Multidisciplinary Management of Deep Infiltrating Endometriosis in a Peripheral Hospital Setting

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Background and Aim

Deep Infiltrating Endometriosis (DIE) involving the rectosigmoid colon can be challenging to manage in hospitals with limited subspecialty services[1]. The surgical management of DIE requires a delicate and experienced surgeon[2]. In many settings, the number of DIE surgeries required to sustain expertise in all aspects of the surgery may be difficult to achieve. Interdisciplinary surgical teams of Gynaecology and Colorectal surgeons can collate the skill and experience required[3]. This provides the potential for enhanced patient outcomes and important training opportunities for junior doctors in peripheral hospitals with fewer surgeries.

Aim:

This case highlights the benefits of a multidisciplinary approach in managing complex endometriosis.

Case

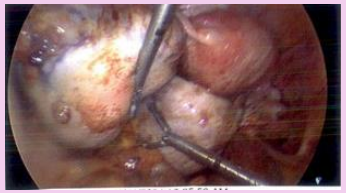
A 37-year-old nulliparous woman presented with severe dysmenorrhea, cyclic vomiting and dyschezia. Imaging showed bilateral enlarged ovaries and deep infiltrating endometriosis. At colonoscopy, a localised area of nodular mucosa was found in the recto-sigmoid colon. Referral to a tertiary centre was declined, despite high ovarian tumour markers.

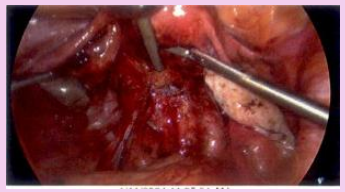
The patient was seen in a combined Gynae-Colorectal clinic at our peripheral hospital followed by a timely case conference for surgical planning.

Results

Operative findings included an obliterated Pouch of Douglas, bilateral endometriomas, and a significant stenotic endometriotic nodule at the rectosigmoid junction. The combined surgical team performed laparoscopic excision and ablation of the endometriotic lesion, bilateral ovarian cystectomy, and an anterior resection for the rectosigmoid nodule.

The patient had an uncomplicated recovery and was seen again postoperatively in the same clinic, pain free, 8 weeks later.





- Obliterated Pouch of Douglas
- bilateral endometriomas
- significant stenotic endometriotic nodule at the rectosigmoid junction.

Discussion

The involvement of an intradisciplinary surgical team was crucial in optimising the surgical outcomes for this patient. Often patients are referred out of catchment, resulting in fractured continuity of care for the patient and loss of learning opportunities for the home team. In our case, the patient received appropriate and timely care, despite the resource limitations of a peripheral hospital.

1. D'Alterio MN, D'Ancona G, Raslan M, Tinelli R, Daniilidis A, Angioni S. Management Challenges of Deep Infiltrating Endometriosis. Int J Fertil Steril. 2021 Apr;15(2):88-94. doi: 10.22074/IJFS.2020.134689. Epub 2021 Mar 11. PMID: 33687160; PMCID: PMC8052801.
2. Fleisch, Markus C. et al. Radical resection of invasive endometriosis with bowel or bladder involvement—Long-term results. European Journal of Obstetrics and Gynecology and Reproductive Biology, Volume 123, Issue 2, 224 - 229
3. Rolla E. Endometriosis: advances and controversies in classification, pathogenesis, diagnosis, and treatment. F1000Res. 2019 Apr 23;8:F1000 Faculty Rev-529. doi: 10.12688/f1000research.14817.1. PMID: 31069056; PMCID: PMC6480968.

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