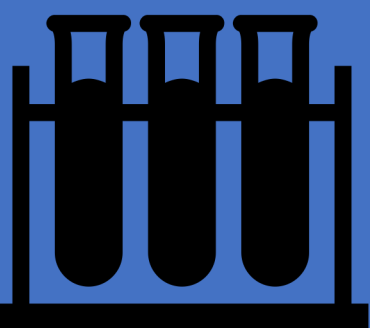
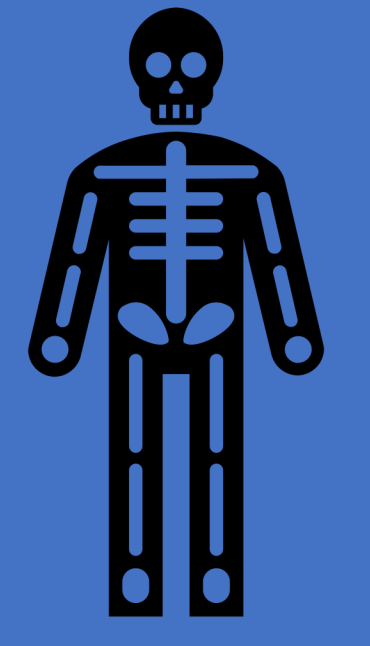


Case Report: Spontaneous postpartum sigmoid perforation secondary to endometriosis

BACKGROUND

- 39-year-old Caucasian woman with severe endometriosis
- Conceived via IVF using donor sperm.
- Developed pre-eclampsia at 37⁺¹ weeks of gestation.
- Achieved a vaginal delivery following induction of labour.
- Discharged day 2 with oral iron due to postpartum anaemia.

INVESTIGATIONS

	White cell count = 16 CRP = 8 (increased to 259 within in 12 hours)
	Transvaginal ultrasound demonstrated blood within the endometrial cavity but no evidence of retained products.
	Chest and abdominal x-ray identified a right sided subdiaphragmatic gas and extensive pneumoperitoneum. Faecal loading was noted in the right hemicolon.
	CT scan of her abdomen and pelvis identified free gas within the upper abdomen and a focally contained perforation relating to the sigmoid colon.
	Histological sections of large bowel wall showed: <ul style="list-style-type: none">• Widespread endometriosis with abundant haemorrhage and decidualised endometrial stroma• Focal abscesses with serositis and focal perforation

ACUTE PRESENTATION

Postnatal Day 7:

- Developed sudden-onset, severe abdominal pain immediately after opening bowels.

Examination:

- Heart rate 90 bpm, BP 140/85, Temperature 37.1°C
- Abdomen soft, generally tender with guarding and absent bowel sounds

MANAGEMENT & OUTCOME

The patient underwent a mid-line laparotomy where significant free fluid and gas were found on entry. A mid-sigmoid perforation was identified with spots of pelvic and small bowel endometriosis noted. A Hartmann’s procedure was performed. She was discharged 5 days post-operatively. She underwent a reversal of her Hartmann’s procedure and appendicectomy 8 months later and remains well on medroxyprogesterone

ENDOMETRIOSIS & BOWEL PERFORATION

- The sigmoid colon is the most common site of perforation in women with endometriosis
- The main speculation of pathophysiology is extensive decidualisation of endometrial implants weakens the bowel wall.
- The associated adhesions with uterine growth can then lead to further weakening.

Take Home Messages:

- A history of endometriosis is a risk factor for post-partum spontaneous bowel perforation.
- Constipation should be treated proactively and in a timely manner.
- A high index of suspicion for bowel perforation is vital in women with a history of endometriosis presenting with sudden onset abdominal pain and evidence of peritonitis.