Case Report

Endometriosis of Terminal Ileum: A Case Report and Review of the Literature

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Abstract

Endometriosis is the result of the presence of endometrial tissue at sites other than the uterus. A 34-year-old female presented with clinical features of intestinal obstruction. Her abdomen was distended and she was mildly tender all over the abdomen. Plan X-ray showed distended small gut loops with air-fluid levels. CT scan reported air-fluid levels in small and large bowel with no definite point of transition and mild abdominopelvic ascites. In view of the suspicion of neoplastic pathology; the patient and her attendants were counseled for exploratory laparotomy. Tight stricture was found at the terminal ileum. Right hemicolectomy was done. The patient had an uneventful recovery.

Keywords: Colectomy, Endometriosis, Ileum, Intestinal obstruction, Stricture

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Introduction

Endometriosis is not uncommon in women of all ages. It is defined as the presence of tissue similar to the lining of the uterus in extrauterine sites. It is a complex genetic trait that affects up to 10% of women in their reproductive years. The most common sites affected are pelvic organs and peritoneum.[1] A case of endometriosis is reported here where the terminal ileum was involved in isolation causing stricture formation and proximal small gut obstruction.

Case Report

A 34-year-old unmarried female presented in the surgical clinic with an 18-months history of central abdominal pain, vomiting, weight loss, and mild anorexia. Her condition was gradually worsening. Her menstrual cycle was normal; no history of dysmenorrhoea or pelvic pain. In the past 18 months she had been to several physicians and gastroenterologists; who had advised various types of medicines but to no avail. She had a full blood count, urea, creatinine, electrolytes, liver function tests, and renal function tests in her medical record which were normal. On examination, her pulse was 95/min, BP was 90/60 mmHg, and temperature was normal. Weight was 38 kg. CT scan of the abdomen done on 18th June 2022 had reported multiple fluid levels and air distended small and large gut loops with no definite point of transition and mild pelvic ascites (Figure-1). Ultrasound done on 13th October 2022 reported distended fluid-filled loops of bowel and minimal ascites. Clinically she looked pale. Abdominal examination revealed distension with hyper-resonant note. A plain X-ray of the abdomen in

