

Endometriosis infiltrating the pelvic floor muscles with histopathological correlation—A case report

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Abstract

We report the case of a 29-year-old woman with deep infiltrating endometriosis who underwent robotic nerve-sparing surgery for resection of all visible lesions infiltrating pelvic and extrapelvic sites. Painful symptoms included severe dysmenorrhea, menstrual dyschezia and stranguria, with no improvement in response to hormonal treatment. The location on physical examination of a painful retrocervical nodule was identified by magnetic resonance imaging to be infiltrating the right parametrium/paracervix. During surgery, this nodule was recognized as an important retrocervical/rectovaginal lesion infiltrating the pelvic floor (i.e. levator ani and coccygeus), and was histopathologically confirmed as endometriosis infiltrating the skeletal pelvic floor muscles. A Pubmed search of the MEDLINE database in March (2019) found no publication reporting histopathologic confirmation of endometriosis infiltrating the pelvic floor muscles.

Key words: histopathology, laparoscopy, levator ani, pelvic pain, robotic surgery.

Introduction

Endometriosis is a prevalent condition that affects women's health-related quality of life worldwide. Dysmenorrhea, deep dyspareunia, dyschezia and dysuria are the most frequently reported symptoms, and they may occur independently or in combinations.¹ Besides pain,² infertility,³ sexual disorders⁴ and lower urinary tract dysfunction,⁵ endometriosis is also associated with mental health problems, some of which correlate with the severity and chronicity of the pelvic pain.⁶ Endometriosis is one of the principal causes of chronic pelvic pain in young women. Different medical and surgical treatments have been adopted, and in some patient both drugs and surgery are necessary.⁷ For women with symptomatic deep infiltrating endometriosis (DIE), for example, surgery is often the therapy of choice when the symptoms attributed to deep lesions do not improve with a medical management.⁸ When multiple deep lesions are identified during

diagnostic investigations, complex surgeries designed to excise multifocal lesions may be necessary and an experienced multidisciplinary team should perform the surgery because the risk of complications.

Here we report the case of a symptomatic 29-year-old woman who underwent robotic nerve-sparing surgery in a private practice setting for resection of multiple endometriotic lesions scattered in several gynecological and nongynecological sites. Histopathologic assessment concluded that deep infiltrating endometriosis has penetrated the pelvic floor skeletal muscles.

Case Report

This case report was approved by the institutional review board, the Research Ethics Committee (CAAE 88572718.5.0000.5269 IFF-FIOCRUZ). Written patient consent for the publication of this case was obtained

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