

Surgical Management of Grade IV Deeply Infiltrating Endometriosis with Gastrointestinal Involvement



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Patient

- ❖ 39y
- ❖ G2P1/ previous caesarean sections due to placenta previa
- ❖ PC: severe chronic pelvic pain , dysmenorrhea, difficulty in conceiving



Management

- ❖ MRI pelvic
- ❖ Discussion and referral to colorectal surgeon
- ❖ MDT meeting
- ❖ Commence on Zoladex (GnRH analogues) monthly injection

MRI findings

- ❖ Posterior Plaque: Extensive (33×32 mm) with haemorrhagic foci
- ❖ Pouch of Douglas: Large multiloculated cystic mass (6.2×4.4×7.7 cm)
- ❖ Right Ovary: Haemorrhagic cysts near rectum, no internal complexity
- ❖ Left Ovary: Large anterior endometrioma (9.8×7.8×13.4 cm), thin septum only
- ❖ Adhesions: Dense adherence to plaque, rectosigmoid spared



Conclusion: severe pelvic endometriosis with bilateral ovarian involvement and extensive posterior compartment disease

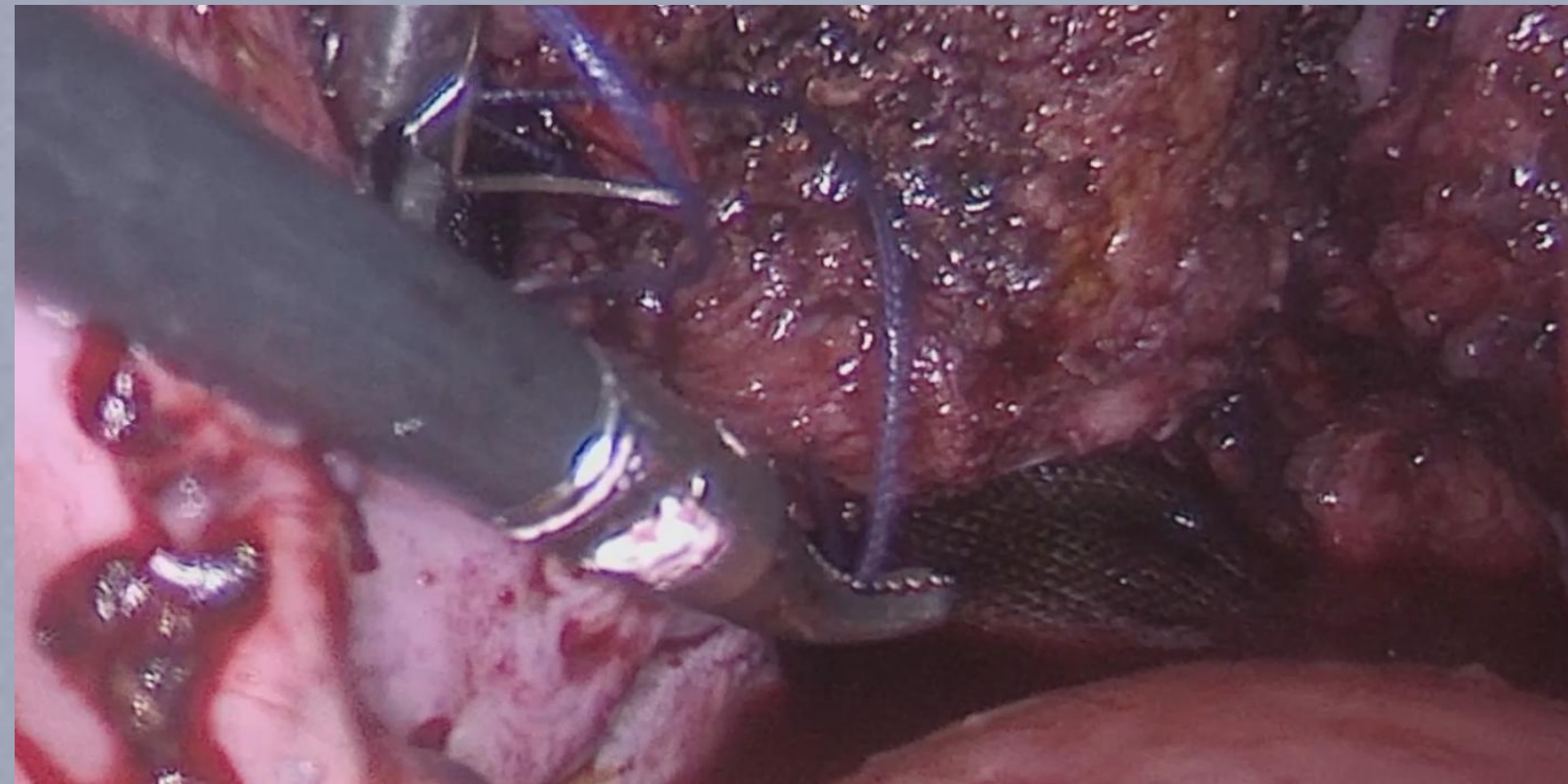
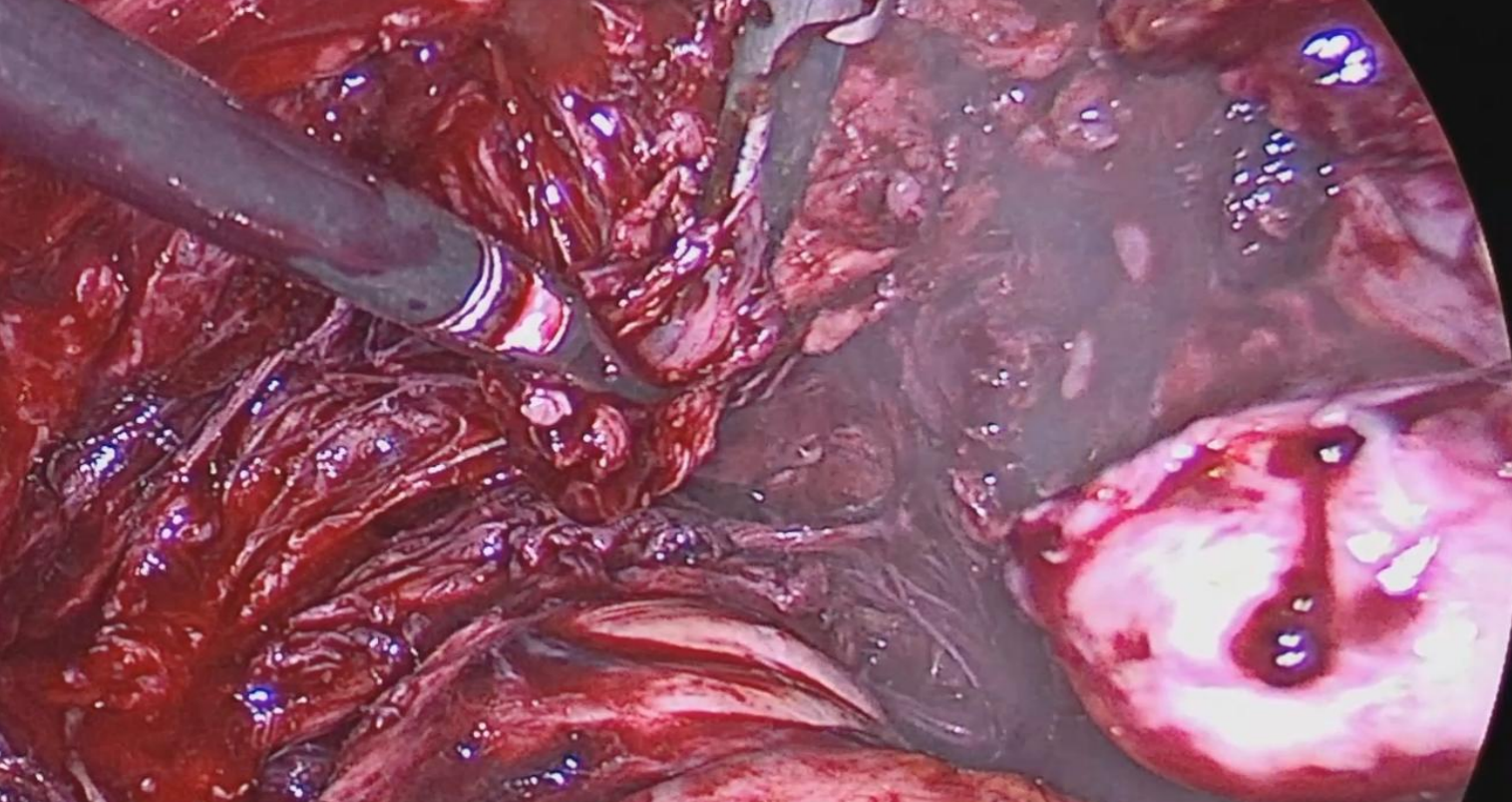
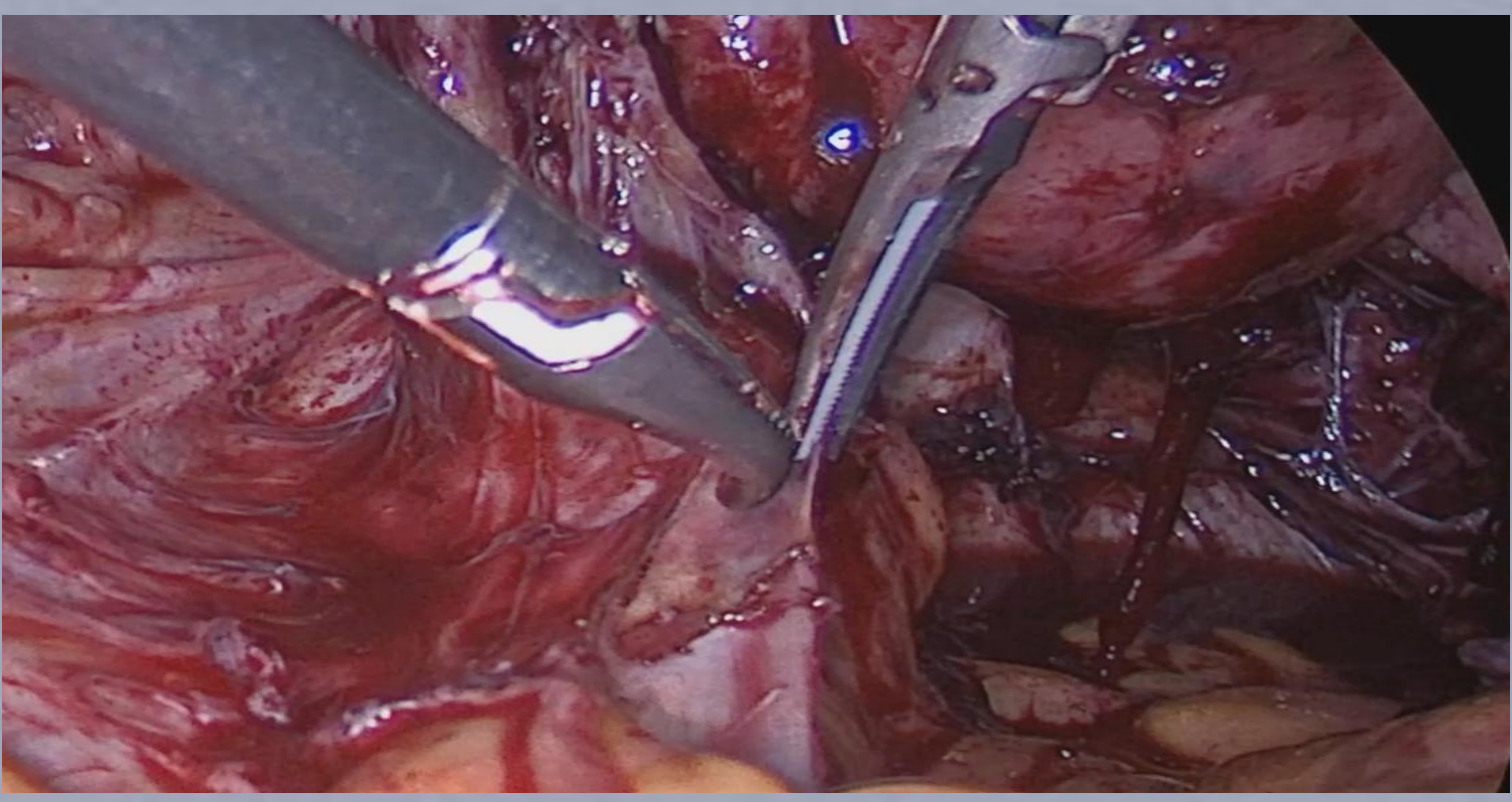
