

Outcomes of Flexible Sigmoidoscopy or Colonoscopy in Patients with Endometriosis and Bowel Involvement in a London Hospital, 2019-2023.

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Background

- Endometriosis is estimated to affect 1 in 10 women, or those assigned female at birth, worldwide (1).
- Among these individuals, the estimated prevalence of bowel involvement varies widely, ranging from 3% to 35% (2).
- Most bowel involvement in endometriosis is confined to the sigmoid colon or rectum (3).
- Bowel symptoms can vary greatly and may include changes in bowel habits, tenesmus, dyschezia, and rectal bleeding. These symptoms can also fluctuate in severity and frequency throughout the menstrual cycle (4).
- Therefore, precise diagnosis of the disease’s location, extent, and organ involvement is essential prior to planning surgical interventions.
- Colonoscopy or flexible sigmoidoscopy is sometimes used to investigate and aid in the management of patients with deep infiltrating endometriosis. This is often employed as a pre-operative tool.
- However, there is limited evidence to support these as routine procedure for women with suspected deep infiltrating endometriosis with bowel involvement (5,6) .

Methods

- All patients who were discussed at the endometriosis MDT (multi-disciplinary team meeting) between 2019 and 2023, and subsequently underwent colonoscopy or flexible sigmoidoscopy, were included.
- This comprised a total of 41 patients and 42 endoscopic investigations. All patients had a pelvic MRI prior to the MDT discussion, with 42 of these conducted within six months of the endoscopic investigation.
- The symptoms, indications for investigation, endoscopic and histological findings, and interim treatments were analysed for this group of patients.

