

Obstetrics and Gynecology Second Opinions™ Consultation

Date:

Patient:

Discussion:

A 36 year old with a longstanding history of infertility who was diagnosed with Stage IV endometriosis based on surgical evaluation in 2021. She underwent surgical resection of endometriosis at that time as part of fertility management with post operative fertility treatments. As part of the evaluation for symptoms Megan was experiencing in 2022, she underwent serial pelvic imaging and colonoscopy that revealed the presence of an enlarging complex left adnexal mass (presumably endometrioma) and a 25-30 cm sigmoid stricture described as "difficult to traverse even with a slim line colonoscope". It was further suspected that the stricture was the result of a mass or masses pressing from the outside of the sigmoid. It was likely the enlarging complex left adnexal mass.

Stage IV endometriosis is the most severe stage of endometriosis according the American Society of Reproductive Medicine. It is the sequela of longstanding endometriosis. There is extensive involvement of the pelvis with endometriosis involving the uterus, fallopian tubes and ovaries. There is often extensive adhesions or scar tissue involving the pelvis. Endometriomas or ovarian cyst lined with endometriosis tissue that bleed resulting in trapped blood are not uncommon. Surgical management is the only management option available for an enlarging complex adnexal mass.

Recommendations:

Diagnosis: Stage IV Endometriosis and enlarging endometrioma with findings concerning for extrapelvic endometriosis involving the large bowel
Infertility

Recommended management options:

- Hysterectomy with removal of both fallopian tubes and ovaries with bowel resection, possible adhesiolysis with resection of endometriosis implants
- Removal of left ovary with endometrioma with removal of both left and right fallopian tubes (conservation of right ovary and uterus) with bowel resection, possible adhesiolysis with resection of endometriosis implants
- Removal of left ovary with endometrioma with removal of left fallopian tube (conservation of right fallopian tube, right ovary and uterus) with bowel resection, possible adhesiolysis with resection of endometriosis implants

Answers to patient's questions:

1. In my current state, without any treatment, is underdoing IVF still possible?

IVF without treatment would be highly discouraged. The enlarging complex left adnexal mass needs to be surgically removed.

2. Can only be the mass removed? If yes, would an IVF still be possible?

Removal of the mass may not be sufficient to address the bowel symptoms experienced. With Stage IV endometriosis there is usually significant adhesions that need to be removed. IVF may be possible, but would likely be discouraged given the increased maternal morbidity associated with any endometriosis left behind.

3. Is this surgery the only treatment option? Are there other treatment options?

There are no medical management options available to address an enlarging complex left adnexal mass. Surgery is the only option available to date.

4. Given the situation is the bowel resection necessary?

The determination of a bowel resection will likely be made during surgery based on the Colorectal Surgeon's evaluation. It highly likely that in addition to compression by the enlarging complex left adnexal mass, that adhesions (as a result of longstanding endometriosis) may be the contributing to the stricture noted on colonoscopy.

References:

Association of Endometriosis and Severe Maternal Morbidity, *Obstetrics & Gynecology*. 140(6):1008-1016, December 2022

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Nationwide Trends of Bowel Obstruction and Intussusception in Endometriosis Patients *Obstetrics & Gynecology*. 135:84S, May 2020.

Bleeding Patterns With Relugolix Combination Therapy in Women With Endometriosis-Associated Pain *Obstetrics & Gynecology*. 141(5S):12S, May 2023

Influence of Endometriosis on Assisted Reproductive Technology Outcomes: A Systematic Review and Meta-analysis *Obstetrics & Gynecology*. 125(1):79-88, January 2015

Additional:

None

Electronically Signed by: Board Certified:

American Board of Obstetrics and Gynecology

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