

Perineal Endometriosis with anal sphincter involvement. Case Report.

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Introduction

- ✓ Endometriosis is a disease characterized by the presence of endometrial glands and stroma outside the uterine cavity. It is one of the most common conditions requiring surgery for women during their reproductive years.
- ✓ The most common sites of endometriosis are in the pelvis (ovaries, uterosacral ligaments, cul-de sac, rectosigmoid colon). Less common are: surgical incisions, vulva, vagina, perineal sites.
- ✓ The precise etiology and pathogenesis is unknown

✓ Perineal endometriosis is a disease characterized by the presence of endometrial tissue in the perineal region

✓ It is associated with pelvic pain, dysmenorrhea, and infertility.

✓ It is the surgery most frequently performed in young endometriosis patients.

✓ The specimen presents characteristic chocolate cysts, and a definitive histologic diagnosis of perineal endometriosis usually requires two of the following three features: stroma, glands and hemosiderin pigments.

✓ Correct preoperative diagnosis may be difficult.

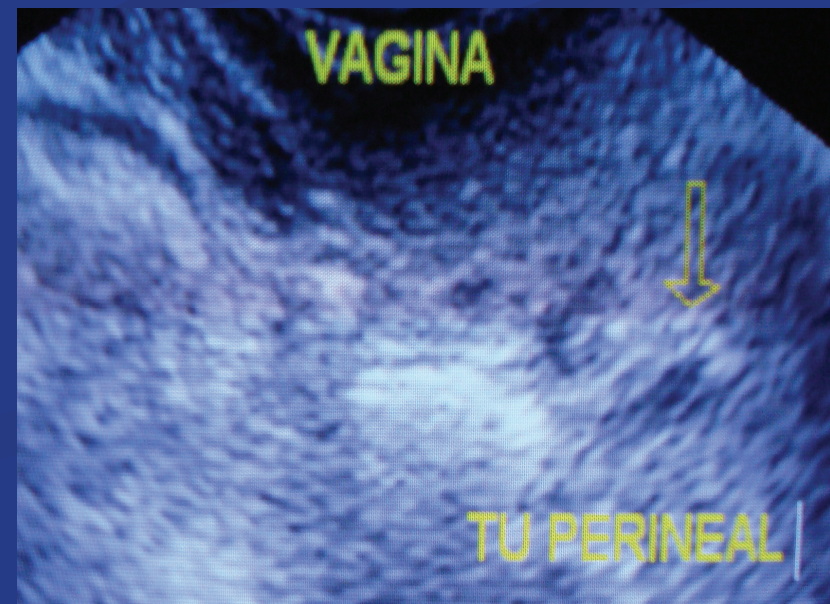
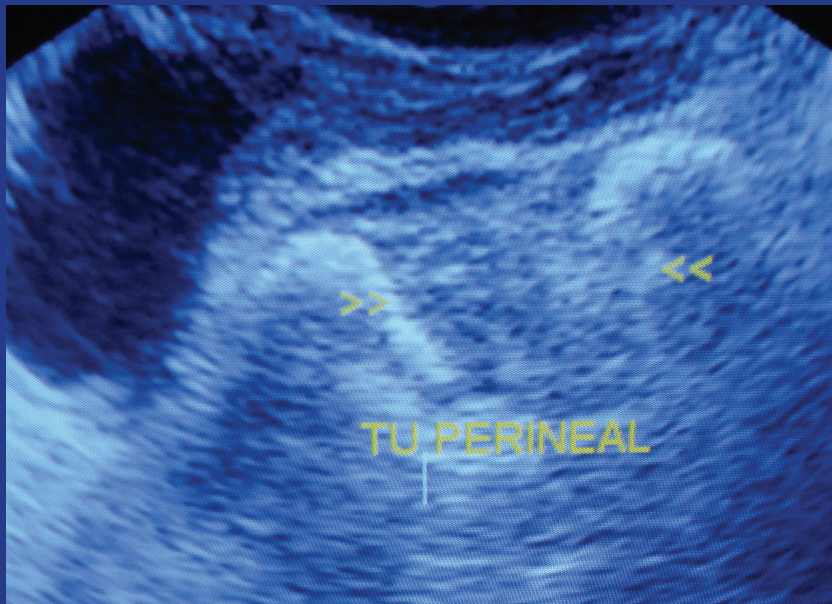
✓ The key to a definitive diagnosis is a careful history-taking, correlating symptoms to the menstrual cycle

Case Report.

Methods.

