Clinics in Surgery

Research Article
Published: 19 Sep, 2016

Is there a Correlation between Excessive Recurrence of Endometriosis and Factor V Deficiency? A Case Report

*Ziadeh H[1], Ziade G[2], Barakat H[1], Khoueiry P[3] and Matta C[3]**

[1]Department of Obstetrics and Gynecology, Centre Hospitalier Universitaire Notre Dame De Secours, Lebanon

[2]Department of Medicine, Holy Spirit University of Kaslik, Lebanon

[3]Department of Hematology/Oncology, Centre Hospitalier Universitaire Notre Dame De Secours, Lebanon

Abstract

Endometriosis is a chronic inflammatory disease that highly affects the quality of life of the patient, and its recurrence creates a challenging medical as well as surgical situation. The lack of robust information about the mechanisms of recurrence and its risk factors intrigued the authors to investigate new factors associated with endometriosis. We report a rare case of 39 years-old female patient known to have congenital factor V deficiency, who underwent multiple surgeries for endometriosis during the last five years. She presented with a new episode of recurrent endometriosis. There was any risk factor for recurrence except the factor V deficiency.

Factor V deficiency may be a risk factor for the recurrence of endometriosis. Long term follow up is recommended in such cases in order to decrease the morbidity of the disease. Further studies are needed to investigate the association between factor V deficiency and endometriosis.

Introduction

Endometriosis is a benign inflammatory and recurrent condition where the endometrial lining is present outside the uterine cavity causing several consequences among which are like impaired fertility and pelvic pain [1].

The reported recurrence rate of endometriosis after 2–5 years of surgery, without adjuvant therapy, is between 12% and 50% and the earliest recurrence was 7 months after surgery [2]. Studies showed that hormonal therapy after endometriosis surgery, delays but don't prevent the recurrence of the disease. Few risk factors for recurrence were reported like: young age at the surgery (less than 32 years old); high revised American Society for Reproductive Medicine (r-ASRM) score, patients with a failed medical treatment for endometriosis, a large endometrial cyst [2-6].

We reported the case of a 39 year old female patient, who is known to have congenital factor V deficiency (incidence: 1/1000 000) and had recurrent episodes of endometriosis.

Materials and Methods

A 39-year-old-female with a past medical history of a congenital factor V deficiency presented to the emergency department with two days of high grade fever and severe pelvic pain. She had multiple previous hospitalizations for vaginal bleeding, and was operated 5 times for ovarian endometriomas confirmed by histopathology (first time at age of 34).

Two days prior to presentation, she started having chills and a moderate to severe left pelvic pain mildly controlled by analgesics. Her symptoms got worse over the coming 2 days, which led her to present to the Emergency Department.

On admission, the patient was very anxious. She had a high-grade fever with normal vital signs. Her abdomen was soft on physical exam but had a severe left pelvic pain on deep palpation.

A pelvic MRI was requested and showed large left ovarian formation with thick walls and some superimposed calcified nodular foci, containing a heterogeneous fluid. The latter raised primarily the diagnostic hypothesis of endometrioma. Free intra abdominal fluid associated with an infiltration of the mesenteric fat was found as well.

She was anemic (Hb = 8.6 mg/dl) with a high International Normalized Ratio (INR = 4.52). Therefore, she was treated with transfusion of Fresh Frozen Plasma, two blood units and antibiotics

OPEN ACCESS

Correspondence:
Clémence Matta, Department of Hematology/Oncology, Centre Hospitalier Universitaire Notre Dame De Secours, Byblos, Lebanon, E-mail: clematta@hotmail.com

Received Date: *13 Aug 2016*
Accepted Date: *02 Sep 2016*
Published Date: *19 Sep 2016*

Citation:
Ziadeh H, Ziade G, Barakat H, Khoueiry P, Matta C. Is there a Correlation between Excessive Recurrence of Endometriosis and Factor V Deficiency? A Case Report. Clin Surg. 2016; 1: 1127.

with broad bacterial coverage.

The patient stayed for four days in- hospital where she received supportive treatment. She was discharged on day 4 after her symptoms resolved and was prescribed antibiotics for a total, of 10 days.

She was treated with transfusion of Fresh Frozen Plasma (INR = 4.52), two blood units (Hb = 8.6 mg/dl) and antibiotics. The day of her discharge, the patient clinical presentation improves remarkably.

Results and Discussion

Previous studies have shown that the incidence of recurrence of endometriosis increases gradually with time. In general, it goes from 23% at 3 years to 50% at 5 years then decreases to 0% after that in patients who did not receive hormonal therapy after surgery. For whom who were under treatment after surgery, recurrence occurred after discontinuation of the therapy [3].

However, our patient had excessive recurrence of her endometriosis with two times per year and the last one happened more than 5 years after the first surgery.

Since the causes of recurrence are still unknown, some epidemiological studies have been conducted to identify the risk factors of recurrence of endometriosis like the age at the first surgery which was the only significant one.

According to them, our patient didn't have any of the risk factors that were reported [4-6]; and the factor V deficiency was the only element that can explain for us the excessive recurrence in that case. Therefore, we might consider the congenital factor V deficiency as risk factor for recurrence of endometriosis in our patient: the high risk of bleeding with factor V deficiency can probably increase the congestion phenomena and the bleeding in patients with endometriosis which can lead to more complications and recurrence [7,8].

Conclusion

In conclusion, it seems important to consider that factor V deficiency may be a high risk factor for recurrence of endometriosis. In that case, endometriomas should be treated aggressively and long term follow up (more than 5 years) should be done. More studies are needed to investigate the patterns of recurrence of endometriosis and its control especially in patients who have endometriosis associated with factor V deficiency.

References

1. Kennedy S, Bergqvist A, Chapron C, d'Hooghe T, Dunselman G, Greb R, et al. ESHRE guideline for the diagnosis and treatment of endometriosis. Hum Reprod. 2005; 20: 2698–2704.
2. Guo SW. Recurrence of endometriosis and its control. Hum Reprod Update. 2009; 15: 441–461.
3. Ouchi N, Akira S, Mine K, Ichikawa M, Takeshita T. Recurrence of ovarian endometrioma after laparoscopic excision: Risk factors and prevention. J. Obstet. Gynaecol. Res. 2014; 40: 230–236.
4. Kikuchi I, Takeuchi H, Kitade M, Shimanuki H, Kumakiri J, Kinoshita K. Recurrence rate of endometriomas following a laparoscopic cystectomy. Acta Obstet Gynecol Scand. 2006; 85: 1120–1124.
5. Liu X, Yuan L, Shen F, Zhu Z, Jiang H, Guo SW. Patterns of and risk factors for recurrence in women with ovarian endometriosis. Obstet Gynecol. 2007; 109: 1411–1420.
6. Hayasaka S, Ugajin T, Fujii O, Nabeshima H, Utsunomiya H, Yokomizo R, et al. Risk factors for recurrence and re-recurrence of ovarian endometriomas after laparoscopic excision. J Obstet Gynaecol Res. 2011; 37: 581–585.
7. Kozyreva O, D'Silva K, May S. Factor V deficiency. Drugs and diseases; Medline. 2016.
8. Rodríguez F, Hernández L, Nagore Z, Fort López-Barajas JM, Sueiras Fechtenburg A. Recurrent hemoperitoneum: congenital coagulopathy and endometriosis. Med Clin (Barc). 1983; 81: 455-456.