

ENDOMETRIOSIS, A NOT SO BENIGN DISEASE

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A 37yo nulliparous woman presented with symptomatic anaemia after an acute 7 day history of menorrhagia on a month long history of history of vaginal bleeding.

Background: abnormal uterine bleeding, endometriosis, infertility, and a fibroid uterus.

Surgical history was notable for two laparotomies and one laparoscopy for endometriosis resection, adhesiolysis, over the preceding decade.

Severe anaemia (Hb of 1.8) was recorded. She was admitted for resuscitation, transfusion of red cells, tranexamic acid, and investigation of a large palpable 11 x 7cm solid/cystic abdominal mass. CA125=1100.

- Care was referred for specialist gynae-oncology care in a large tertiary hospital.

INVESTIGATIONS

- CT: 14x13x13cm large complex pelvic mass with nil evidence of metastatic disease.
- Case discussed at MDT: very aberrant uterus with irregular lining, not correlating with fibroid.
- Hysteroscopy very difficult due to large fixed uterus
- Laparoscopy: frozen pelvis with uterus adherent to sigmoid, terminal ileum, pelvic side walls, ureter and PoD.
- Histology: benign

CONCLUSION

- This case demonstrates the need for specialist surgical skillsets when operating on women with endometriosis, due to the complexity of the disease. Operating surgeons should be specialised, working in a high volume centre, with additional surgical and anaesthetic teams available. To ensure women have access to adequate treatment, it is essential access to specialised complex benign gynaecology training available for trainees.

SURGERY

- Total Abdominal Hysterectomy, ureterolysis, excision of sigmoid colon, resection terminal ileum, anastomosis of ileum to ileum was performed.

Post operative course was further complicated by pelvic collections, resulting in a laparotomy, defunctioning loop colostomy formation, and an open abdomen, for which a VAC dressing was used. A long post-operative course followed with six intermittent VAC dressing changes for a gradual closure of the abdomen.

She has recovered well and is currently waiting on reversal of the loop colostomy.

DISCUSSION

Endometriosis has the potential to severely impact a woman's life across many facets. Surgery requires expert skill in this area, with experience dealing with a wide range of surgical complications, and should take place in units with access to additional surgical teams and ICU.

- This case also demonstrates the severity of abnormal uterine bleeding, and the ability of women to tolerate severe symptoms for a long time before seeking help. Women reporting abnormal uterine bleeding need to be appropriately investigated and supported in the community at the earliest opportunity.