- ✓ A 45 years old female who was referred with a two years history of progressive and cyclical perineal pain, related to her menstrual cycle. The pain was described as severe, with functional limitation, preventing her from sitting and performing daily activities
- ✓ The patient's past medical history was two pregnancies with vaginal deliveries requiring episiotomies

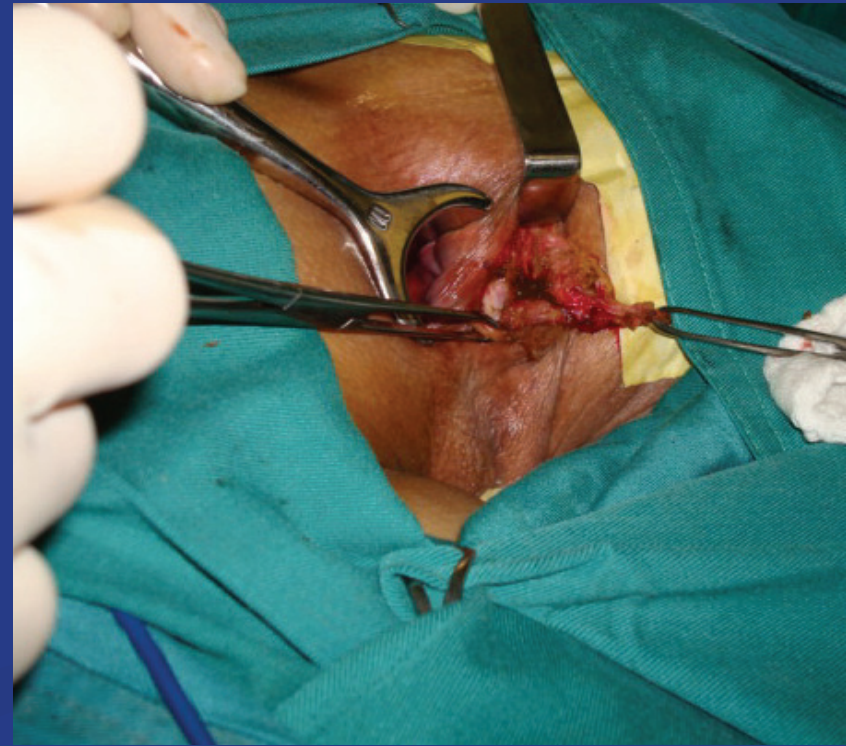
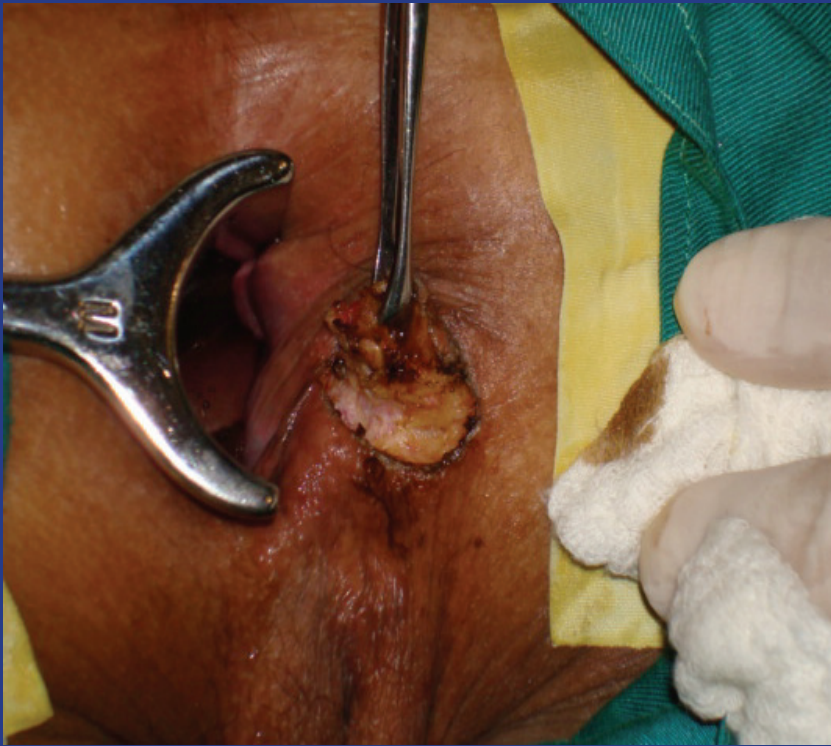
- ✓ At physical examination a hard nodule measuring 3 x 4 cm could be palpated in the right ischioirectal fossa area intimately associated with the anal sphincter, adjacent to an episiotomy scar.
- ✓ Endoanal ultrasonography was performed with the patient in the left lateral position, that revealed hypoechoic mass in the right anterior perineal region.
- ✓ The lesion involved the external anal sphincter



