



## AB032. SOH23ABS\_019. Conservative surgery versus colorectal resection for endometrial deposits: a systematic review and meta-analysis of surgical and long-term outcomes

Desmond Chuah, Luke O'Brien, Stefan Morarasu,  
Cillian Clancy, Bianca Codrina Morarasu,  
Paul Neary, Aoife O'Neill, Diego Raimondo,  
Renato Seracchioli

Department of Colorectal Surgery, Tallaght University Hospital,  
Dublin, Ireland

**Background:** The optimal surgical management of colorectal endometriosis is unclear. Conservative surgery by shaving or discoid excision of colorectal deposits facilitates organ preservation but is associated with an increased risk of recurrence. Formal colorectal resection is associated with higher rates of complications but may be associated with lower recurrence rates. This meta-analysis compares perioperative and long-term outcomes between conservative surgery (shaving or discoid excision) and formal colorectal resection.

**Methods:** A systematic search was performed to find comparative studies looking at outcomes in patients undergoing conservative surgery versus patients undergoing formal colorectal resection for rectal endometrial deposits. Data was extracted and analysed using a random effects model.

**Results:** Seventeen studies including 2,834 patients were analysed with patients subdivided by procedure: colorectal resection (n=1,389), shaving (n=703) and discoid excision (n=742). When formal colorectal resection was compared to conservative surgery there was a lower risk of recurrence (P=0.002), comparable functional outcomes [minor low anterior resection syndrome (LARS), P=0.30, major LARS,

P=0.54], similar rates of postoperative leaks (P=0.22), pelvic abscesses (P=0.18) and rectovaginal fistula (P=0.92). On subgroup analysis, shaving had the highest recurrence rate (P=0.0007), however a lower rate of stoma formation (P<0.00001) and rectal stenosis (P=0.01). Discoid excision and formal resection were comparable.

**Conclusions:** Colorectal resection has a significantly lower recurrence rate compared to shaving. There is no difference in complications or functional outcomes between discoid excision and formal resection and both have similar recurrence rates.

**Keywords:** Discoid excision; endometriosis; rectal; resection; shaving

### Acknowledgments

*Funding:* None.

### Footnote

*Conflicts of Interest:* The authors have no conflicts of interest to declare.

*Ethical Statement:* The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

*Open Access Statement:* This is an Open Access article distributed in accordance with the Creative Commons Attribution-NonCommercial-NoDerivs 4.0 International License (CC BY-NC-ND 4.0), which permits the non-commercial replication and distribution of the article with the strict proviso that no changes or edits are made and the original work is properly cited (including links to both the formal publication through the relevant DOI and the license). See: <https://creativecommons.org/licenses/by-nc-nd/4.0/>.

doi: 10.21037/map-23-ab032

**Cite this abstract as:** Chuah D, O'Brien L, Morarasu S, Clancy C, Morarasu BC, Neary P, O'Neill A, Raimondo D, Seracchioli R. Conservative surgery versus colorectal resection for endometrial deposits: a systematic review and meta-analysis of surgical and long-term outcomes. *Mesentery Peritoneum* 2023;7:AB032.