Objective
The objective of this case study is to demonstrate severe deep infiltrating case study among Latvian population and to report the chosen treatment tactics and outcome.

Background
Severe deep infiltrating endometriosis can seriously alter the quality of life for women. It can combine with severe pain and alteration of functions of nearby organ systems. In case of widely spread pathological process of high grade surgical treatment is the right choice.

Case description
A 48 years old woman with severe pain in the lower part of abdomen, which originally was present only during menstruation. For 2-3 years complains of occasional faecal excretion and difficulty to urinate. Because of meno-metrorrhagia the patient uses 20mg of Duphaston once per day. In 2010 right sided hydronephrosis and hydroureter was found, as well as a solid infiltrating mass in the pelvis, that was obliterating rectum. Later it became evident that renal and uretral changes had been caused by endometroid mass located in pelvic cavity. A rigid, fixed to sacrum, pathological mass in rectosigmoidal space infiltrating the upper third of posterior wall of vagina was found by manual examination.

Intervention
Total hysterectomy with following endometroid mass excision and segmental resection of rectosigmoid colon with an end-to-end anastamosis was performed. Preparation with GnRH analogue was used before surgery. Complications: due to a rectovaginal fistula, stoma was applied. Fistula closed spontaneously.

Conclusions
Despite the complications, the patient agrees that her quality of life has markedly increased and she would definitely choose the same treatment plan if she had to do it repeatedly. Surgical treatment of severe deep endometriosis has to have a multidisciplinary approach because of the possible involvement of the nearby organs. Endometriosis by itself can cause severe complications.