

USE OF SYNTHETIC MESH FOR SURGICAL TREATMENT OF RECTOVAGINAL ENDOMETRIOSIS

Abstract ID : 1627

Soumis par : Maria del Pilar Marín Sánchez Le 2016-03-13 14:03:16

Nom de la catégorie : SEUD CONGRESS

Typologie : Poster

Statut : validé

Autorisation de diffusion : Yes/Oui

INTRODUCTION

Recto-vaginal and colorectal endometriosis are usually associated with severe pain symptoms like dyschezia, menstrual blood on stools, menstrual diarrhea, severe menstrual mictalgia, and radiation of pain to the perineum. Clinical suspicion can be confirmed by vaginal ultrasonography or MIR.

Surgery with complete removal of all endometriosis sounds like a precept, but this surgery is associated with a high complication incidence (e.g. permanent neurological bladder dysfunction and recto-vaginal, and vesico-vaginal fistulae). Bowel resection is the main determinant of major morbidity and some authors suggest less aggressive approaches in the absence of sub-occlusive symptoms .

We present a clinical case, a 48 year old women with a previous deep endometriosis surgery with insertion of an artificial mesh in the recto-vaginal septum. Later on, she shows severe pain and subocclusive symptoms. A new surgery was performed, with total abdominal hysterectomy and bilateral salpingo-oophorectomy; bowel resection and ureter resection and vesicoureteral reimplantation. The postoperative complications were recto-vaginal and vesico-vaginal fistulae and pulmonary thromboembolism.

DISCUSSION

The use of mesh in the surgical of endometriosis is exceptional. Reports of placement of an artificial mesh over widespread fenestrations of diaphragmatic defects in thoracic endometriosis excision. Moreover, there are cases of use of meshes in abdominal endometriosis. To our knowledge, this is the first published clinical case using a mesh in the surgical of deep infiltrating endometriosis.

Our experience on the clinical case presented here is not positive, because of the high incidence of postoperative complications. Although, there is not clear evidence than the pain was due to the mesh, rather than by the disease itself, we think that the use of the mesh increased the technical difficulty resulting in serious postoperative complications.

CONCLUSION

Surgery in deep endometriosis is associated with a significant complication rate. Published studies dating in 2'1% rate of intra-operative complications and 13.9% of post surgical complications.

With this communication we want to emphasize the possible complications arising from using meshes during the surgical treatment of deep endometriosis of recto-vaginal septum, if our experience can contribute to the decision on the use of prostheses in these patients.

Mots clefs : deep infiltrating endometriosis, mesh,surgery complications

Auteurs :

Références : , , ,

Auteurs

M Pilar Marín Sánchez 1, ML Sánchez Ferrer 2, C Moreno Sánchez 2, Laura Cánoval López 2, C Moreno Alarcón 2,
JA Luján Mompeán 2, A. Nieto Díaz 2, F. Machado Linde 2,

1. Obstetrics and Gynecologic, Hospital Virgen de la Arrixaca, El Palmar, SPAIN
2. SPAIN

Auteurs (raw format)

Marín Sánchez M Pilar - email : lbsyna@hotmail.com Etablissement : Hospital Virgen de la Arrixaca Service : Obstetrics and Gynecologic Ville : El Palmar Pays : SPAIN Présentateur : Oui

Sánchez Ferrer ML - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non

Moreno Sánchez C - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non

Cánoval López Laura - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non

Moreno Alarcón C - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non

Luján Mompeán JA - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non

Nieto Díaz A. - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non
Machado Linde F. - email : Etablissement : Service : Ville : Pays : SPAIN Présentateur : Non

