

中文題目：年輕女性臨床表現疑似大腸癌經大腸鏡診斷為直腸內子宮內膜異位
英文題目：An unusual case of bowel habit change caused by rectal endometriosis
mimicking colon cancer

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Abstract

Endometriosis is a relatively common condition in women of reproductive age. Herein we report a case with a history of infertility who underwent in vitro fertilization. She presented with bowel habit change characterized by diarrhea many years later. Colonoscopy revealed rectal endometriosis.

Introduction

Endometriosis is a condition where endometrial glands and stroma occur outside the uterine cavity. Environmental toxins, genetic predisposition, retrograde menstruation, stem cells, mullerianosis, coelomic metaplasia, neural growth, vasculogenesis, and autoimmunity are believed to be responsible for the pathophysiology of endometriosis [1,2]. The incidence of endometriosis was reported to be 15% in women of childbearing age and approximately 50% in women with infertility [3]. Bowel endometriosis affects approximately 3.8%–37% of women with endometriosis diagnosis [4,5,6]. Endometriosis mostly involves the recto-sigmoid (80% of cases) and rarely the small intestine [6,7]. In this article, we present a patient who had bowel habit change characterized by diarrhea and was diagnosed with rectal endometriosis through colonoscopy.

Case presentation

A 50-year-old female patient had a history of uterine myoma after myomectomy and stress urinary incontinence for 14 years. She had undergone in vitro fertilization (IVF) twice because of infertility. She visited our outpatient department because of increased frequency of stool passage with watery diarrhea, smelly flatulence, and abdominal discomfort intermittently for 1 year, which had become more obvious recently. Moreover, she had lost 4–5 kg of weight in the past 6 months.

Esophagogastroduodenoscopy revealed erosive esophagitis, Los Angeles Grade A. Colonoscopy showed two polypoid tumor-like lesions (0.6 and 1.5 cm, respectively)

at the rectum (Figure 1). Subsequently, polypectomy was performed. The final pathology report indicated endometriosis (Figure 2A–C). A computed tomography scan showed one nodular lesion of 2.3 cm in the right side of the rectum (Figure 3). The serum carcinoembryonic antigen level was within the normal range. A gynecologist was consulted, and then, she was referred for further management.

Discussion

Endometriosis is a condition where the endometrial tissue is located outside the uterine cavity, and it is associated with fibrosis and inflammatory reaction. Patients may be asymptomatic or may experience chronic pelvic pain, dysmenorrhea, dyspareunia, or infertility [8]. Our patient presented with bowel habit change with diarrhea, abdominal discomfort, and body weight loss. Moreover, she had a history of infertility and associated treatment. Endometriosis is a polymorphic disease, which can manifest as superficial implants on the peritoneal surface, as ovarian cysts called endometriomas, or as deep lesions that infiltrate >5 mm into the peritoneal surface, a condition known as deeply infiltrative endometriosis (DIE). DIE is a chronic, progressive, multifocal disease with no known cure or preventive mechanisms [9]. The pelvic cavity is the most common location for endometriotic implants, which usually affects the retrocervical space, ovaries, vagina, rectosigmoid colon, bladder dome, and round ligaments. Bowel endometriosis is one of the most aggressive forms of DIE. The bowel is the most common location of extragenital endometriosis. Bowel endometriosis occurs in up to 37% of women with DIE. Although the rectosigmoid colon is the most common location (52%–72%), endometriotic implants can also be found in the small bowel, especially in the terminal ileum (4.1%–16.9%) [8]. Additionally, our patient had a history of infertility and IVF twice; therefore, we considered a relationship between the IVF procedure and endometriosis risk. One research reported that bowel complications may occur during pregnancy or IVF stimulation in women with deep endometriosis. Thus, the endocrine environment of pregnancy does not prevent progression, at least in some women. These complications are rare, although probably underreported [10]. The goal of colon endometriosis is to eliminate associated symptoms and to remove endometriosis as much as possible, including through medical and surgical treatment.

Fig. 1

Colonoscopy revealed two polypoid tumor-like lesions (1.5 and 0.6 cm, respectively) at the rectum.

