Endometrioma Presenting as a Sigmoid Colon Polyp

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Introduction

- Endometriosis refers to inflammation caused by active endometrium outside of the uterus. Colonic involvement can give rise to various complications, such as luminal narrowing, obstruction, and even perforation, all which can be treated with resection.
- Our case shows that endometrial implants in the colon can present similarly to colon cancer and should be considered as a potential etiology of such concerning findings during colonoscopy.

Case Presentation

- A 45-year old female (G4P3) presented with a several month history of left lower quadrant abdominal pain, bloating and multiple episodes of blood per rectum. Past medical history was significant for endometriosis with hysterectomy, tubal ligation, and idiopathic thrombocytopenic purpura.
- She was referred for further evaluation of a rectosigmoid lesion found during diagnostic colonoscopy, concerning for malignancy. The lesion was a firm and rubbery 15mm sessile polyp positioned on the acute fold of the sigmoid colon.
- Using an underwater technique, endoscopic mucosal resection (EMR) was performed. Argon plasma coagulation (APC) ablation was performed on residual adjacent tissue and the resection bed.
- Histopathology showed endometriosis involving the muscularis propria and submucosa negative for hyperplastic polyp, adenoma or malignancy. Endometrioma stain was positive for CK7 and PAX-8 and negative for CK20 and CDX-2 confirming the diagnosis.
- Hormone therapy was initiated showing significant improvement in symptoms.

Clinical Images

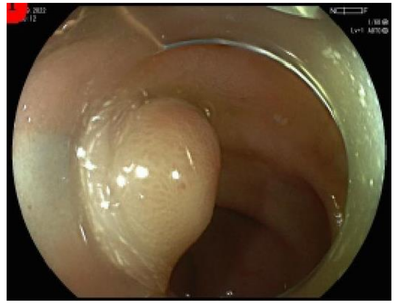

Image A: Lesion development prior to EMR

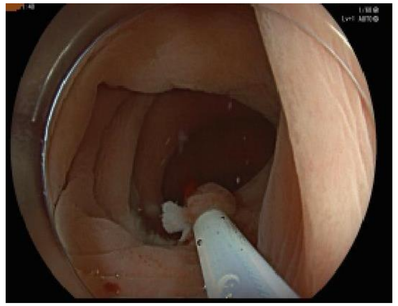

Image B: Cap-assisted underwater technique piecemeal EMR performed using hot 20 mm and 10 mm snares

Image C: Lesion was completely removed, retrieved, and APC ablation was performed on residual tissue adjacent to the resection site, as well as the resection bed.

Discussion

- Endometriosis can affect any pelvic organ (1). Intestinal involvement usually presents with symptoms and gross appearance similar to many disorders including cancer or leiomyoma, such as in our case.
- Endometriosis usually involves the serosa and subserosa layers of the rectum or colon. Yet, when there is deep invasion into the muscularis propria and submucosa, it can be mistaken for invasive colon cancer during colonoscopy, delaying and complicating diagnosis.
- The gold standard for diagnosing endometriosis is laparoscopy, but colonoscopy can provide direct visualization of endoscopically visible lesions with the opportunity for EMR for therapeutic resection. As rectosigmoid endometriosis surgery is associated with high rates of complication when compared to other parts of the colon, EMR was preferred in our case (2).
- Hormone therapy may help prolong the recurrence interval between resection and recurrence, but has no effect on lesion size (3).

Conclusion

- A multidisciplinary approach to intestinal endometriomas with hormone therapy combined with EMR can lower recurrence, remove lesions completely, and help patients avoid endometrioma complications and high-risk surgical procedures.

References

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