

Colorectal Resection in Endometriosis: A Study on Conservative Vascular Approach

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Abstract : Introduction: Severe endometriosis is a multiorgan disease, that involves bowel in 31% of cases. Disabling symptoms and deep infiltration can lead to bowel obstruction: surgical bowel treatment may be needed. In these cases, colorectal segment resection is usually performed by inferior mesenteric artery ligation, as radically as for oncological surgery. This study was made on surgery based on intestinal vascular axis' preservation. It was assessed postoperative complications risks (mainly rate of dehiscence of intestinal anastomoses), and results were compared with the ones found in literature about classical colorectal resection. Materials and methods: This was a retrospective study based on 62 patients with deep infiltrating endometriosis of the bowel, which undergo segmental resection with intestinal vascular axis preservation, between 2013 and 2016. It was assessed complications related to the intervention both during hospitalization and 30-60 days after resection. Particular attention was paid to the presence of anastomotic dehiscence. 52 patients were finally telephonically interviewed in order to investigate the presence or absence of intestinal constipation. Results and Conclusion: Segmental intestinal resection performed in this study ensured a more conservative vascular approach, with lower rate of anastomotic dehiscence (1.6%) compared to classical literature data (10.0% to 11.4%). No complications were observed regarding spontaneous recovery of intestinal motility and bladder emptying. Constipation in some patients, even after years of intervention, is not assessable in the absence of a preoperative constipation state assessment.

Keywords : anastomotic dehiscence, deep infiltrating endometriosis, colorectal resection, vascular axis preservation

Conference Title : ICE 2018 : International Conference on Endometriosis

Conference Location : London, United Kingdom

Conference Dates : May 14-15, 2018