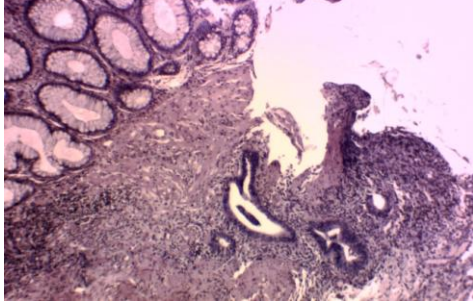
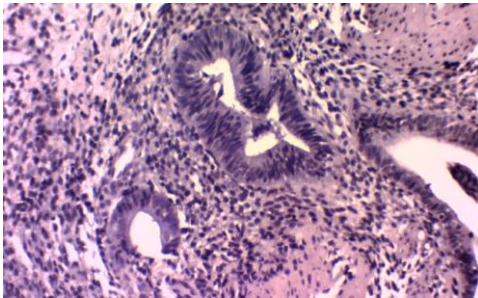


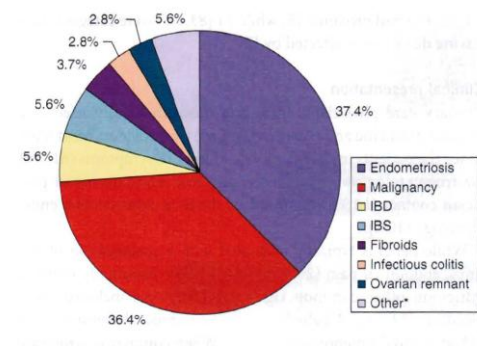
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**Figure 2** Endometriotic foci within rectal mucosa.

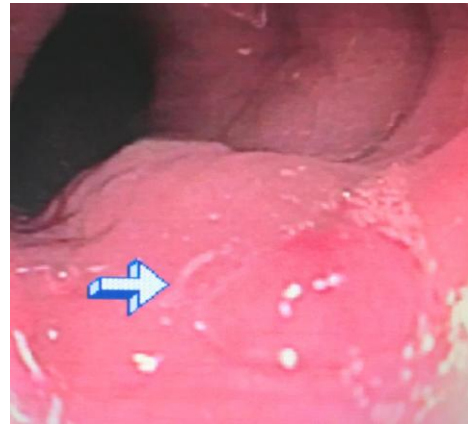


**Figure 3** Endometrial glands and prominent endometrial stroma.



**Figure 4**  
Myriad of suspected clinical diagnosis before pathologic confirmation of endometriosis

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**Figure 1**  
Rectal polypoid lesion.

**Case History:**

Case of a 45 year old female patient who presented with abdominal pain and changes in bowel habits. She complained of episodes of diarrhea with occasional bloody stools.

**Endoscopic Findings:**

Colonoscopic examination disclosed a normal colon, internal hemorrhoids and a rectal polyp of less than 1 cm in size (See Figure 1). A polypectomy was performed.

**Histologic Findings:**

Microscopic examination revealed non neoplastic rectal mucosa. Endometrial glands and stroma were noted within the lamina propria of the rectum. A diagnosis of intestinal endometriosis was established (See Figures 2 and 3 ).

**Discussion:**

Intestinal endometriosis is the most prevalent of all the extrapelvic endometriosis. Its clinical, radiologic and/or endoscopic diagnosis may be troublesome. A recent review from the Mayo Clinic<sup>1</sup> exemplifies this preoperative diagnostic conundrum (see Figure 4)

Symptoms of intestinal endometriosis might be cyclical and may include non specific or crampy abdominal pain, altered bowel habits and hematochezia.

The rectum and sigmoid colon lead the list of diseased anatomic sites. Mucosal involvement is rare but is required for the presence of rectal bleeding and for the endoscopic presentation of endometriosis as a polypoid lesion.

Diagnosis is confirmed microscopically by the presence of foci of endometriosis within the colonic lamina propia. The histopathologic findings include endometrial glands and/or stroma.

<sup>1</sup> Kaufman L.C, Smyrk T.C., Levy M.J., et al. Symptomatic Intestinal Endometriosis Requiring Surgical Resection; Clinical Presentation and Preoperative Diagnosis A.M.J. Gastroenterol 2011;106;1325-1332.