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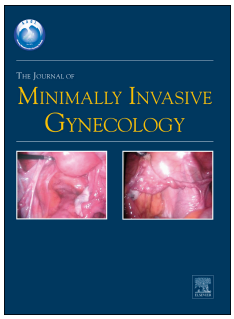

Editorial: Pillars for Surgical Treatment of Bowel Endometriosis

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Editorial:
Pillars for Surgical Treatment of Bowel Endometriosis

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The treatment of endometriosis invading the bowel constitutes a major challenge for the gynecologist. Decision-making requires a perfect balance between having a precise clinical evaluation of the patient, the use of a good imaging method for pre-operative planning and a surgical team prepared to perform the best surgery. Knowledge of pelvic anatomy is crucial for the surgeon preparation in order to completely excise the endometriosis, when feasible, and with the lowest complication rate.

Bowel involvement by deep endometriotic nodules has been estimated to occur in 8 to 12% of women with endometriosis. Surgery is not indicated in all patients but, when surgery is chosen, complete resection of the disease is required in order to achieve the best results (Abrão et al., 2015). The advances on the use of non-invasive imaging methods for the diagnosis of the deep endometriosis corresponded to an enormous improvement in endometriosis treatment, allowing the gynecologist to define the best strategy for surgery. Nowadays it is possible to use transvaginal ultrasound to predict not only the presence of deep endometriosis, but also to define the size and extent of the

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