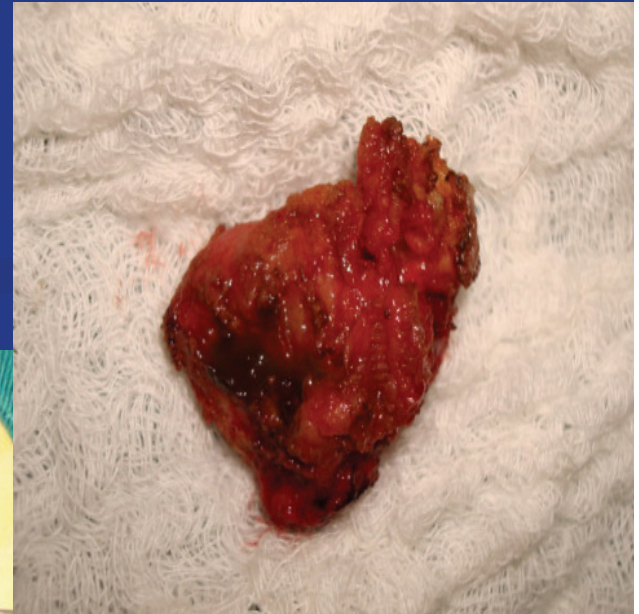
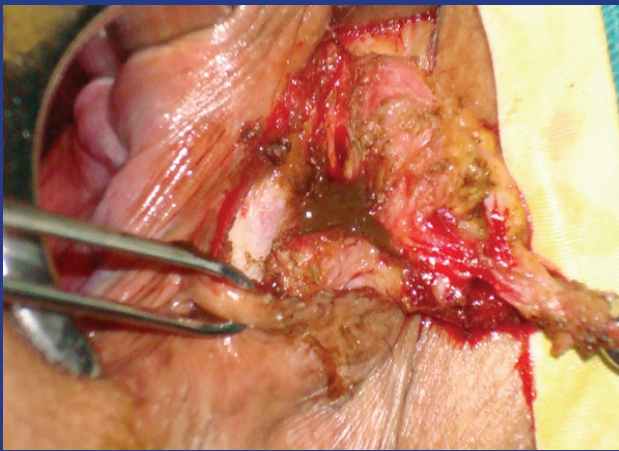
- ✓ Examination under anesthesia showed a 3x4 cm mass with clear borders, in the right anterior lateral position, associated with her healed episiotomy scar and sphincter muscle



- ✓ A radial incision was done and the mass (specimen) was dissected away laterally from the ischiorectal space. The narrow excision was performed medially, incorporating a small portion of the external sphincter.



- ✓ The divided excised specimen presented characteristic chocolate color cysts .
- ✓ Histopathology confirmed perineal endometriosis involving the anal sphincter



- ✓ The postoperative course was without complications
- ✓ The patient claimed to have good sphincter control, good resting and squeeze tone.
- ✓ The patient was asymptomatic and fully continent twelve months after surgery

Discussion

- ✓ Schickele was the first to report a case of perineal endometriosis in 1923.
- ✓ Minvielle and de la Cruz (1968) first described endometriosis in the anal canal.
- ✓ The perineal endometriosis symptoms are related to inflammation, obstruction, or bleeding. The endometriosis tissue may be deposited most commonly in the sigmoid and rectum.
- ✓ It is most frequent in women between 30 and 40 year old

- ✓ The endometriosis within the perineal area and the anal canal is less commonly seen
- ✓ The diagnosis may be difficult, it is necessary a careful history with symptoms related to the menstrual cycle. The physical examination will provide additional clues.
- ✓ In many cases would be seen as abscess and frequently is adjacent an episiotomy scar.

- ✓ Anal sphincter invasion of the endometrioma provides an interesting dilemma.
- ✓ The goal is to excise the endometrioma completely which may compromise the anal sphincter.
- ✓ In patients where the lesion was incompletely or narrowly excised, subsequent hormonal therapy is necessary to avoid symptomatic recurrence.

Conclusions

- ✓ It is necessary a definitive histologic diagnosis of perineal endometriosis
- ✓ Perineal endometriosis with involvement of anal sphincter occurs infrequently
- ✓ The surgical excision not touching the anatomical muscle fiber of the anal sphincter is the best treatment for the perineal endometriosis
- ✓ The surgery may provide the histologic specimens required to rule out the rare development of malignancy

- ✓ The resection type should be based on the patients age and desire for future pregnancy and the decision should be made only after potential outcomes of each approach are discussed with the patient.
- ✓ Perineal endometriosis may be diagnosed on the basis of clinical features. Surgical excision is the treatment of choice.
- ✓ The recurrence rate of perineal endometriosis is related to sphincter involvement making preoperative evaluation of anal sphincter important

References

- ✓ Toyonaga T, Matsushima M, Tanaka Y, et al. 2006. Endoanal ultrasonography in the diagnosis and operative management of perineal endometriosis: report of two cases. Tech Coloproctol. 10: 357 - 360.
- ✓ Sayfan J, Benosh L, Segal M, et al. 1991. Endometriosis in episiotomy scar with anal sphincter involvement. Report of a case. Dis Colon Rectum. 34:713 – 716
- ✓ Dougherty LS, Hull T. 2000. Perineal endometriosis with anal sphincter involvement: report of a case. Dis Colon Rectum 43:1157 – 1160