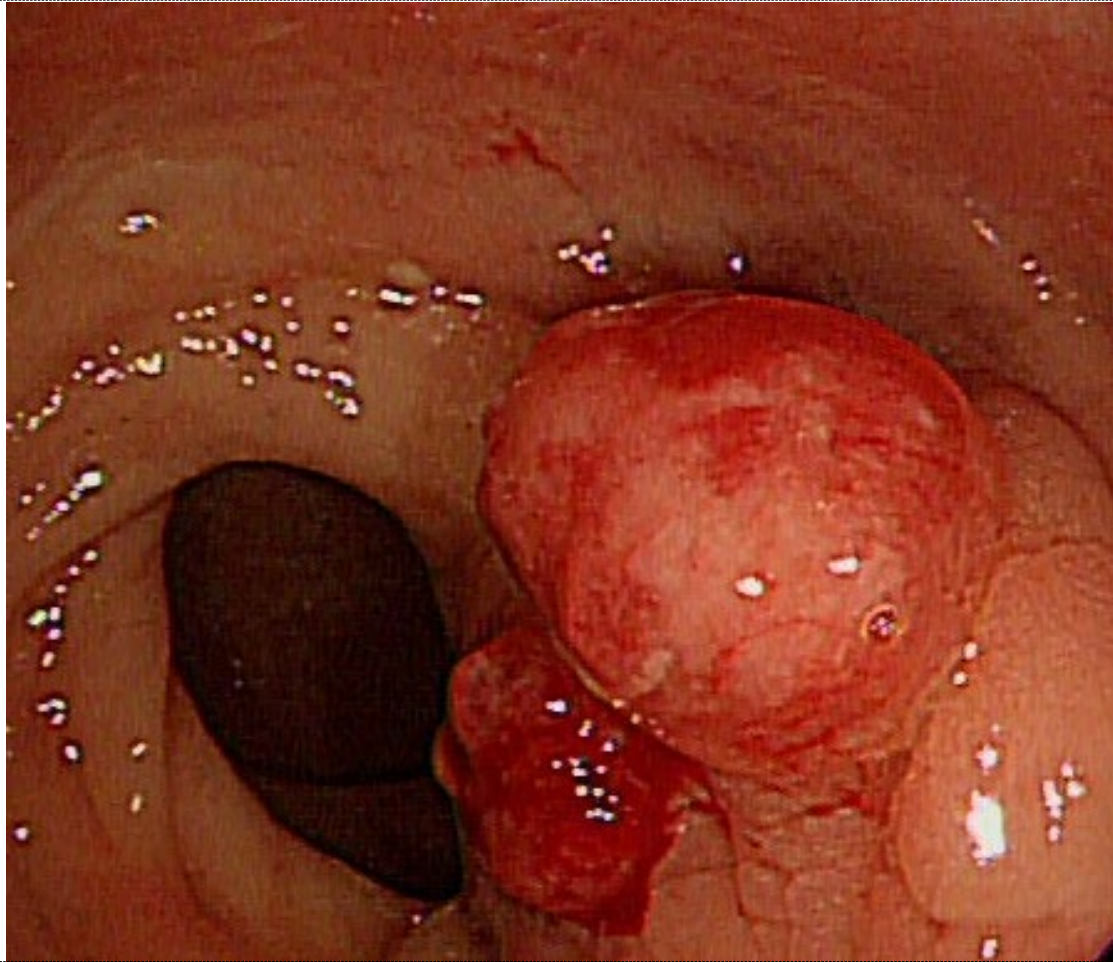


Fig. 2A

Histology revealed endometrial glandular and stromal tissues with granulation tissue formation and rich inflammatory cell infiltration (hematoxylin and eosin staining, $\times 100$).

