A new reported case of ileocecal infiltrative endometriosis, a disease which is probably underdiagnosed

Key words: Endometriosis. Ileocecal. Abdominal pain.

Dear Editor,

We have read the recent publications by Guerra et al. (1) and Ávila et al. (2) of two clinical cases of ileocecal infiltrative endometriosis. We present a new case and wonder if this disease is more frequent than previously thought.

Case report

A 38-year-old female was diagnosed with fibromyalgia and underwent a surgical myomectomy. She was admitted to hospital due to recurrent abdominal pain of over a month duration, with nausea, vomiting and diarrhea. Magnetic resonance enterography (MRE) identified a bull's eye image from the terminal ileum, due to a probable invagination from the ileum to the cecum with distended proximal loops. Colonoscopy (Fig. 1) identified an "invagination head form lesion" in the cecum with a submucosal appearance, edematous, with hematic remains, which protruded through the ileocecal valve. Ileocecectomy and right hemicolectomy was performed, which confirmed the diagnosis of ileocecal infiltrative endometriosis.

Discussion

Endometriosis has a prevalence of 5-15% among pre-menopausal women, with a peak incidence at 27-35 years of age. Bowel affectation occurs in approximately 5-12% of cases, predominates in the rectum-sigma (75-90%) and is accompanied by pelvic pain, dysmenorrhea, dyspareunia, hypermenorrhea and hematochezia at the time of the menstrual cycles (3). Ileocecal involvement is uncommon (4-25%), with an atypical presentation of abdominal pain, nausea, vomiting and diarrhea in relation to intestinal sub-occlusive episodes. This occurred in the present case and was also reported by Guerra et al. (1). This means that the diagnosis is not usually suspected or can be mistaken for other diseases such as irritable bowel syndrome or inflammatory bowel disease (4). Sometimes, it presents as an acute complication such as intestinal obstruction, as reported by Ávila et al. (2).

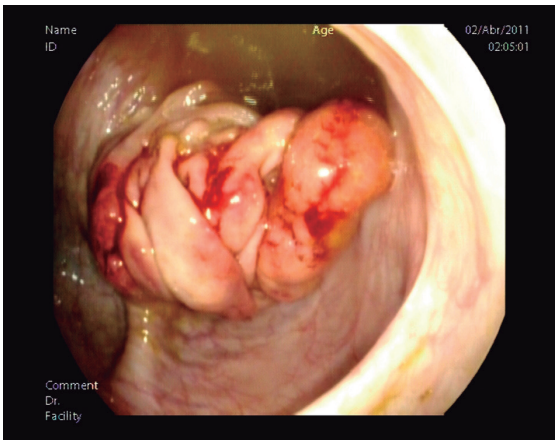

Fig. 1. *Colonoscopy: "head formed lesion" of the submucosa through the ileocecal valve.*

Therefore, we recommend that all necessary procedures are carried out in all women of reproductive age with recurrent complaints of dysmenorrhea and digestive symptoms in order to rule out intestinal endometriosis.

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