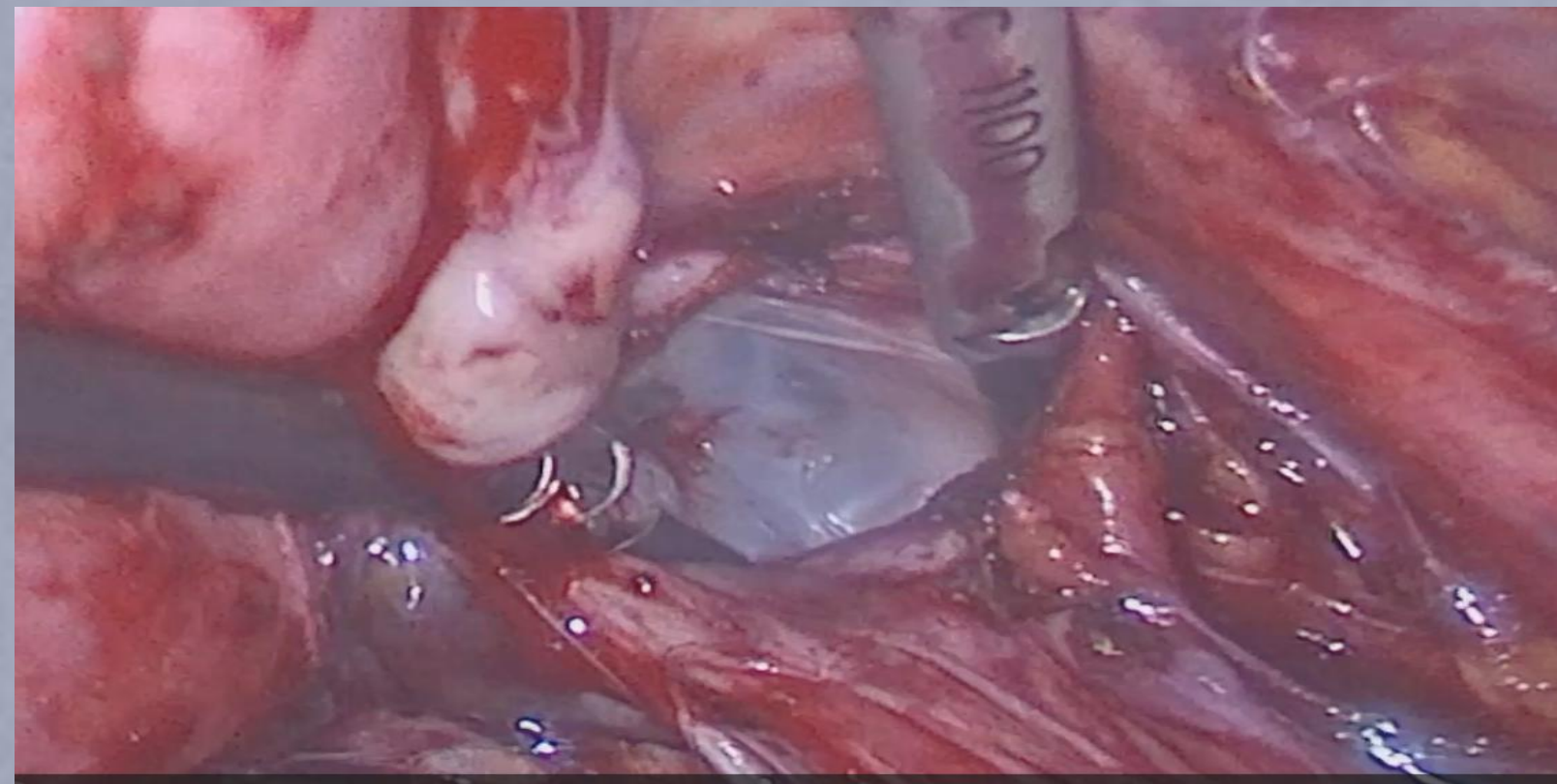
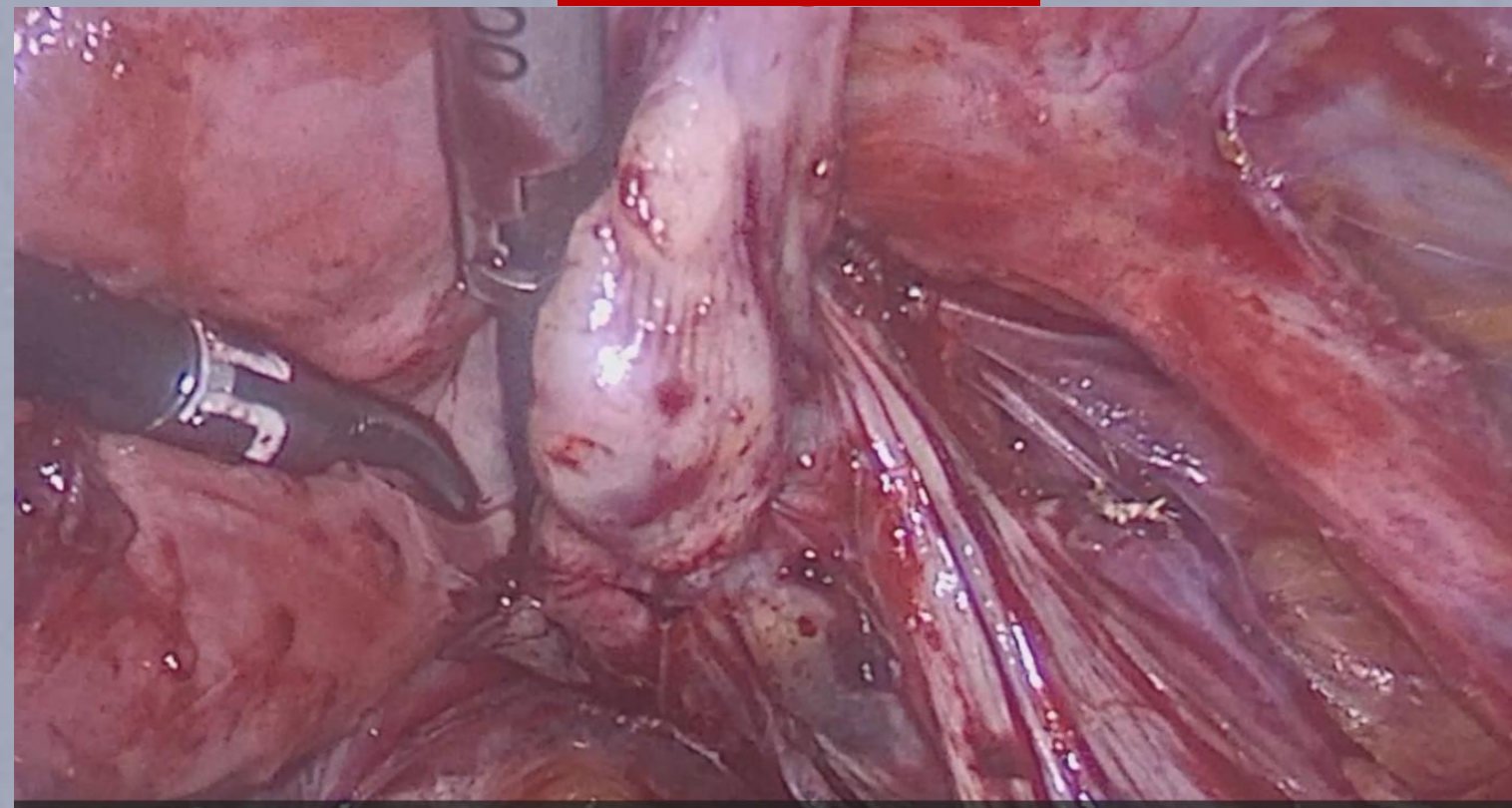
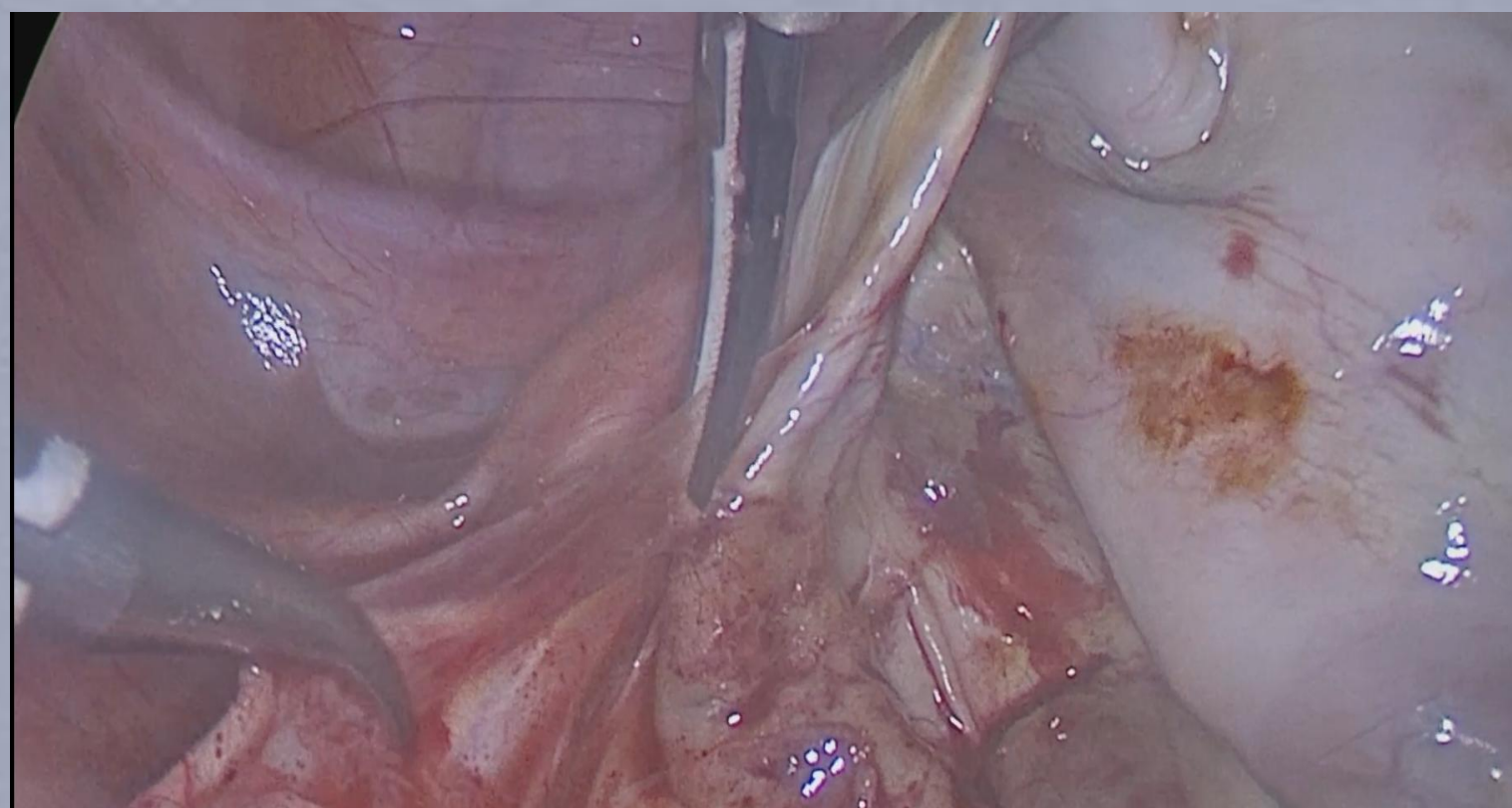


MTD discussion

- ❖ Pelvic clearance (TLH+BSO)
- ❖ Joint procedure with colorectal surgeons
- ❖ Flexible sigmoidoscopy post procedure



Surgery



Conclusion

This case exemplifies the effective management of grade IV endometriosis through collaborative teamwork and advanced surgical techniques. This presentation aims to be educational and beneficial in enhancing the surgical skills of trainees interested in this field.

