

85 Intestinal Endometriosis

Female, 36 Years

History

The diagnosis of endometriosis had been confirmed some years previously and been treated by ovarian cystectomy and laparoscopic pelvic surgery. In 1987, to investigate chronic lower abdominal pain and constipation, flexible sigmoidoscopy to the splenic flexure revealed dome shaped swellings (Figure 85.1), most obvious in the sigmoid colon, covered with normal mucosa, consistent with endometriomas. A gynecologist supervised a further 5 years of medical treatment until the symptoms were sufficiently disabling to require surgery. Repeat endoscopy showed no extension of the colon lesions, which did not show on a barium enema examination.

Operation

(6.4.92)

Laparotomy revealed extensive pelvic endometriosis with widespread adhesions involving ovaries, an enlarged uterus, and upper rectum. There were hard spherical masses involving the sigmoid and lower descending colon causing rotation and constriction, and similar pathology was noted in a short segment of terminal ileum. Hysterectomy with excision of uterine adnexa was performed. The disease in the ileum and colon was removed with a double resection, and the 2 anastomoses were performed with a single layer of interrupted sutures.

Pathology

The left ovary was cystic, 45 × 45 mm in size and densely adherent to the uterus. The right ovary was also cystic, 60 × 40 mm in size, and containing old blood. Both ovaries had smaller cysts associated with the larger cystic lesion. There were fibroids within the body of the uterus and hemorrhagic cysts, 1–5 mm in size within the myometrium. The masses in the ileum and colon were firm and involved the full thickness of the bowel wall. They varied in diameter from 7–30 mm. The serosal surface was indented and the luminal aspect was covered with normal mucosa. The lesions, on section, had a predominantly white appearance with areas of black pigment and small areas of hemorrhage. Histologically, endometriosis was confirmed in the uterus, ovaries, ileum, and colon (Figure 85.2).

Postoperative Course

The patient's recovery in the hospital was satisfactory and uneventful. Unfortunately, 3 weeks after the operation, the patient suddenly collapsed at home and died. Autopsy revealed that a massive pulmonary embolus was the cause of death.

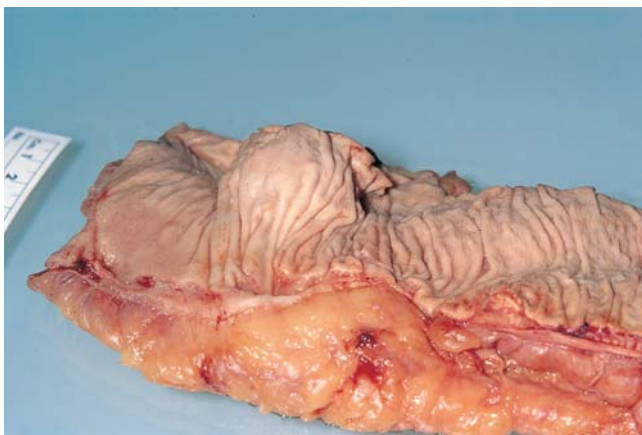


Figure 85.1: The “dome” shaped intramural deposit is covered with intact mucosa.

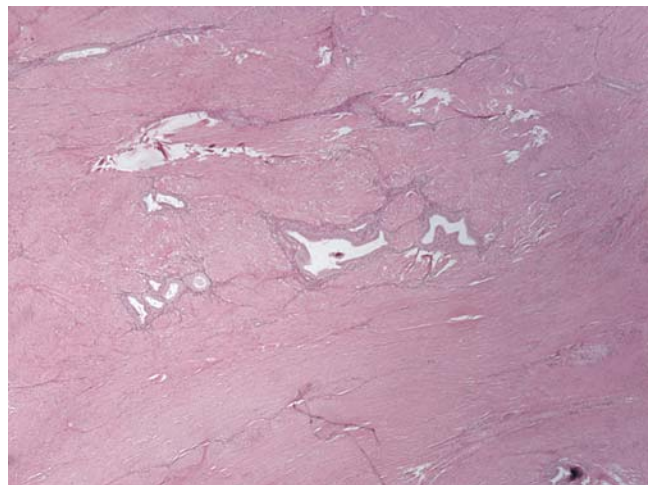


Figure 85.2: A focus of endometriosis is seen within the muscularis propria of the colon.