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Cyclic hematochezia in a young woman with appendiceal endometriosis

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CASE REPORT

A 37-year-old female with a history of ovarian endometriosis was referred due to cyclical episodes of hematochezia during her menstrual period. Neither changes in bowel habits nor rectal tenesmus were reported and she was asymptomatic between episodes. Laboratory tests revealed iron deficiency anemia, so intravenous iron was administered. Colonoscopy was performed during her menstruation, revealing a 20 mm ulcerated polypoid formation emerging from the appendicular orifice (Fig. 1). Biopsies were taken, but there was no endometrial-type epithelium. After beginning hormonal treatment, cyclical rectal bleeding decreased, but still persisted. Computed tomography was performed to complete the study, showing a solid appendicular lesion of 20 x 40 mm, with peripheral enhancement and central calcification (Fig. 2), raising a differential diagnosis between mucocoele, neoformative process and endometrioma. Partial resection of the cecum was performed, including the tumor, with a final diagnosis of appendiceal endometriosis. The patient evolved favorably after the intervention, with no new episodes of rectal bleeding.

DISCUSSION

Endometriosis is an estrogen-dependent gynecological condition characterized by the presence of ectopic endometrial tissue outside the uterine cavity, usually affecting the ovaries and the uterosacral ligaments (1). Extra-pelvic endometriosis is rare. Gastrointestinal involvement occurs in 3-34 % of females with endometriosis, being the sigmoid colon and rectum the most common locations (2,3). Appendiceal endometriosis is unusual, with a reported incidence of 1-3 % (4). Hematochezia during the menstrual period is found in up to 30 % of women with intestinal endometriosis and has been considered “almost pathognomonic” of mucosal involvement (2). Therefore, gastrointestinal endometriosis should always be kept in mind in reproductive-aged women with compatible symptoms.

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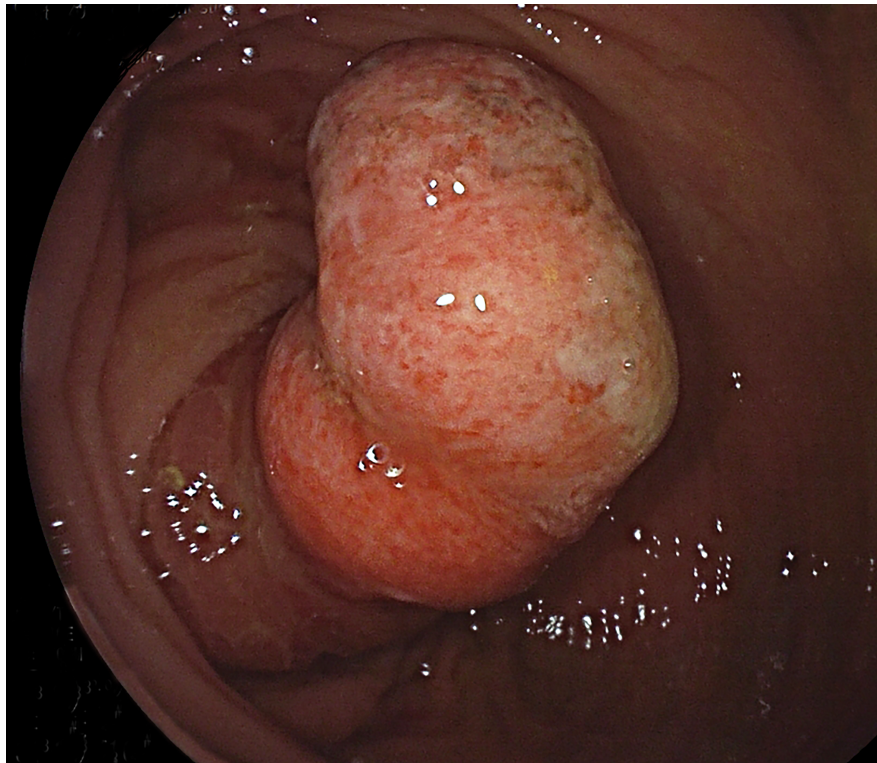


Fig. 1. Colonoscopy showing a polypoid formation emerging from the appendicular orifice.



Fig. 2. Computed tomography: well-defined appendicular lesion with peripheral enhancement and central calcification (arrow).