



Distribution, Management and Complications of Rectovaginal Endometriosis

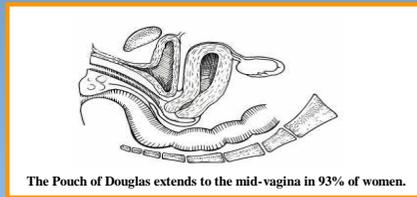
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INTRODUCTION

This study was initiated when the authors noted significant complications associated with resection of rectovaginal endometriosis extending to the middle third of the vagina. The study was a chart review of 114 consecutive patients with bowel and/or vaginal endometriosis. 93 of these had surgery during the study period. 42 of the surgical patients had rectovaginal involvement.

Rectovaginal endometriosis is defined, for this study, as endometriosis that obliterates part or all of the Pouch of Douglas (POD). This is also classified as Adaman Stage IV Retrocervical Endometriosis.



The Pouch of Douglas extends to the mid-vagina in 93% of women.

OBJECTIVE

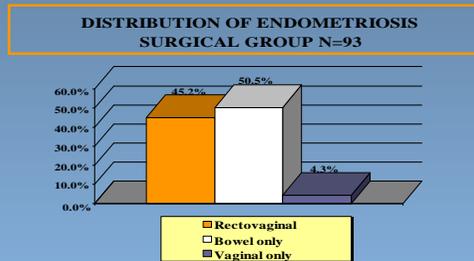
To evaluate the distribution, management and complications in women with rectovaginal endometriosis based on the site of involvement.

MATERIALS AND METHODS

This is a retrospective review of prospectively followed women seen in a private gynecologic practice between January 1, 1997 and May 31, 2004. The study group was identified by a computer search for ICD-9 codes for vaginal, rectovaginal and intestinal endometriosis. 114 consecutively evaluated patients were identified. This group included women with clinical or past surgical diagnoses (21) and those with surgery during the study period (93).

RESULTS

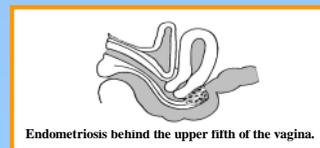
42 patients with true rectovaginal involvement were identified of 93 surgically confirmed patients. 31 (74%) of these 42 had complete POD obliteration. The inferior edge of the endometriosis nodule was above the middle third of the vagina and 8 cm or greater from the introitus and from the anus in 38 of 42 rectovaginal cases.



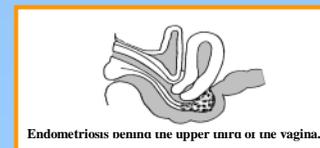
The rectovaginal lesion was located in the upper (cephalad) fifth of the vagina in all 42 women. 10 of these had extension into the upper third and four of those into the middle third of the posterior vagina. All 42 were Adaman Stage IV.

17 surgical women underwent laparoscopy. Four had laparoscopic and vaginal resection and one had LAVH. 25 patients underwent laparotomy and 21 (84%) had complete resection of endometriosis.

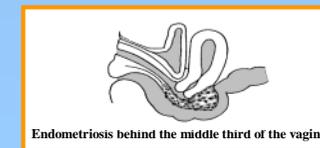
32 (76.2%) of the 42 rectovaginal lesions were limited to the upper fifth of the posterior vagina. Two complications were noted in this group. One had incomplete resection secondary to blood loss and one had a post operative perforation at the resection site with colostomy and subsequent closure.



Endometriosis behind the upper fifth of the vagina.



Endometriosis on the upper third of the vagina.

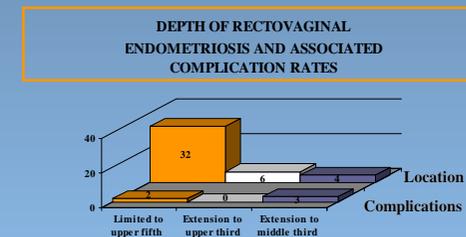


Endometriosis behind the middle third of the vagina.

RESULTS CONTINUED

Six (14.3%) had extension past the upper fifth to the upper third. This group had no complications.

Four (9.5%) had extension to the middle third of the vagina. Three (75%) of four had complications with two incomplete resections secondary to blood loss, two post-op fistulas, one neurogenic bladder and one perirectal septum abscess at the anastomosis site. There have been no new women with extension to the middle third of the vagina since 1998.



CONCLUSIONS

Most rectovaginal endometriosis is located in the upper fifth of the posterior vagina or higher. This anatomic position facilitates resection at laparoscopy or laparotomy. A measurement of less than 8 cm to the nodule edge on rectal or vaginal exam was associated with higher complication rates in this small population. Although all three areas were classified as Adaman Stage IV, additional data may suggest the need for a new stage in that system.



Deep Infiltration of Endometriosis is Associated with an Increased Risk of Rectovaginal Fistula

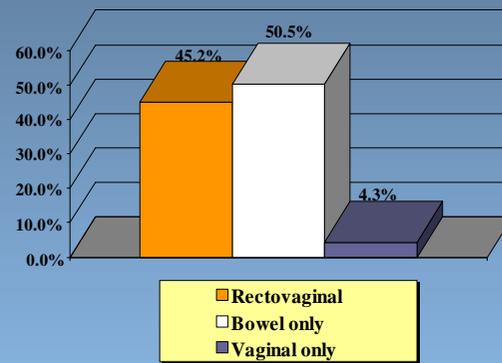


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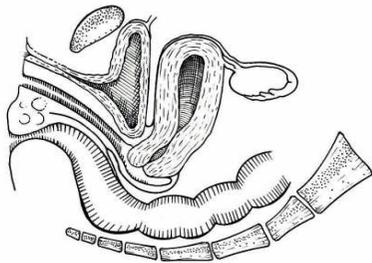
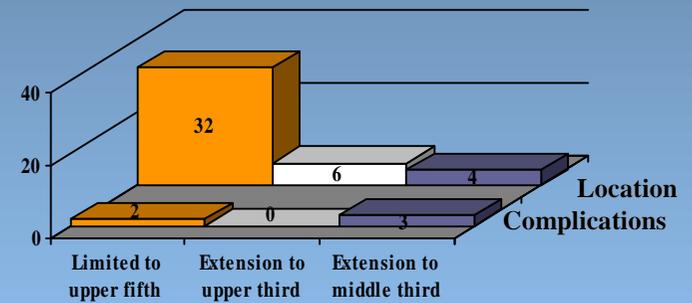
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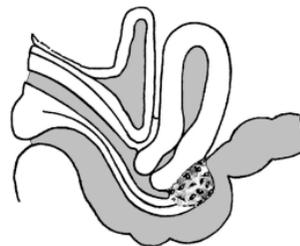
DISTRIBUTION OF ENDOMETRIOSIS SURGICAL GROUP N=93



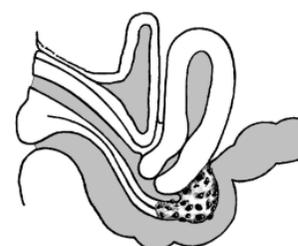
DEPTH OF RECTOVAGINAL ENDOMETRIOSIS AND ASSOCIATED COMPLICATION RATES



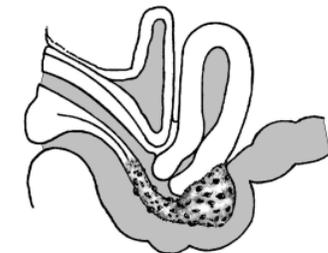
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Endometriosis behind the upper third of the vagina.



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