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## INTRODUCTION

- Endometriosis involves the GI tract in 5.4% of cases.
- Intestinal endometriosis is usually asymptomatic but can lead to non-specific symptoms (abdominal pain, change in stool consistency, hematochezia).
- There is no step-wise approach to the workup.
- Histopathology is the gold standard for diagnosis.

## CASE

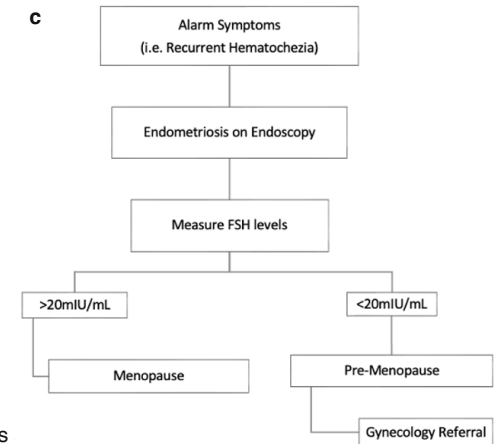
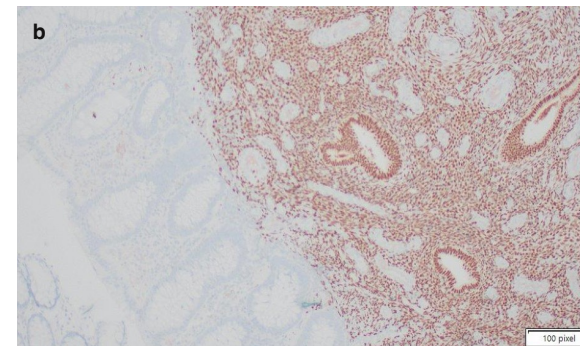
- 51F presented with 2 months' intermittent proctalgia and hematochezia.
- S/P vaginal hysterectomy without oophorectomy 11 years prior for an unclear indication.
- Transvaginal ultrasound (TVUS) revealed no acute abnormality.
- Clinical examination: tenderness on DRE without blood or anal fissures.
- Colonoscopy: 7mm sessile polyp in the sigmoid colon (Figure a).
- Histopathology:
  - No cytologic or architectural atypia
  - Immunohistochemical stain for CD10 highlighted the stromal cells as endometrial-type, which supported intestinal endometriosis (Figure b).
- Follicle-stimulating hormone (FSH) level was sent to confirm her menopause status since she still had her ovaries.
  - FSH was 56.6mIU/mL (post-menopausal FSH is >20mIU/mL).
- Proctalgia and hematochezia resolved after polypectomy. No alternative causes were identified on labs, imaging, or endoscopy.

## DISCUSSION

- Endometriosis = The presence of functioning endometrial glands and stroma outside the uterine cavity.
- In a patient without known endometriosis or a prior hysterectomy, intermittent hematochezia would prompt a GI rather than gynecological workup
- A colonoscopy with biopsy would be required to identify and confirm endometrial tissue in the GI tract.
- This case is unique as our patient was asymptomatic from her endometriosis during her reproductive years and presented post-menopause.
- Menopause is a low-estrogen state, but even the decreased levels in menopause are enough to cause symptoms.
  - Our patient was overweight → estrogen can be synthesized in adipose tissue → her risk of symptoms from endometriosis was further increased.

**We advise our gastroenterology colleagues to keep endometriosis in mind as a possible cause of GI tract bleeding, even in the post-menopausal population (Figure c).**

## FIGURES



- a: Colonoscopic view of a hyper-vascular lesion embedded at the sigmoid colon wall lumen
- b: Immunohistochemical stain (brown chromogen) for CD10 expression highlights the cytoplasm of stromal cells. The stain for CD10 delineates a clear demarcation between the endometriosis and the colonic lamina propria;
- c: Proposed algorithm for endometriosis workup when diagnosed endoscopically.