

Radical resective surgery for the management of rectosigmoidal endometriosis. Report of one case Cirugía resectiva radical en el manejo de la endometriosis rectosigmoidea. Caso clínico

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We report a 35 years old female with a profound rectosigmoidal endometriosis, who had been subjected to multiple laparoscopic procedures and open surgery due to infertility in the last five years. Main presenting symptoms were cyclic hematochezia during the menstrual periods associated to pelvic pain. Colonoscopy was inconclusive, barium enema showed a marked stenosis of the zone, appearing as an extrinsic compression. CAT scan showed a homogeneous, solid parauterine mass. During surgery, an inflammatory mass with multiple endometriotic foci was found. A low anterior resection with mechanical anastomosis was done, preserving the uterus and left adnexa. Two months later, the patient became pregnant and an elective cesarean section was done at 38 weeks of gestation, giving birth to a healthy newborn. Radical resective surgery for rectosigmoidal endometriosis is indicated in patients with intense and recurrent symptoms in whom hormonal treatment has failed and when a tumor cannot be disca