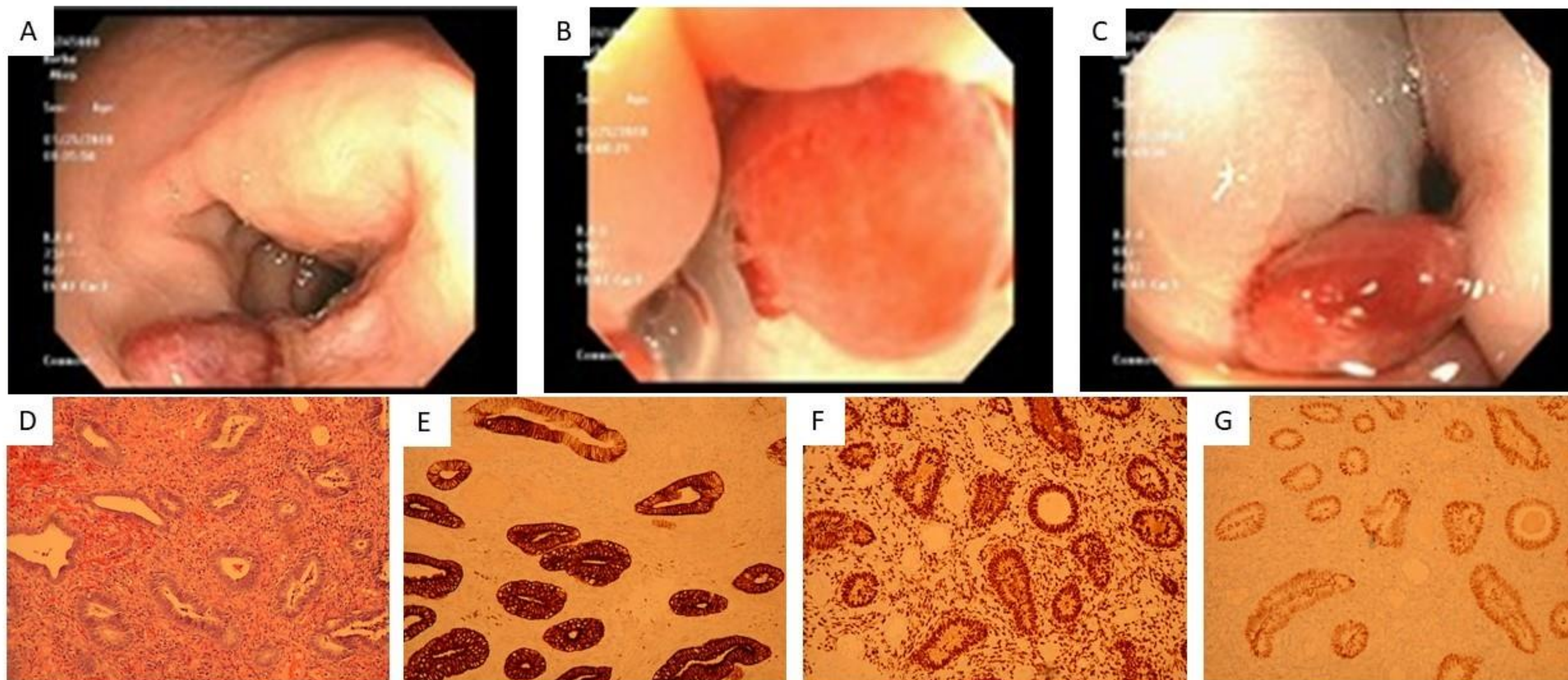


## Case Description

- A 48-year-old female presented with hematochezia.
- She denied abdominal pain, change in stool caliber, or weight loss.
- Her surgical history was significant for total abdominal hysterectomy and bilateral salpingo-oophorectomy six years prior for an endometrioma and endometriosis presenting as a painful pelvic mass.
- Subsequent colonoscopy revealed a 15 mm and a 2 mm polyp in the proximal rectum (figures A-C). The polyps were described as sessile, hypervascular, and bled easily.
- The polyps seemed to “peel off the mucosa” with manipulation.

## Biopsy Results



Figures (A), (B), and (C) demonstrate the rectal polyp. Staining for (D) H&E, (E) CK7, (F) estrogen receptor, and (G) PAX8 were positive, consistent with endometrial-type polyps.

## Case Description (cont.)

- Pathology demonstrated epithelial cells that were positive for estrogen receptor, PAX8, and CK7 (figures D-G). The stromal cells were positive for CD10. These findings were suggestive of hyperplastic Müllerian/endometrial type polyps with focal glandular atypia and squamous metaplasia.
- Three years later, repeat colonoscopy with pathology at the biopsy site showing no active or chronic inflammation.

## Discussion

- Bowel endometriosis most commonly occurs in the rectum, and approximately 1/3 present with rectal bleeding.<sup>1,2</sup>
- Our understanding of the origin of bowel endometriosis was complicated by her surgical history.
- Her use of a transdermal patch may have promoted this presentation since endometrial tissue is estrogen sensitive.

## References

1. Jiang W, Roma AA, Lai K, Carver P, Xiao SY, Liu X. Endometriosis involving the mucosa of the intestinal tract: a clinicopathologic study of 15 cases. *Mod Pathol.* 2013;26(9):1270-1278. doi:10.1038/modpathol.2013.51
2. McCullough TK, Cohen P, Vlavianos T, Sutton CJ, Allen-Mersh TG. Colonic endometriosis or adenoma?. *J R Soc Med.* 2002;95(4):202-203. doi:10.1258/jrsm.95.4.202