Results

Bowel related symptoms in patients with Endometriosis

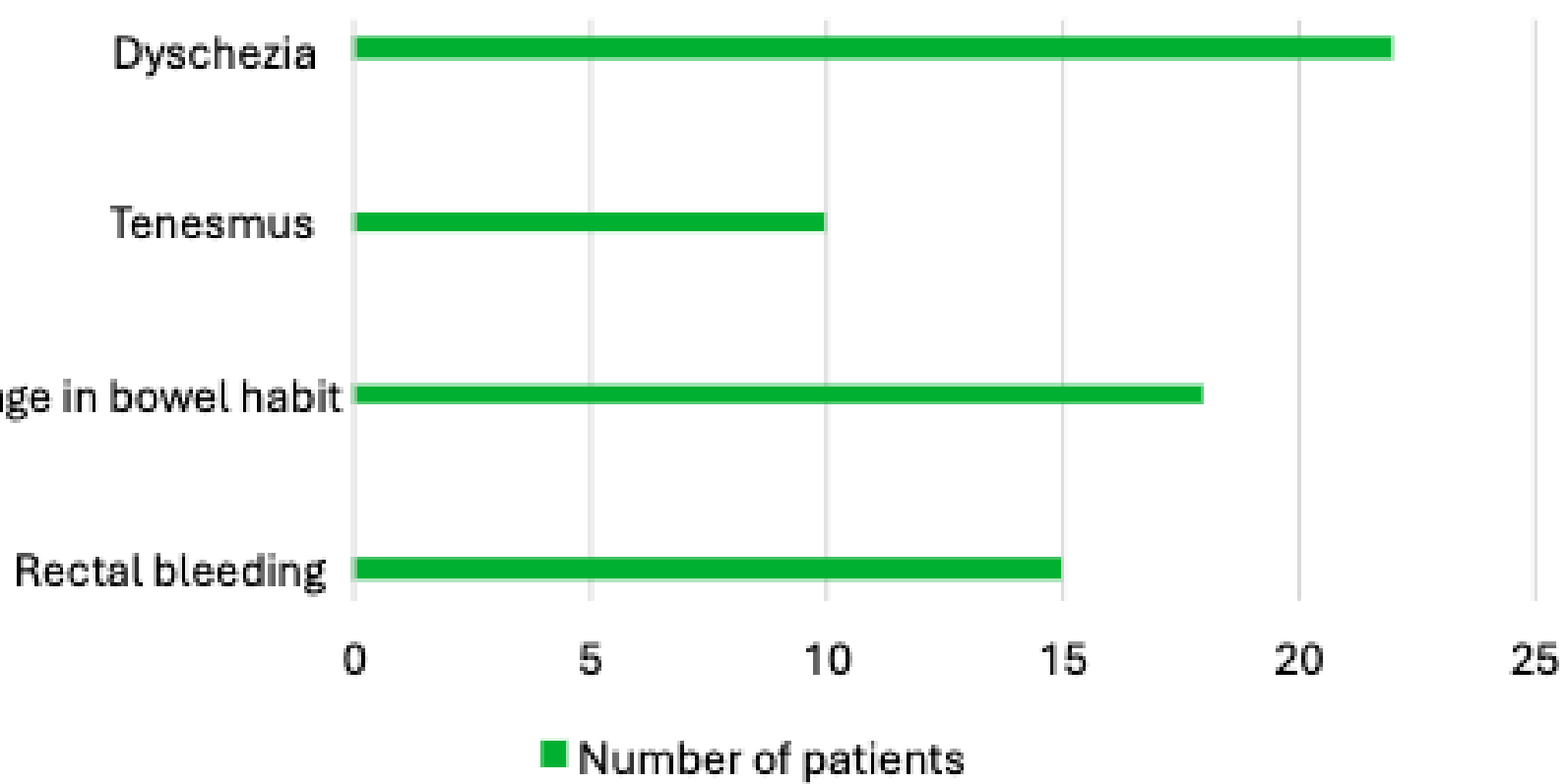


Figure 1: Bowel related endometriosis symptoms described by patient cohort.

Symptoms described in MDT notes, patient consultations and medial letters. Patients all described one of more symptoms. The vast majority of patients (76%) described one or more bowel related symptom.

Hormonal Treatments prescribed to patients

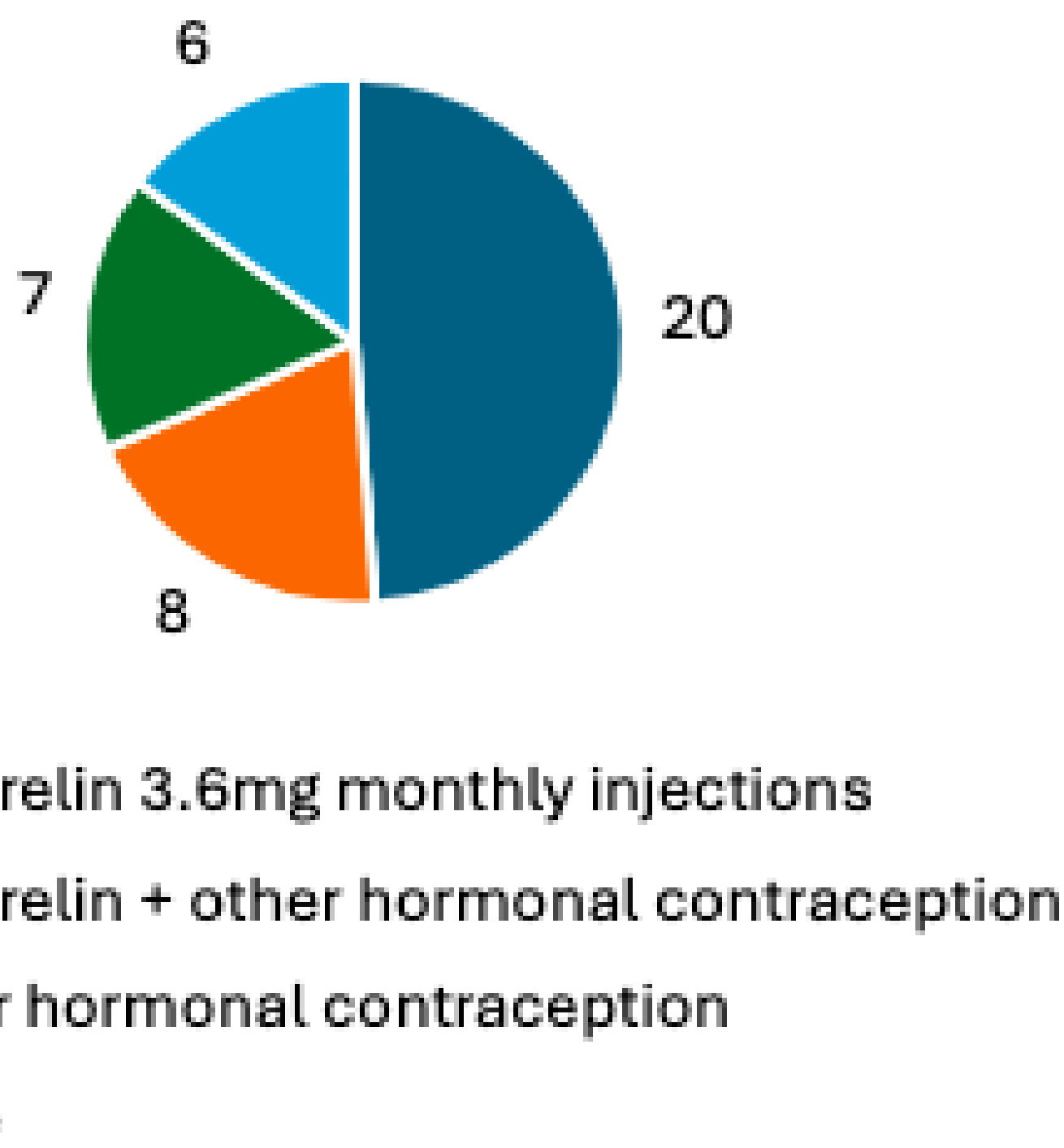


Figure 3: The hormonal treatments prescribed to patient cohort (n=41)

Within the patient cohort prescribed any hormonal treatment (n=35) 24 patients (69%) started treatment within 6 months of endoscopic investigation.

