Colonic obstruction in a 45 year old female

V. De Weerdt[1], P Bossuyt[2], L. Peperstraete[3]

(1) Department of Gastroenterology, University Hospitals Leuven, Leuven, Belgium ; (2) Department of Gastroenterology, (3) Department of Pathology, Imelda General Hospital, Bonheiden, Belgium.

Abstract

We present a case of an unusual cause of colonic obstruction in a 45 year old female.

The woman presented at the emergency department with a large bowel obstruction. Computed tomography of the abdomen showed distension of the colon with a lesion in the sigmoid colon with suspicion of a colonic malignancy. She underwent an urgent Hartmann procedure. Histology of the resection specimen revealed endometriosis. This patient did not have any symptoms suggestive of endometriosis. When a woman of childbearing age presents with large bowel obstruction, endometriosis should be considered in the differential diagnosis. This patient had a hysterectomy with bilateral salpingo- oophorectomy, what maked the diagnosis of endometriosis less evident. (Acta gastroenterol. belg., **2014**, 77, **433-434**).

Key words : intestinal endometriosis ; large bowel obstruction.

A 45 year old women presented at the emergency department with diffuse abdominal pain during the last 24 hours. She had anorexia, nausea and vomiting. Her last bowel movement was six days ago. Her past medical history consisted of hysterectomy with bilateral salpingo-oophorectomy for persistent pain after serious pelvic inflammatory disease ten years earlier. She used an estrogen patch. Her vital signs on admission were stable with blood pressure at 125/85 mmHg and a heart rate of 100 bpm. Body temperature was 38 degrees Celsius. There was generalized abdominal tenderness wit guarding and rigidity. There were no bowel sounds heard. Her blood test showed neutrophilia of $18 \times 10^3/\mu L$ and a raised C- reactive protein of 93 mg/L (normal range < 5 mg/L). Abdominal X- ray did not show any free air under the diaphragm. Computed tomography of the abdomen showed distension of the colon with a lesion in the sigmoid colon with suspicion of a colonic malignancy. Since there were acute peritoneal signs, an urgent Hartmann procedure was performed.

An hematoxylin-eosin-stained image of the resection specimen is shown in figure 1.

What is your diagnosis ?

Histopathology of the resection specimen revealed hemosiderin pigmented macrophages and endometrioid epithelium . Immunohistochemical staining of cytokeratin 7 was strongly positive (+++) and cytokeratin 20 was negative. There was endometrial glandular tissue in the serosa and the muscularis mucosae. The overlying mucosa was normal. There was no evidence of malignancy.

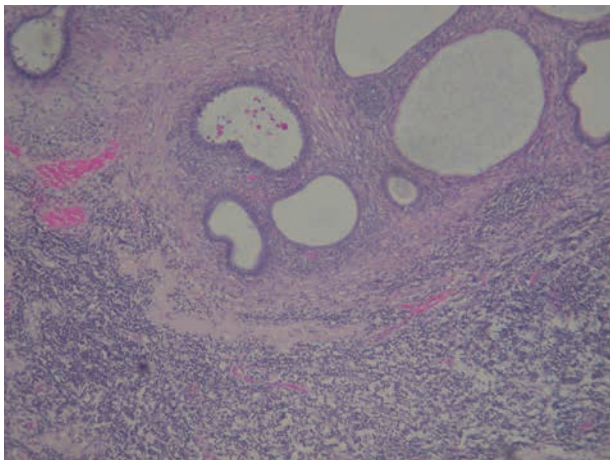

Fig. 1. — H&E image of the resection specimen

Thirteen lymph nodes were free of tumor. In three of them there was also endometrial tissue found.

Endometriosis is characterized by endometrial-like tissue outside the uterus. Intestinal involvement occurs in 3-37% of all patients with pelvic endometriosis. The rectum en sigmoid colon are the most commonly involved areas in women with intestinal endometriosis. Women with rectovaginal or bowel endometriosis may present with the classic symptoms of endometriosis (dysmenorrhea, dyspareunia, and infertility) and/or with gastrointestinal symptoms like abdominal cramps, constipation, rectal pain and cyclical hematochezia. Women may also be asymptomatic. In rare cases, bowel obstruction occurs.

When a woman of childbearing age presents with large bowel obstruction, endometriosis should be considered in the differential diagnosis. This patient did not have any symptoms suggestive of endometriosis. She had a hysterectomy with bilateral salpingo-oophorectomy, what maked the diagnosis of endometriosis less evident.

Correspondence to : Valerie De Weerdt, M.D., Department of Gastroenterology, University Hospitals Leuven, Herestraat 49, 3000 Leuven, Belgium.
E-mail : valerie_DW@hotmail.com

Submission date : 05/11/2014
Acceptance date : 17/11/2014

References

1. KAUFMAN L.C., SMYRK T.C., LEVY M.J. *et al*. Symptomatic intestinal endometriosis requiring surgical resection : clinical presentation and preoperative diagnosis. *Am. J. Gastroenterol*., 2011, **106** (7) : 1325-32.
2. CASELLI G., BESA C., PULGAR D. Intestinal obstruction as manifestation of a multifocal colonic endometriosis. *Clin. Gastroenterol. Hepatol*., 2011, **9** (9) : e90-1.
3. TONG Y.L., CHEN Y., ZHU S.Y. Ileocecal endometriosis and a diagnosis dilemma : a case report and literature review. *World J. Gastroenterol*., 2013, **19** (23) : 3707-10.
4. NASIM H., SIKAFI D., NASR A. Sigmoid endometriosis and a diagnostic dilemma – A case report and literature review. *Int. J. Surg. Case Rep*., 2011, **2** (7) : 181-184.