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Intestinal endometriosis. Our experience

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Dear Editor,

Intestinal endometriosis, described by Sampson in 1922, is defined as a bowel infiltration by ectopic endometrial tissue (1). The prevalence is 3-37% of all women affected by endometriosis. Rectosigmoid colon is the most frequent location (70-93%), followed by ileocecal region, appendix and other colon and small bowel segments (1-3).

We present 17 cases of patients from our hospital diagnosed with intestinal endometriosis from 2006 to 2015.

Case report

The average age was 35 years old (range 21-53). Three women (17.64%) had previous surgeries for endometriosis. Our patients' features are described in table I. The two patients who did not have surgical treatment received hormonal therapy and following clinic-radiology, with good response. Eight of the patients who had surgical treatment received hormonal therapy. The others refused it. Average follow-up time was 24.82

months (range 60-1). Three of them (17.64%) had a recurrence. One patient received non surgical treatment and clinical follow-up. Surgical treatment was performed in two cases: sigmoidectomy (deep endometriosis) and ileocecal resection (obstruction).

Discussion

Intestinal endometriosis is usually asymptomatic. It is often only diagnosed during surgery for other reasons. Symptoms are frequently nonspecific, with considerable overlap with other clinical gastrointestinal conditions, although it may appear as an acute abdominal pain.

Clinical history, physical examination and image techniques (transvaginal and rectal ultrasonography, TC and MRI) and, sometimes, exploratory laparoscopy are necessary for the diagnosis. Colonoscopy rarely shows mucosal involvement. The definitive diagnosis is the histological confirmation (2,4,5).

The choice of the operative technique depends on the clinical presentation and on the patient's fertility wishes. Laparotomy and laparoscopy are equally effective, but laparoscopic approach is preferred. Segmental resection, discoid excision and superficial shaving are the surgical options, depending on the location and the extent of lesions. Hysterectomy and adnexectomy are indicated if the patient does not wish to conceive (2).

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Table I. Patients´ characteristics

Clinical features	*n (%)*
Abdominal pain	9 (52.90%)
Intestinal obstruction	2 (11.76%)
Unspecific symptoms	1 (5.55%)
Typical symptoms	3 (17.64%)
Casual diagnosis	2 (11.76%)

Diagnosis techniques	*n (%)*
Abdominal ultrasound	8 (47.00%)
Transvaginal ultrasound	9 (52.90%)
TC	13 (76.47%)
MRI	2 (11.76%)
Colonoscopy	3 (17.64%)

Type of surgery	*n (%)*
Urgent	8 (53.30%)
Elective	7 (46.60%)

Surgical approach	*n (%)*
Open	4 (26.60%)
Laparoscopic	11 (73.30%)

Surgical technique	*n (%)*
Appendectomy	6 (40.00%)
Appendectomy + segmental resection	3 (20.00%)
Segmental resection	5 (33.30%)
Superficial excision	1 (66.00%)

Histological confirmation	*n (%)*
Appendix	6 (40.00%)
Rectosigmoid colon	5 (33.30%)
Ileocecal region	4 (26.60%)