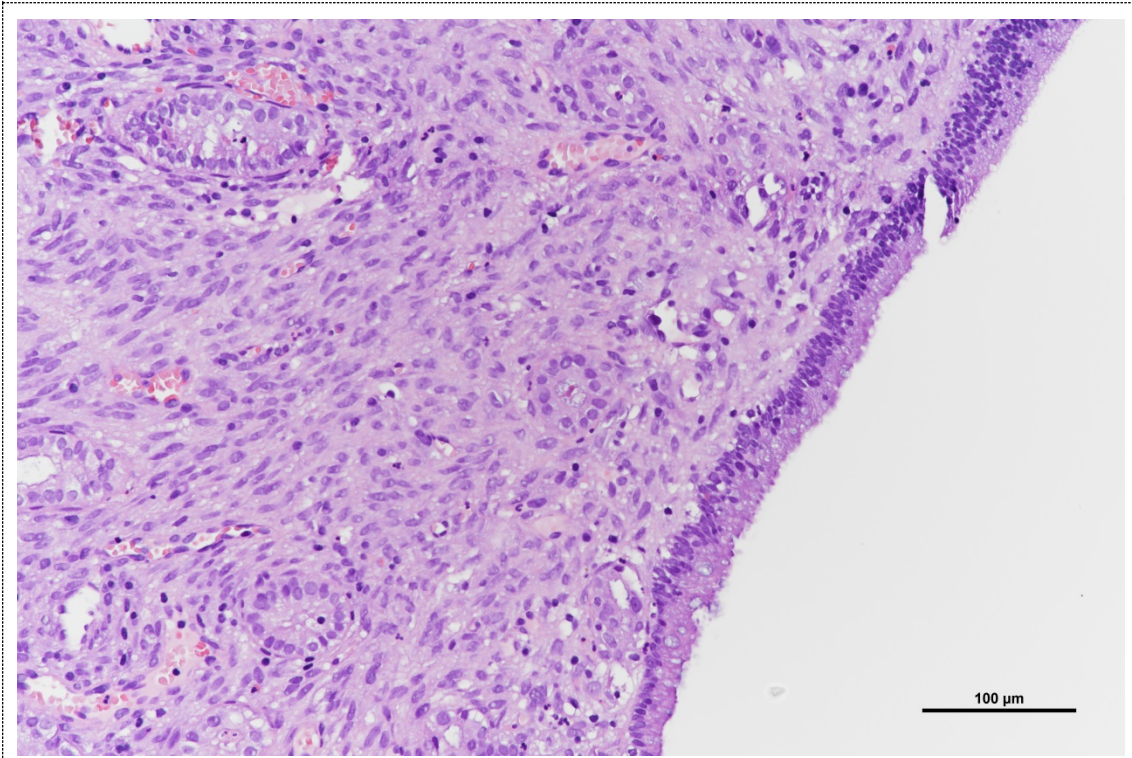


Fig. 2B

Immunohistochemistry showed an estrogen-receptor-positive **at endometrial glandular and stromal tissue.**

