Ileocecal endometriosis as an infrequent cause of intussusception

Key words: Intestinal endometriosis. Intestinal intussusception. Subocclusive.

Dear Editor,

Ileocecal affection by endometriosis is rare (4.1%) and generally affects the serosa. The mucosal layer is affected in only 10% of cases and alterations are identified by colonoscopy. The symptomatology is variable but rarely produces bowel obstruction or perforation. Sánchez Cifuentes et al. (1) presented in 2016 their experience with 17 cases; two of these cases had ileocecal affection and one required surgery for obstructive symptoms.

Case report

We herein present the case of a 51-year-old woman who had a simple total hysterectomy in 2009 for symptomatic uterine myomatosis. In 2016, she underwent a colonoscopy due to persistent abdominal pain. A congested and invaginated erythematos mucosa was identified that went beyond the ileocecal valve; it was not possible to delimit its extension (Fig. 1). Abdominal computed tomography (CT) showed a well-defined hypodense image of 6 x 2 cm in the cecum that acted as a head of an ileocolic intussusception that produced a suboclusion. Right hemicolecctomy showed macroscopically an 8 cm fragment of invaginated mucosa in a “glove finger” form. The histology showed foci of endometriosis with adjacent ulcerated mucosa (Fig. 1). Other locations of endometriotic implants were not confirmed after follow-up by the Gynecology Service.

Discussion

Intestinal intussusception is a rare entity in adults (5% of cases) (2) and is usually located in the small intestine as benign lesions (50-70%). When this condition involves the colon or ileocecal valve, the main cause is neoplastic such as adenocarcinoma (3). Endometriosis is an estrogen-dependent disorder that affects 12-15% of women of reproductive age (4) and is usually located in the recto-sigma (85-90%) (1,4). It presents a non-specific clinical manifestation including abdominal pain, dysmenorrhea, diarrhea, abdominal mass and infertility. MRI is the gold standard diagnostic technique, although an anatomopathological study is required for a definitive diagnosis (1). It is important to bear in mind that ileocecal endometriosis can be a benign cause of intussusception in the adult.

Fig. 1. An invaginated lesion in the caecum. Foci of endometriosis in the ileocecal region detected via histology (arrows).
References


