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Ileal endometriosis in a patient with Crohn's disease: a diagnostic challenge

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Case:

A 34-year-old woman with stricturing ileal Crohn´s disease (CD) treated with Adalimumab, presented recurrent suboclusive episodes and clinical worsening.

First, she received corticosteroids without any clinical improvement. A colonoscopy was then performed, but canulation of the ileum was not posible because of valvular stenosis. An intestinal ultrasonography was done to complete the study, which showed activity signs in the last centimetres of the ileum (Fig. 1 above), as well as a hypoechoic image in a pelvic ileum loop wall. This feature seemed to depend on the muscularis propria which suggested an enteromesenteric fistula (Fig.1 below). The entero magnetic resonance ruled out the presence of fistulous tracts.

Due to the persistent symptoms, Infliximab was started unsuccessfully. After a multidisciplinary committee evaluation, ileocecal resection was decided.

Histological findings compatible with CD and ileal endometriosis foci with transmural involvement were observed in the study of the surgical piece.

Discussion:

Endometriosis is characterized by the presence of ectopic endrometrial tissue. Extragenital endometriosis occurs in approximately 8-12%.(1)

A rare but serious manifestation of ileocecal endometriosis is recurrent small bowel obstruction. Given that the symptoms tend to be nonspecific, the estimated delay in diagnosis is several years, being even more complicated if it occurs in patients with CD. (2)

The ultrasound appearance of endometriosis is variable. These are usually hypoechoic lesions that penetrate the muscularis propria layer without a significant flow in doppler exam. This ultrasound appearance displays, as the main differential diagnoses: benign or malignant intestinal neoplasia, carcinomatosis implants and diverticular disease. (3)

Due to the clinical overlap and the association between both diseases, this entity entails a diagnostic challenge. Consequently, we consider it important to include endometriosis in the differential diagnosis for those young female patients with CD and therapeutic failure or torpid evolution.

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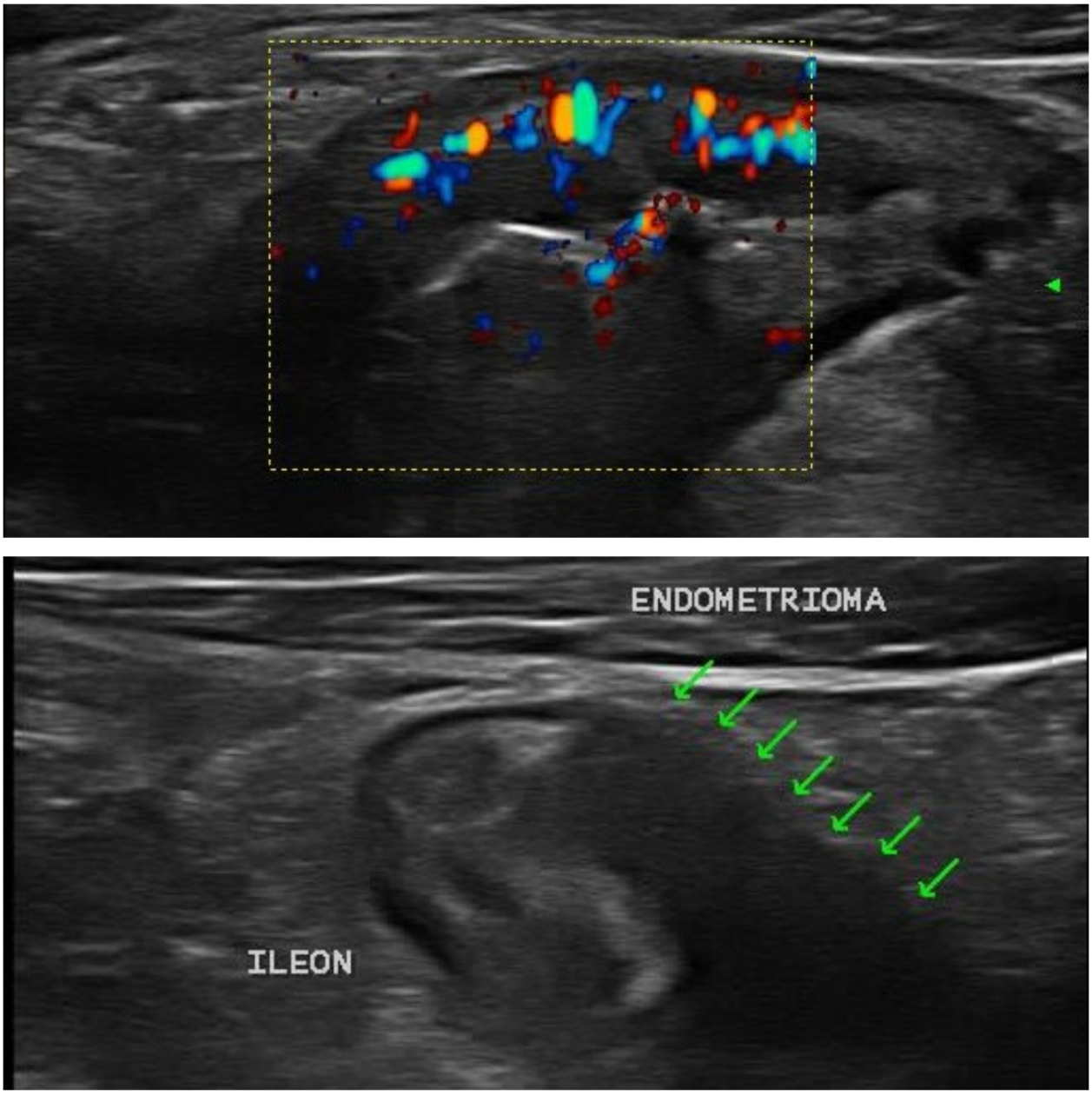

Fig. 1: In the upper part of the image, a cross-sectional view of a terminal ileum segment with pathological wall thickening and Limberg parietal hyperemia 3. In the lower part, hypoechoic image (arrows) that depends on the muscularis propria layer and implies an asymmetric thickening of the pelvic ileum wall.