

Endometriosis on cecum

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Introduction: Endometriosis, the presence of an ectopic functioning endometrial tissue outside the uterus, represents a benign condition and affects 6-10% of women in their reproductive age. Cecal endometriosis is uncommon and may mimic other tumors of the colon, making it difficult to safely diagnose preoperatively. Gastrointestinal endometriosis is the most common form of extragenital endometriosis. In nearly 90% of cases, it affects the rectum and sigmoid colon. The occurrence of cecal involvement is relatively rare and constitutes less than 3.6-6% of gastrointestinal endometriosis cases. Intestinal involvement of endometriosis often causes mass-like lesions and the malignancy can only be excluded postoperatively by histopathological examination. For ileocecal endometriosis, distinguishing from entities such as Crohn disease or malignancy is often difficult, and surgical resection is frequently required.

Case: A 56-year-old female patient was hospitalized for the symptoms of repeated right lower abdominal discomfort and constipation. An endoscopic examination of the large bowel revealed bulging finding of appendiceal orifice, which seemed to be submucosal origin. Biopsies were taken and the histology report was indicative of normal colonic mucosa. Computed tomography (CT) scan of the abdomen was performed and confirmed the presence of focal wall thickening of periappendiceal orifice, about 1.4cm. The symptoms persisted despite progress in treatment with an medication. The pain was repeated at regular intervals. She underwent a laparoscopic partial cecectomy and histological examination of specimen revealed endometrial tissues in cecum musosa without malignant cells. The postoperative period was uneventful and the patient was discharged from hospital on the 13th postoperative day. On follow-up, her symptoms have been relieved.

