

Evaluating irritable bowel syndrome symptoms and pelvic floor dysfunction in patients with deep endometriosis of the posterior pelvis

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BACKGROUND

- Women with endometriosis have 2.4-fold risk of fulfilling IBS criteria.
- **3-fold risk** of endometriosis diagnosis in women with IBS.
- Deep endometriosis (DE) infiltrates organs in the posterior compartment, including rectosigmoid colon, leading to bowel symptoms.

AIMS

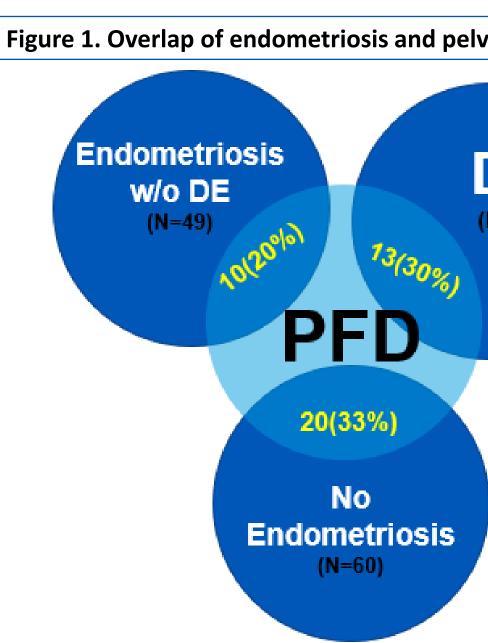
 To describe IBS and pelvic floor dysfunction (PFD) in patients with DE.

METHODS

- Endometriosis protocol MRI 9/2015 to 7/2018.
- Survey GI symptoms at baseline.
- MRI reports identify DE.
- <u>IBS</u> = change in bowel frequency & improved/worse pain with defecation.
- \underline{PFD} = MRI rectal gas volume (RGV) >900 m2 (PPV 77%).

RESULTS

- 148 patients with survey + MRI e
- 56(37.8%) met baseline IBS crite patients prior IBS diagnosis
- Not more likely to have obstetric (21% vs.19%, OR 1.12; 95% CI (p=0.95).
- "Baseline IBS" was not associate higher likelihood of finding poster
- However, improvement of pain w was significantly associated with with OR 2.4 (95%CI 1.23-4.71, p



EndometriosisTable 1. Anorectal manometry with balloon expulsion tests.eria; 21(14%)Balloon Expulsion TestDeep Endometriosis (n=4)No Deep Endometriosis (n=4)P-value P-valuec complications 0.45-2.73,Failed Balloon Expulsion test1 (25%)4 (31%)0.067Anorectal Manometry MeasureDeep Endometriosis (n=4)No Deep Endometriosis (n=13)P-value P-valueaced with a erior DE.Mean sphincter pressure (Rest), mmHg (median)99.25 (94.25; 108.5) 50.7 IQR92.90 (84.3; 100.6)0.3082with defecation n posterior DE p= 0.011).Max sphincter pressure (Squeeze), mmHg, (median, IQR)195.3 (177.65; 228.35) 50.7 IQR177.9 (146.3; 255.5) 109.2 IQR0.5713vic floor dysfunction.First sensation, (median, IQR)-55.75 (-81.45; -35.8) -45.65 IQR-64.8 (-84.5; -48.7) -35.8 IQR0.5713Urge to defecate, (median, IQR)20 (20; 30) 10 IQR20 (20; 40) 20 IQR0.7767 0.5558Urge to defecate, (median, IQR)40 (30; 65) 35 IQR40 (40; 60) 20 IQR0.6558 20 IQRUrge to defecate, (median, IQR)40 (30; 65) 35 IQR40 (40; 60) 20 IQR0.6558Discomfort (median, IQR)75 (60; 120) 60 IQR60 (60; 90) 30 IQR0.4967					
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(median, IQR) 35 IQR 20 IQR (N=44) Discomfort 75 (60; 120) 60 (60; 90) 0.4967		First sensation,			0.7767
	DE			•	0.6558
	(N=44)				0.4967

- 153 patients with MRIs (93 endometriosis, 44 DE)
- Of those with "baseline IBS"+DE, 37% (n=7/19) had RGV >900 m².
- Evaluation of 17 ARMs showed nonsignificant differences in patients with/without DE due to limited sample size (Table 1).

CONCLUSION

istoric diagnosis of IBS does of predict GI symptoms at time endometriosis diagnosis.

ain improvement with efecation was significantly ssociated with higher likelihood posterior DE.

imilar % patients with DE and ithout endometriosis, had PFD ith limited further evaluation uggesting underdiagnosis.

n ARM, small signal to higher sting pressures and failed BET DE, insignificant due to low ower. Further studies needed.

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