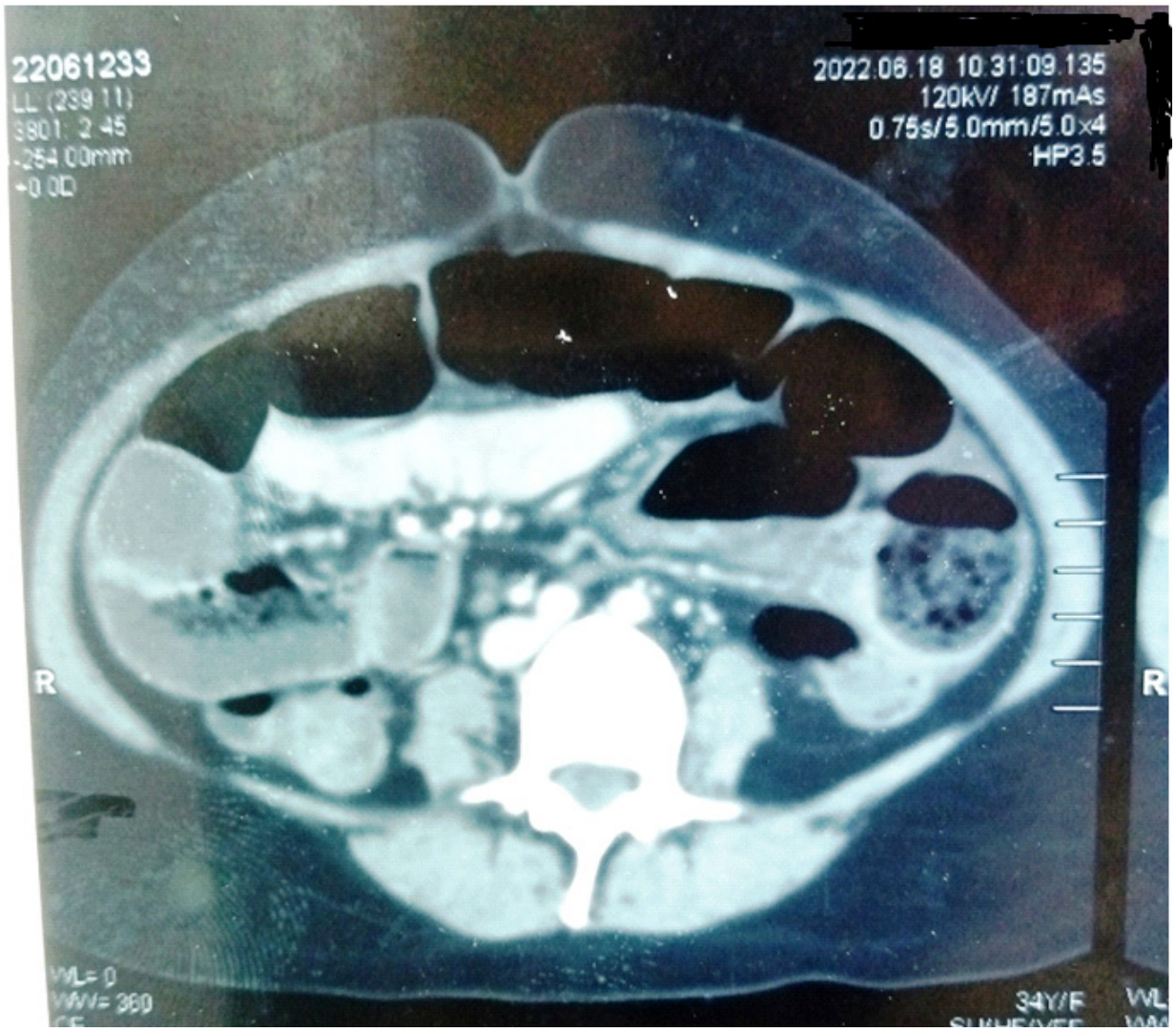

Figure 1: Contrast CT scan of the abdomen showing distended gut loops with air-fluid levels

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the erect and supine position showed distended small gut loops with air-fluid levels.

After counseling the patient and her attendants, a decision was made to proceed with exploratory laparotomy. She was admitted and a unit of blood was transfused pre-operatively. At exploration, a tight stricture was found in the terminal ileum with proximal small gut distension which had turned dusky in color with edema of the wall. It was highly suspicious of neoplastic etiology. There was also a small amount (50ml) of ascites mostly in the pelvis. Right hemicolectomy and end to end anastomosis was done in a single layer with interrupted 2/0 vicryl. She made an uneventful recovery and was discharged home on the 5th post-op day. She came for a follow-up to outpatient department (OPD) after six days where her condition was stable. The wound was dry. She was moving her bowels normally. In view of her satisfactory post-op progress; she was allowed a full diet orally and was seen again for removal of stitches. She was taking a normal diet and was moving her bowels normally. The histology report revealed endometriosis involving the terminal ileum resulting in stricture formation .

Discussion

Endometriosis is commonly seen in ovaries or pelvic organs. Extra pelvic endometriosis is rare. This case presented with small bowel obstruction of long-standing duration. Endometriosis has been reported in sigmoid colon causing large bowel obstruction. Malignant transformation is rare.[2] Endometriosis has been reported in the abdominal wound scar after gynecological surgeries. This is an infrequent type of extra pelvic endometriosis. A case has been reported by Uzuncakmak et al where a 50-year-old lady presented with a swelling in the scar with the differential diagnosis of several dermatological and surgical conditions. She had undergone her last cesarean section 23 years ago. The lump was excised and submitted for histology. The pathologist reported endometriosis.[3] Saqib Mehmood et al. reported a 50-year-old female with recurrent abdominal pain for a few months with a history of treatment for pelvic endometriosis. MRI abdomen demonstrated an area of abnormal peri-enteric thickening in the distal ileum. A nuclear medicine Meckle's scan showed tracer uptake suggestive of Meckel's diverticulum. Laparoscopic resection was performed. The histology report was that of endometriosis.[4] Haytham Alabbas et al. reported a female patient with long-standing undiagnosed abdominal pain that started eight years earlier. In their case, patient was suspected to have Crohn's disease. She had undergone extensive investigations like Ultrasound, CT scan, and upper and lower GI endoscopy. CT scan had reported intussusception of terminal ileum and so surgery had been planned and right hemicolectomy had been done as we did in our patient. The histology report was that of endometriosis. The most common gastrointestinal involvement by endometriosis is the sigmoid colon, rectum, and terminal ileum with the formation of stricture in 3 % - 37 % of women.[5] In our case, presentation was like sub-acute bowel obstruction. Menstrual history was normal. It is very difficult to differentiate the cause of obstruction on routine investigations. It is recommended that if a young female patient presents with symptoms and signs of long-standing intestinal obstruction; endometriosis causing stricture formation may be considered in the differential diagnosis.

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Authors' Contribution Statement

UKK contributed to the conception, data acquisition and writing the manuscript. MK performed the surgical procedure, and supervised manuscript writing. All authors are accountable for their work and ensure the accuracy and integrity of the study.

Confilct of Interest

Authors declared no conflict on interest

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None

Data Sharing Statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.