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Case Report

Intestinal Obstruction due to Endometriosis: A Case Report

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Abstract

Intestinal obstruction which is caused by endometriosis is rare condition. Generally it is associated with other diseases. İn this paper, a 33 year-old-women has been reported. She has suffered abdominal pain, nausea and flatuse negative lasting for the 5 days. In the physical examination there was tenderness on the her right upper and lower quadrant. The plain X-ray film and CT showed small bowel dilatation and air-liquid level. She was operated on as a patient with intestinal obstruction unknown etiology.

Keywords: *Intestinal Obstruction; Endometriosis; Etiology*

Introduction

Ileus is one of the more common suspected diagnoses in everyday clinical practice. Intestinal obstruction is most commonly caused by intra-abdominal adhesions, malignancy or intestinal herniation [1]. Rarely, endometriosis could caused. The majority of endometriosis are located in the recto-sigmoid (65.7%) [2]. but ileocecal valve involvement by endometriosis are very rare.

In this study, a case was presented who underwent emergency laparotomy because of intestinal obstruction which was ileocecal region endometriosis.

Case Report

A 33-year-old white woman presented with abdominal pain. From anamnesis she had appendectomy and chlocystectomy operation. At physical examination the patient had a mild distended abdomen with colicky pain with maximum of intensity in the epigastric region and irradiation in the right upper-lower quadrant, with mild enhancement at palpation but no signs of peritoneal irritation. The abdominal sounds were normal. Blood samples showed a mild leukocytosis (15,000/µL). The plain X-ray film and Computed tomography (CT) showed small bowel dilatation and air-liquid level (Figure 1 and 2). A nasogastric tube were placed. The patient underwent conventional surgery under general anesthesia, because of unresponsive to conservative treatment. The laparotomy revealed a distended intestine, multi point ruptured terminal ileum.

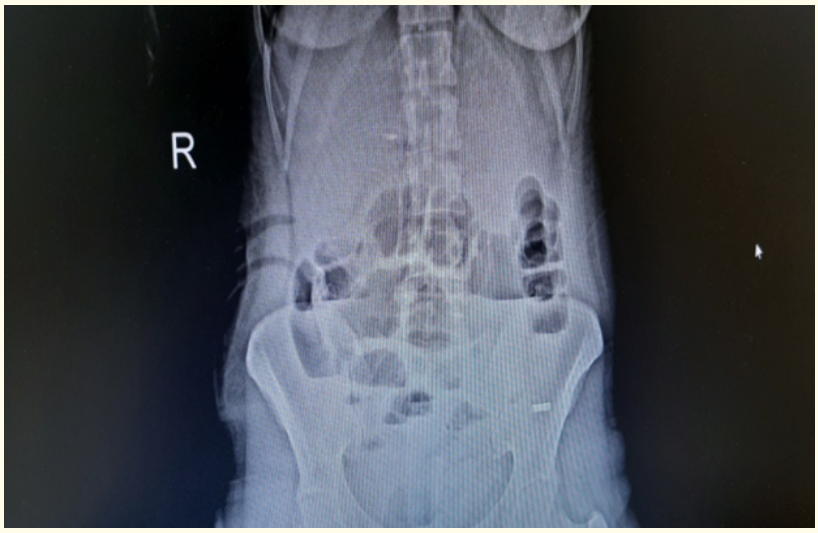

Figure 1: *The plain X-ray film showed small bowel dilatation and air-liquid level.*

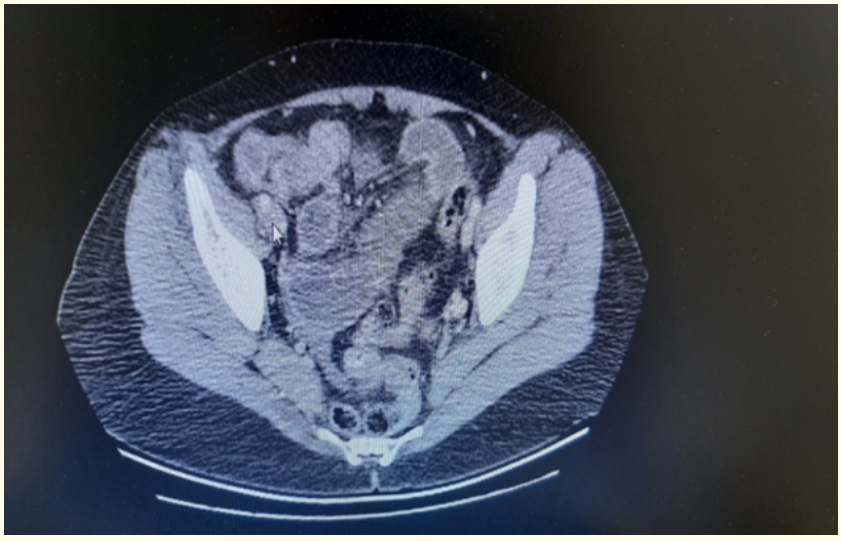

Figure 2: *The Computed tomography (CT) shows the mass narrowing the ileocecal region.*

The most massive mass was adhering and compressing the ileocecal region circumferencially. A right hemicolectomy was performed and histopathological examination of specimens confirmed endometriosis (Figure 3 and 4). The patient was discharged on postoperative day 5th.

