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SURGICAL TREATMENT OF INFILTRATIVE FORMS OF COLORECTAL ENDOMETRIOSIS

Background. Deep infiltrative endometriosis is a relevant and complex medical and social problem of nowadays. The most common location of deep forms of endometriosis is the intestine, which occurs in 5-37% of patients. Deep infiltrative intestinal endometriosis is the most aggressive form of endometriosis, and is characterized by a number of multifunctional disorders.

The aim of the study. Improving the results of surgical treatment of patients with colorectal endometriosis.

Materials and methods. We conducted a retro-prospective non-randomized study of cases of surgical treatment of 47 (100%) patients with colorectal endometriosis in the period of 2015-2020 on the basis of the University Clinic of Odessa National Medical University. The age of the patients ranged from 19 to 43 years. Clinical cases of endometriosis were confirmed by histological findings. Multimodal tactics were used in the diagnosis of endometriosis, using a potential of non-invasive and invasive methods. Evaluation of diagnostic data and choice of surgical tactics were used according to the criteria of M.Abrao.

Results and discussion. Depending on the diagnostic data and their evaluation, the optimal approach to surgical treatment of patients with deep forms of endometriosis has been determined. Thus, 31 women (65.9%) underwent noninvasive organ-preserving operations - 27 of them (87%) underwent "shaving" of the endometrioid focus, and 4 (12.9%) women had disc-shaped resection of the rectal wall. In 16 women (34.1%) a circular resection of the intestine was performed with the formation of a colon anastomosis "end- to -end" with a machine stitch.

Conclusions. Absolute indications for circular resection of the colon are the length of the infiltrate > 3 cm with involvement of the muscular submucosa of the mucous layers of the intestinal wall in the endometrioid infiltrate. It is recommended to perform a disk-shaped resection of the large intestine wall at depth of invasion > 7 mm and the size of an infiltrate < 3 cm. It is worth performing "shaving" in cases of invasion depth of the endometrioid infiltrate into the intestinal wall < 7 mm.

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