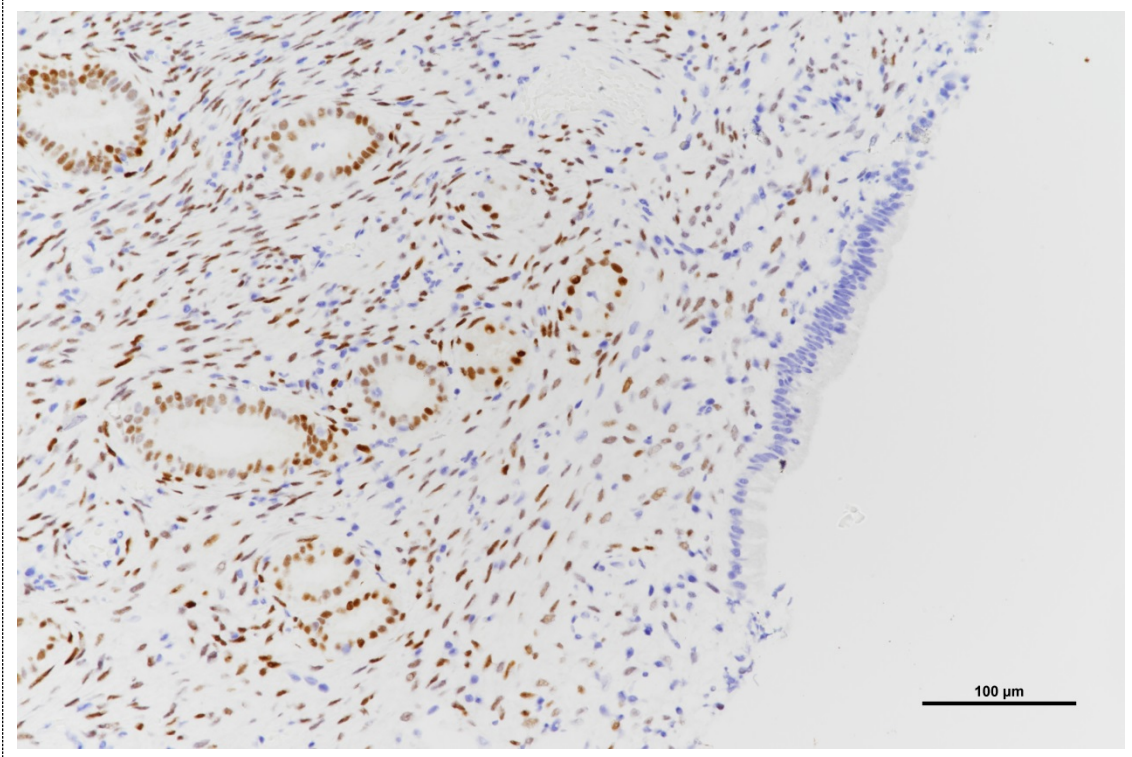


Fig. 2C

Immunohistochemistry showed a CD10-positive **at endometrial stromal cells.**

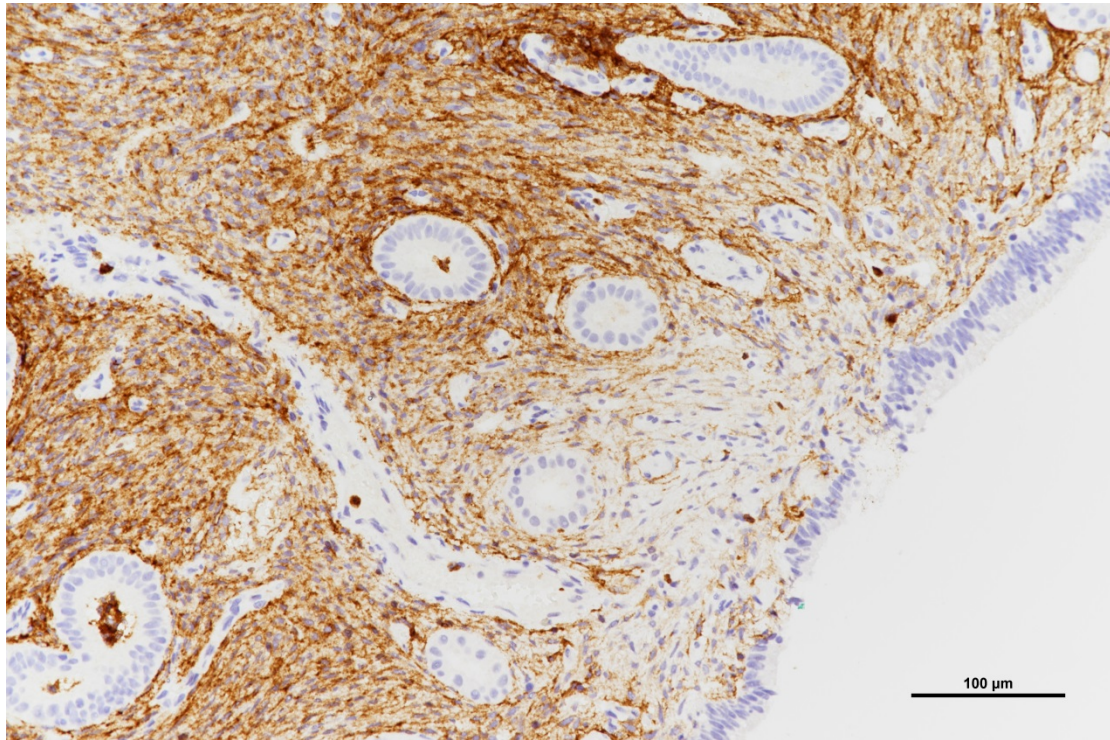


Fig. 3

A computed tomography scan showed one nodular lesion up to 2.3 cm in the right side of the rectum.



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