Deep infiltrating endometriosis of the colon causing cyclic bleeding

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Accepted 19 March 2015

DESCRIPTION

Endometriosis, the presence of functional endometrial tissue outside the uterus, occurs in about 3–10% of women of reproductive age and is a cause of chronic pelvic pain and infertility for some.[1] Bowel involvement may be present in about 5–10% of these women, mostly affecting the rectum and distal sigmoid (over 80% of cases), and, more infrequently, the appendix, ileum and caecum. The most common lesions involve only the serosa (endometriotic implants) but they can penetrate the muscular layers of the wall, in which case they are called deep infiltrating endometriosis.[2]

We present a case of a 42-year-old mother of two children, who presented with irregular menstrual cycles and mild dysmenorrhoea that started with painless rectal bleeding, which characteristically coincided with her menstrual periods. Physical examination was unremarkable as were laboratory studies. Colonoscopy (figure 1A) showed a submucosal mass focally eroding the mucosa in the sigmoid colon and biopsies were not conclusive but suggested the presence of a connective tissue neoplasia with questionable smooth muscle differentiation. Endoscopic ultrasound (figure 1B) revealed a disruption of the wall, particularly in the muscle and submucosal layers, by a 25 mm heterogeneous lesion. Subsequent abdominal CT scan confirmed asymmetrical thickening of the left wall of the sigmoid colon and MRI did not add more information. Owing to this diagnostic uncertainty we decided to perform a sigmoidectomy, which was uneventful (figure 2A, B). A definitive histological examination revealed deep infiltrating endometriosis of the colon. Hormonal therapy was not initiated as there was no evidence of other endometriomas; also, the patient was asymptomatic.

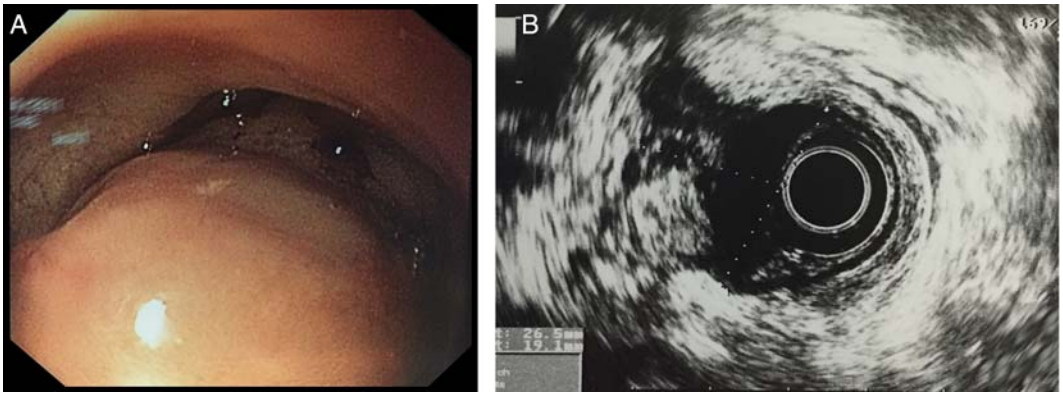

Figure 1 (A) Endoscopic view of a bulging, mostly submucous lesion about 19 cm from the anal margin. (B) Detail of endoscopic ultrasound showing the same lesion disrupting all layers of the intestinal wall.

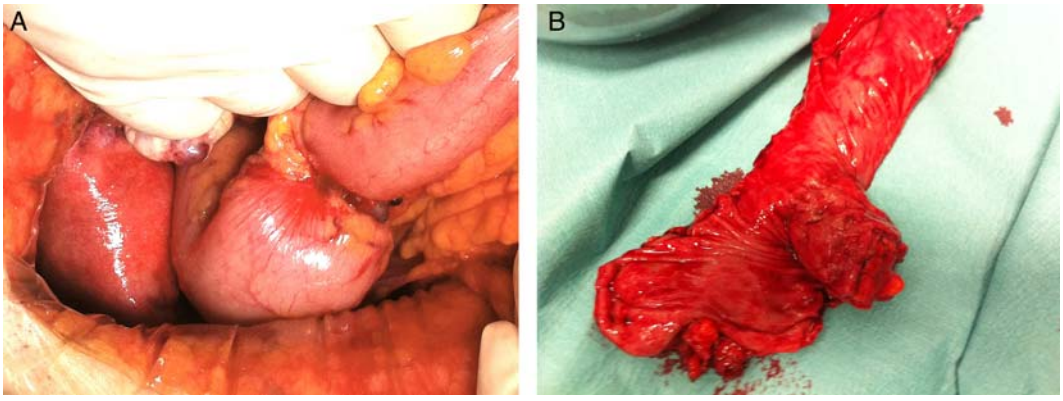

Figure 2 (A) An apparent infiltrating and distorting endometriotic lesion in the sigmoid colon during laparotomy. (B) The same lesion after opening of the bowel, causing a protrusion in the lumen of the colon with involvement and ulceration of mucosa.

To cite: Ribeiro C, Nogueira F, Guerreiro SC, *et al*. *BMJ Case Rep* Published online: [*please include* Day Month Year] doi:10.1136/bcr-2015-209464

The best treatment for bowel endometriosis is still under debate. Segmental resection relieves symptoms and can prevent endometrial neoplasia.[2 3] In most situations, it may simulate a neoplasm and surgical treatment is necessary to achieve a definitive diagnosis.

Learning points

- Bowel endometriosis is difficult to diagnose and may mimic other diseases, including neoplasms.
- Investigate the patient's history for typical symptoms such as pain or bleeding that coincides with menstruation.
- Surgery may be required to obtain a conclusive diagnosis and to relieve symptoms.

Contributors CR, FN and PL were involved in the evaluation and treatment of the patient. CR and SCG wrote the manuscript, and FN and PL revised it critically for important intellectual content. All authors read and approved the final manuscript.

Competing interests None declared.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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