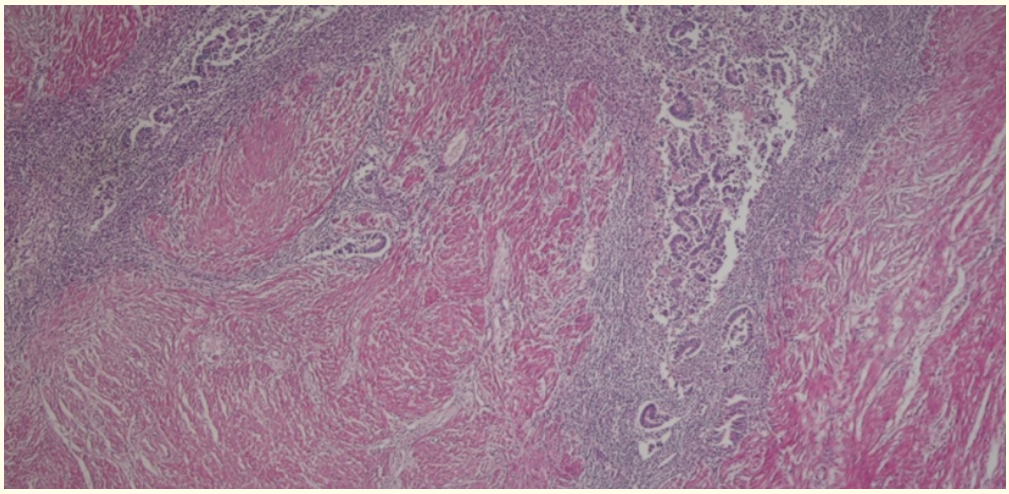

Figure 3: *In the pathology piece, the endometriosis surrounds the intestinal wall X40, H&E.*

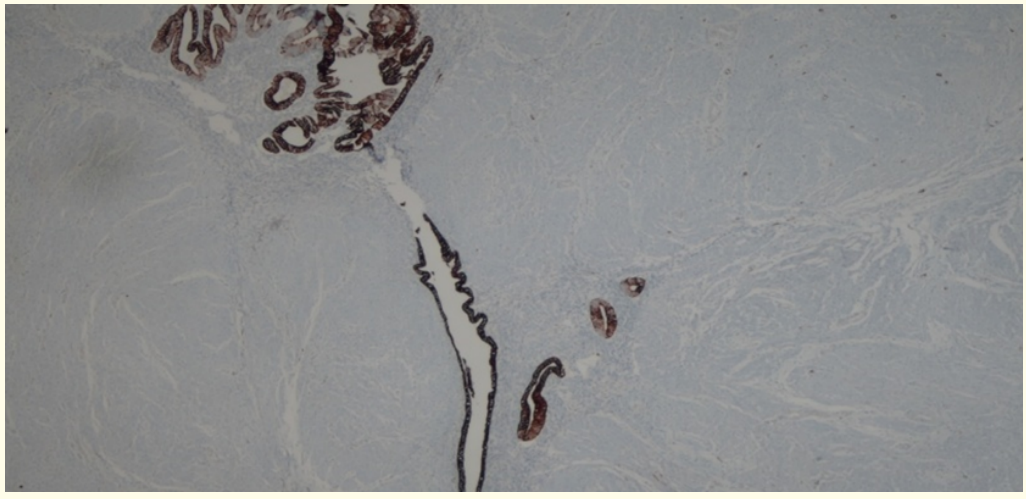

Figure 4: *In the pathology piece, ck7+ in endometrial glandular epithele cells X40, IHC.*

Discussion and Conclusion

Emergency surgery is required to treat bowel obstruction [3]. Adhesions are the most common cause of small-bowel obstruction in U.S [4]. Incarcerated hernias, Intussusception, Volvulus, Strictures, Gallstone ileus, Foreign bodies are cause of small-bowel obstructions [5,6]. On the other hand, a rare causes are external compression from tumors, abscesses, hematomas, or other masses like endometriosis which can cause small-bowel obstruction.

Characteristic findings of small-bowel obstruction on abdominal plain films are: dilated loops of small bowel, air-fluid levels, and paucity of colorectal gas [4]. CT is an excellent imaging modality for diagnosing small-bowel obstruction. Treatment of SBO has evolved over the last decade and now includes primary prevention at the time of initial laparotomy [4]. We observed our case 5 days with nasogastric tube but there was no response to treatment. if any trial of nonoperative management is insufficient, laparotomy is made [4-6].

The majority of endometriosis cases involve serosal surfaces in the gastrointestinal system. In the majority of endometriosis showing subserosal location, especially when the muscle layer has started to be invaded, colonic passage is slowed by impairment of colon peristalsis. Together with transmural involvement, adhesion caused by significant inflammation may result in mural fibrosis with obstruction [8]. In the current case, the transmural involvement together with extension into the lumen had caused the obstruction [7]. In our case, endometrial tissue surrounding the intestine and invading the intestinal wall was observed.

Preneoplastic or neoplastic changes with intestinal pathologies of endometriosis are extremely rare [9].

As a result; etiology of small bowel obstruction, a timely diagnosis with imaging is not possible. Postoperative Histopathological examination of specimens is very important for endometriosis patients.

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