé

Autorisation de diffusion : No/Non

Objective: To assess the characteristics of surgical management of patients with deep infiltrating endometriosis of the rectum and the sigmoid colon (DIERS) in 2015 in France.

Method: A case-series study enrolling patients with DIERS involving the muscularis, submucosa or mucosa, who were managed from January 1 to December 31, 2015, in 48 French gynecological surgical departments. Surgeons responded to questionnaires concerning the number of patients, DIERS localizations, the surgical route and technique employed, associated surgical procedures and major complications. Data were pooled in a unique database.

Results: 1,036 patients were enrolled in the series, provided from 48 departments and managed by 79 surgeons. DIERS infiltrated only the rectum in 56% of cases, the rectum and the sigmoid colon in 37% of cases and solely the sigmoid colon in 7% of them. Associated localizations involved the caecum in 6% of cases, the small bowel in 5%, the bladder in 10%, and were responsible for ureteral stenosis in 14% of patients. The surgery was performed using conventional laparoscopy in 85% of patients, robotic-assisted laparoscopy in 10% and open surgery in 5%. Rectal shaving was carried out in 51%, disc excision in 8%, colorectal segmental resection in 40% and sigmoid colon segmental resection in 6% (2 different procedures could be associated). Hydronephrosis was revealed in 7%, however ureteral resection was carried out in 4%. Bladder resection was carried out in 7%. Vaginal resection and hysterectomy were performed in respectively 35 and 14% of cases, while temporary stoma was performed in 17%. Complications included rectovaginal fistula in 3% of patients, anastomosis leakage in 1%, pelvic abscess in 3%, ureteral fistula in 1%, while 7% of patients had postoperative bladder dysfunction. The risk of rectovaginal fistula was 1.3, 3.7 and 4% following respectively shaving, disc excision and segmental resection.

Conclusions: Our survey recorded a big number of patients managed for DIERS in France during one year, suggesting that endometriosis of the digestive tract is not a rare disease. Surgical management is performed laparoscopically in the majority of cases, involves complex procedures usually requiring a multidisciplinary team, with low risk of postoperative complications.

Mots clefs : deep endometriosis; colorectal endometriosis; rectal shaving; disc excision; colorectal resection.

Auteurs :

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

