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Rectal and small-bowel endometriosis

This report deals with the case of a 40-year-old female with a long-standing history of rectal bleeding pelvic pain, and severe constipation during menstrual periods. She had already undergone an operation for an ovarian endometriosis cyst and was referred to our unit for recurrent ovarian endometriosis and stricture of the upper rectum. She also had a recurrent cyst of the right ovary which was treated by diathermy. The patient had an uneventful postoperative course. **1** A tumour-like mass below the rectosigmoid junction was detected at surgery (*arrow*). **2** Endometriosis of the small bowel. *Arrows*: one shows a nodule; the other indicates the location of a nodule that has been removed for histopathological evaluation. **3** Operative view during rectosigmoid resection. The superior haemorrhoidal vessels (*H*) have been spared to ensure a better blood supply to the rectal stump. The left ureter (*U*), left ovarian vessels (*O*) and left hypogastric nerve (*N*) have been also identified. **4** The resected specimen consists of the lower sigmoid and rectosigmoid junction, with the endometriosis lesion located in the upper rectum (*arrow*). Resection was followed by a stapled colorectal anastomosis. **5** The specimen opened at the antimesenteric border shows a tumour-like endometrioma occupying almost all the lumen of the upper rectum. *Arrows* show both whitish and chocolate-coloured lesions. **6** Rectal endometriosis: histological section. An endometrial gland is seen with a cuff of endometrial stroma involving the muscle layer (H&E, $\times 20$)