MRI scan prior showing bowel involvement?

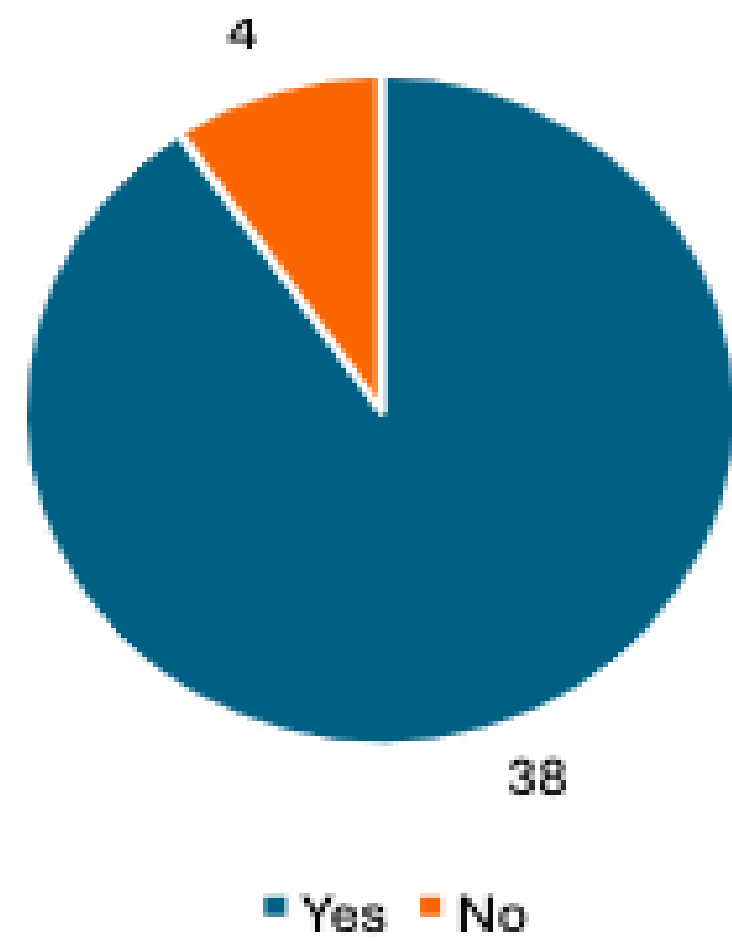


Figure 2: The number of patients with bowel involvement shown on MRI scan (n=42)

All patients had an MRI prior to discussion in MDT. Of these, all except one had this MRI within 6 months prior to endoscopic investigation. Severity of bowel involvement varied.

