

## **(21308) - WHEN A POLYP IS FROM ANOTHER DEPARTMENT**

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### **Clinical Case**

A 55-year-old woman was referred to the Gastroenterology outpatient clinic due to a positive colorectal cancer screening with fecal occult blood test (FOBT). She reported no gastrointestinal symptoms. The patient comorbidities included asthma, prior hysterectomy with right oophorectomy for myomas. She was nulliparous with no history of infertility. The patient was in menopause for 3 years and she had never taken oral contraceptives. There was no medical history of anemia and her physical examination was unremarkable. Colonoscopy revealed a very friable, polypoid lesion measuring 30-40mm, at about 12 cm of anal margin. Multiple biopsies were performed and histopathologic examination showed endometriosis focus with ulceration, without dysplasia or malignant signs. Endoscopic ultrasound (EUS) showed an heterogeneous, hypoechoic and hemicircumferential lesion, at the rectovaginal septum involving the muscularis propria and at some points all rectal layers. The diagnosis of intestinal endometriosis was made and the patient was referred to a Gynecologist, which requested pelvic MRI and hormonal study.

### **Discussion**

Intestinal endometriosis is the infiltration of the bowel wall by endometrial tissue. It is the most common extragenital location, occurring in 3-37% of the cases. It is mostly associated with severe and multifocal disease.<sup>1</sup> Intestinal endometriosis is mostly diagnosed by surgery in the course of uterine investigation. Inaugural presentation without known pelvic disease is rare. The symptoms are nonspecific and include bowel habit change, abdominal pain and hematochezia. The most typical locations are at rectosigmoid colon (more

than 70% of cases) and rectovaginal septum (12%), as observed in this case. Malignant transformation could rarely occur.<sup>2</sup>

**Conclusion:**

Our case is paradigmatic because endometriosis diagnosis in a postmenopausal woman with no pelvic symptoms is very rare. Intestinal endometriosis presenting as polypoid lesion is also rare and, since mucosal involvement occurs in less than 5%, histology rarely gives the diagnosis.<sup>3</sup> The positive correlation between a previous hysterectomy and intestinal endometriosis has been reported. It is believed that deep migration of endometrial cells develop into the disease.<sup>4</sup>

**Palavras-chave : polyp, intestinal endometriosis**