Accepted Manuscript

Title: Bowel Invisible Microscopic Endometriosis: Leave It Alone

Author: David B. Redwine, Elizabeth Hopton

PII: S1553-4650(18)30056-6
DOI: https://doi.org/10.1016/j.jmig.2018.01.017
Reference: JMIG 3404

To appear in: *The Journal of Minimally Invasive Gynecology*

Please cite this article as: David B. Redwine, Elizabeth Hopton, Bowel Invisible Microscopic Endometriosis: Leave It Alone, *The Journal of Minimally Invasive Gynecology* (2018), https://doi.org/10.1016/j.jmig.2018.01.017.

Bowel Invisible Microscopic Endometriosis: Leave it alone

David B. Redwine, M.D.[1]
Elizabeth Hopton, MSc

1-4700 S Fulton Ranch Blvd Unit 58
Chandler, AZ 85248
UNITED STATES
(541) 815-1142
dbrdrendo@gmail.com

"... when, in a woman who has not given birth, the menses stay away or are not able to find a way out, disease occurs, and this happens – either the mouth of the womb closes, or it doubles back upon itself, or a part of the vagina hardens."

Hippocrates, Diseases of Women, Book 1
Greek Text with English Translation and Footnotes by Kathleen Whiteley
PhD Dissertation, 2009
http://uir.unisa.ac.za/handle/10500/1620

Severe endometriosis associated with infertility, pain, uterine retroversion and nodularity has vexed women and the physicians caring for them at least since the time of Hippocrates. Intestinal involvement is a frequent finding in tertiary endometriosis surgical centers. Dr. Roman and his team deserve congratulations for conducting such an Herculean study using a detailed intestinal mapping technique. They have confirmed and expanded on the findings of Remorgida et al's (2) as well as their own previous work (3): small deposits of non-apparent endometriosis can be found in the bowel muscularis up to several centimeters from an obvious intestinal nodule of endometriosis. The possibility therefore exists that there may be tiny lesions of endometriosis buried in the colonic muscularis which were not removed by surgery. This is called by the authors 'bowel invisible microscopic endometriosis' ("BIME"). This term and the term '*bowel occult microscopic endometriosis' ("BOME") used by Roman et al previously* (3), invite strained analogies with the terms invisible (4) or occult (5) microscopic endometriosis of the peritoneal surface, which could be termed PIME or POME ('peritoneal invisible/occult microscopic endometriosis'), respectively. The strained analogy results from the fact that the peritoneal surface has reliable visible surface changes (4) associated with endometriosis and although those surface changes may be very subtle, they are detectable by visual inspection during surgery (6), resulting in the possibility of identifying and removing 100% of peritoneal endometriosis by excising peritoneum which is not visually normal (7). No one who has studied the peritoneum while employing both strict criteria of normal peritoneum and utilizing near-contact laparoscopy has found evidence of endometrium attached to, invading or proliferating within visually normal peritoneum. In contrast, small non-fibrotic