Flexible Sigmoidoscopy or Colonoscopy Outcomes

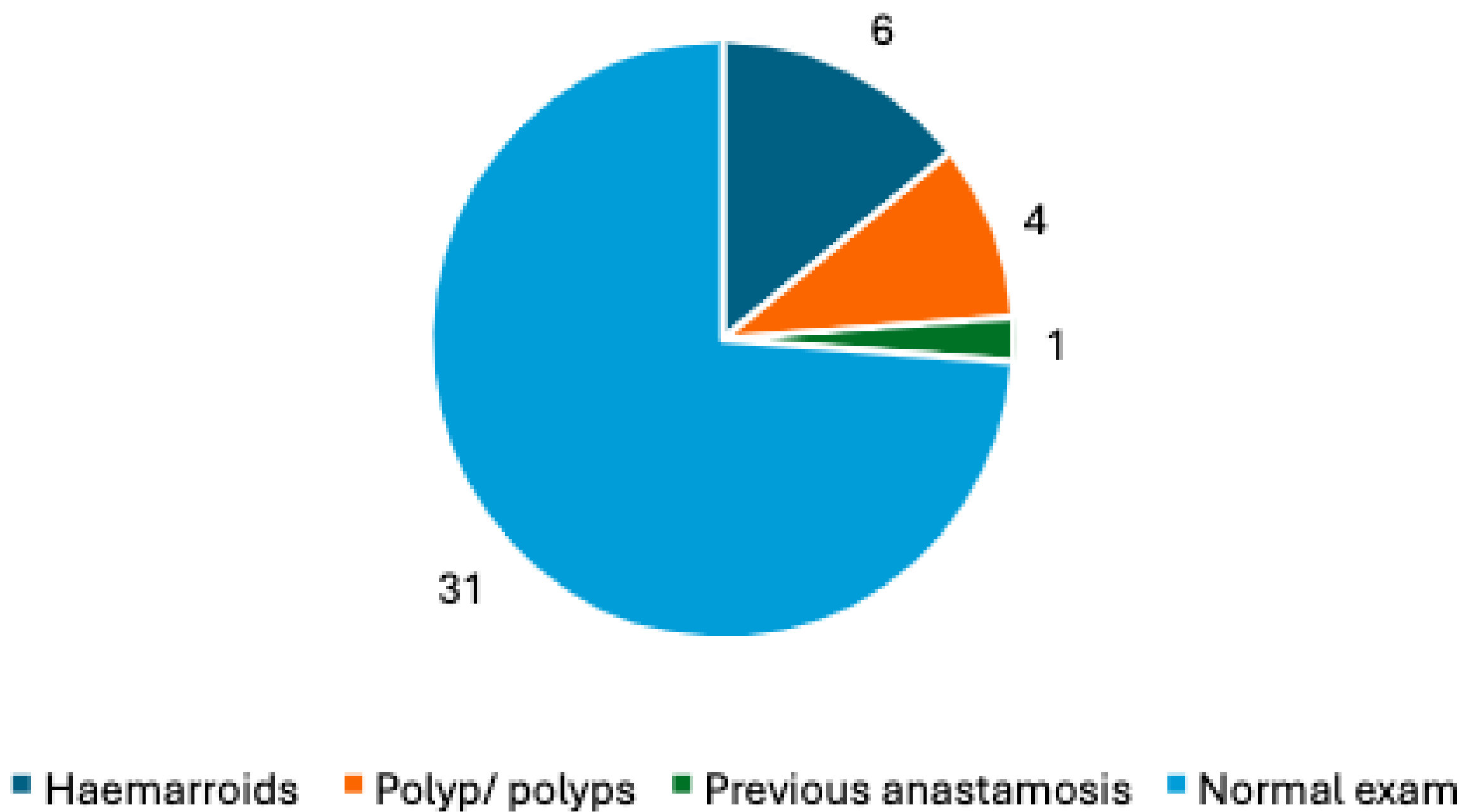


Figure 4: The findings of flexible sigmoidoscopy or colonoscopy in patient group (n=42)

These outcomes were determined by both visual description and histology where performed. 8 patients had histology samples sent, none resulted in any sinister findings.

Conclusions

- There were no findings on endoscopic examination related to endometriosis.
- Hormonal treatments administered between the MRI scan and endoscopic investigations may have altered or reduced the apparent severity of disease.
- Overall, the value of routinely performing endoscopic investigations in endometriosis patients with bowel symptoms or bowel involvement on MRI appears limited.
- Sigmoidoscopy or colonoscopy does not seem to contribute significantly to pre-operative decision-making or surgical outcomes.
- In our cohort, endoscopic investigations yielded little additional information and provided minimal benefit for the ongoing management and treatment of endometriosis.
- No other sinister findings were identified on endoscopic investigation in this patient cohort.
- Although 74% of patients had an entirely normal examination, the remainder had non-endometriosis-related pathology, the most common being hemorrhoids.
- Given the often complex and overlapping symptomatology in chronic pelvic pain and endometriosis, endoscopic examination may still be useful for identifying alternative pathology.

References

1. World Health Organisation. World Health Organisation . 2023 [cited 2025 Jun 4]. Endometriosis . Available from: <https://www.who.int/news-room/fact-sheets/detail/endometriosis>
2. Ferrero S, Camerini G, Leone Roberti Maggiore U, Venturini PL, Biscaldi E, Remorgida V. Bowel endometriosis: Recent insights and unsolved problems. World J Gastrointest Surg. 2011 Mar 27;3(3):31–8.
3. Habib N, Centini G, Lazzeri L, Amoruso N, El Khoury L, Zupi E, et al. Bowel Endometriosis: Current Perspectives on Diagnosis and Treatment. Int J Womens Health. 2020;12:35–47.
4. Seracchioli R, Mabrouk M, Guerrini M, Manuzzi L, Savelli L, Frascà C, et al. Dyschezia and posterior deep infiltrating endometriosis: analysis of 360 cases. J Minim Invasive Gynecol. 2008;15(6):695–9.
5. Sewell T, Orchard M, O'Donovan O, Longman RJ. The value of pre-operative outpatient flexible sigmoidoscopy in patients with deep infiltrating endometriosis. Facts Views Vis Obgyn. 2023 Jun;15(2):123–9.