

Intestinal Endometriosis: A Rare Clinical Image of Sigmoid Presentation

Bağırsak Endometriyozisi: Nadir Bir Sigmoid Prezantasyonun Klinik Resmi

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A 47-year-old female patient with a history of umbilical endometriosis and iron deficiency anemia presented to the gastroenterology department with a year-long complaint of abdominal pain, rectal pain, and hematochezia during menstruation. Both the physical examination findings and the results of the laboratory investigations of the patient were unremarkable. A contrast magnetic resonance imaging of the abdomen revealed pathological thickening of 1.5 cm in the middle segment of the rectum, and chocolate cysts on both ovaries. The patient was referred for colonoscopic evaluation with suspicion of infil-

trative endometriosis or colon neoplasm. An upper endoscopy and colonoscopy were performed while the patient was menstruating. An actively bleeding mass in sigmoid colon, partially restricting the lumen but allowing for the passage of the video colonoscope, was observed (Figure 1). Biopsy specimens taken from the sigmoidal mass during colonoscopy displayed features consistent with endometriosis. A definite diagnosis of endometriosis was made. The patient underwent surgical intervention by sigmoid colon resection, hysterectomy, and bilateral oophorectomy. The patient's complaints ceased on postoperative follow-up.

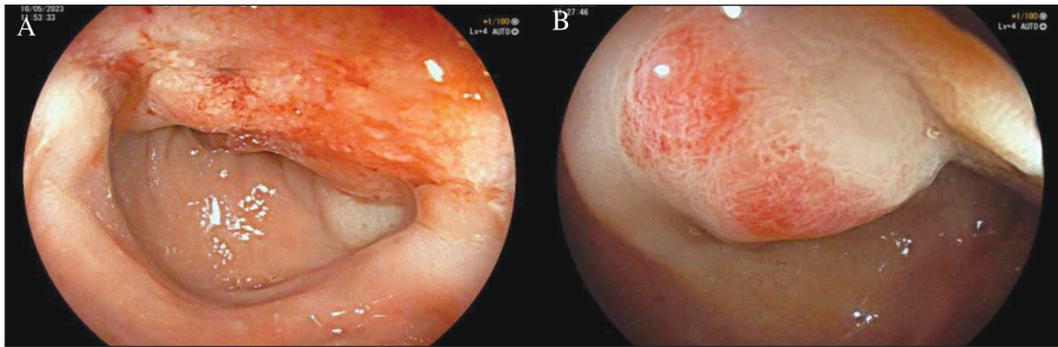


FIGURE 1: Sigmoid lesion.

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