

Rectal endometriosis mimicking rectal carcinoma

Jing Bo Yang, Deliang Liu

Department of Gastroenterology, the Second Xiangya Hospital of Central South University, Changsha, China.

Dear editor,

A 35-year-old office lady was admitted to our hospital complaining of intermittent constipation for 3 years. The specific symptoms such as hematochezia, abdominal pain, abdominal distention, dejecta turning small and anus distention were not occurred. There was no previous history of trauma or surgery. She had regular menses lasted for 5-6 days every 28 day since 13-year old without dysmenorrhea. She gave birth to a healthy daughter several years ago, and neither abortion nor omotocia was done.

Physical examination showed no positive signs. Laboratory data show normal except hemoglobin 112 g/L and carbohydrate antigen 19-9 (Ca19-9) 40.78 ^u/L. Colonoscopy revealed a mass about 4.0*5.0 cm in size located at about 10 cm-15 cm distance away from the anus. The imagines under chromoendoscope stained by Indigo carmine and magnifying endoscope displayed the crypt pit pattern was pit V_N, which usually indicated the mass was progressive rectal carcinoma (Fig. 1A-B). The pathological result confirmed the mass was not rectal carcinoma but rectal endometriosis (Fig. 1C).

Discussion : The exact pathogenesis of intestinal endometriosis is still not clear but there are some hypotheses such as secondary retrograde passage, implantation of peritoneal endometrial tissue or iatrogenic factors. The implanting endometriosis regulated by hormones can proliferate and infiltrate through the bowel wall (1), so

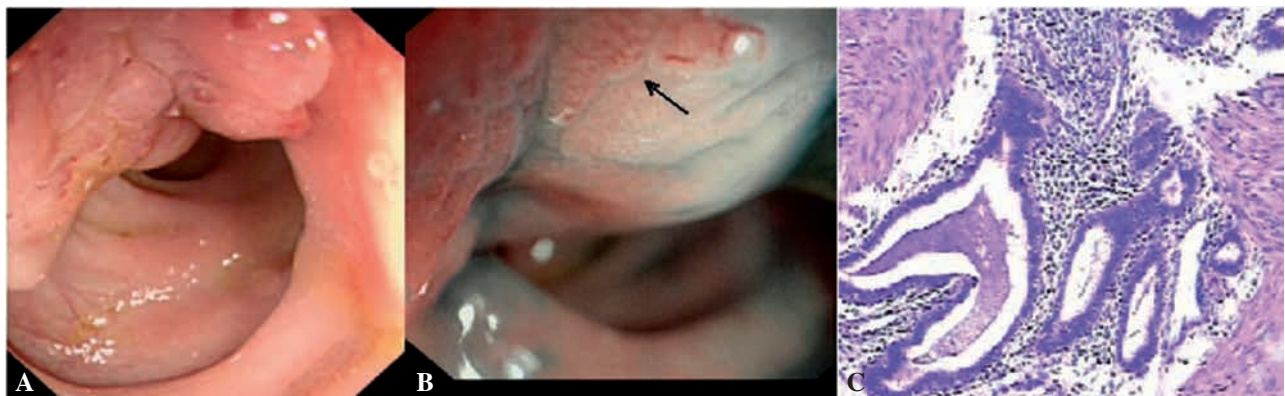
that the patients often suffer from the symptoms such as irregular menstruation, periodic hemafecia, and abdominal pain. In this special case, the patient with normal menses was performed colonoscopy only because of intermittent constipation ; moreover, she never did surgery.

Pit pattern classification established by Kudo in 1996 (2) is widely accepted now. Based on the classification the character of colorectal mucosal crypts could be observed and identified by magnifying endoscopy and stereomicroscopy in order to determine the nature of lesions, and V_N pattern of the mucosal crypt means non-structural surface, which is highly suspected as invasive carcinoma (3). But in this case the mucosal crypt of rectal endometriosis also displayed V_N-like pattern, which was an exception for diagnosis colorectal carcinoma according to Pit pattern classification.

Although intestinal endometriosis is not a malignant lesion, more attention should be paid to the women of childbearing age with intestinal endometriosis because of its potential carcinogenesis (4-5).

References

1. CHAPRON C., FAUCONNIER A., DUBUISSON JB., BARAKAT H., VIEIRA M., BRÉART G. Deep infiltrating endometriosis : relation between severity of dysmenorrhoea and extent of disease. *Hum. Reprod.*, 2003, **18** : 760-766.
2. KUDO S., RUBIO C.A., TEIXEIRA C.R., KASHIDA H., KOGURE E. Pit pattern in colorectal neoplasia : Endoscopic magnifying view. *Endoscopy*, 2001, **33** : 367-373.



Correspondence to : Deliang Liu, Department of Gastroenterology, the Second Xiangya Hospital of Central South University, Changsha, China.
E-mail : liudeliang@medmail.com.cn

Submission date : 20/04/2014

Acceptance date : 12/05/2014

3. TAMURA S., YOKOYAMA Y., TADOKORO T., HIGASHIDANI Y., KOHSAKI T., ONISHI S. Depressed type submucosal invading colon cancer with type V pit pattern. *Gastrointest. Endosc.*, 2001, **53** : 340-341.
4. HOANG C.D., BOETTCHER A.K., JESSURUN J., PAMBUCCIAN S.E., BULLARD K.M. An unusual rectosigmoid mass : endometrioid adenocarcinoma arising in colonic endometriosis : case report and literature review. *Am. Surg.*, 2005, **71** : 694-697.
5. JONES K.D., OWEN E., BERRESFORD A., SUTTON C. Endometrial adenocarcinoma arising from endometriosis of the rectosigmoid colon. *Gynecol. Oncol.*, 2002, **16** : 220-222.