

中文題目:子宮內膜異位症，一個少見案例導致大腸腫瘤、血便及大便習慣改變—
個案報告

英文題目: Endometriosis, an unusual case of recto-sigmoid mass or unusual cause of
bloody stool and bowel habit changes- a case report

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Introduction

Endometriosis induced dysmenorrhea and menorrhagia was common among fertile woman, but it's uncommon to cause GI tract symptoms. Here we present a case that a fertile woman with bloody stool and bowel habit change relate to endometriosis.

Case presentation

This 43-year-old woman with past history of chocolate cyst post excision and Hepatitis B presented with intermittent bloody stool passage for 2 months. She also had the symptoms of left lower abdominal pain and decreased frequency of stool passage in recent two months. Her abdominal pain was not related to food and stool passage. Bloody stool episode occurred especially during her menstrual cycle. No life or work stress was mentioned. There was no fever, nausea, vomiting, diarrhea, body weight loss, or drug use history. Except for tenderness over LLQ, physical examination including digital examination was unremarkable.

Colonoscopy examination was performed under the tentative diagnosis of structural lesion of the rectosigmoid area, which revealed a sessile mass occupied about 1/3 circumferential lumen with color changes and mucosa erosion, from 8cm to 15cm above anal verge (Pic.1). Coloscopic biopsy showed chronic inflammation. Subsequent contrast abdominal CT survey disclosed wall thickening at the rectum and sigmoid colon, considered colon cancer at recto sigmoid colon (TNM Stage: T3N0MB) and suspected functional cysts in right ovary (Pic. 2). Blood exam including CEA level were within normal range.

Surgical intervention was done later showed endometriosis with chronic inflammation of uterus to recto-sigmoid colon and long segment of sub-mucosa lesion with stricture (Pic. 3). Laparoscopic low anterior resection and end-to-side colo-colostomy was done. The pathology showed multiple embedded foci of endometrial glandular and stromal components in submucosa, muscular wall and subserosal fibroadipose tissue. The included lymph nodes show preserved nodal architecture without malignancy. Endometriosis was diagnosed.

Conclusion

Endometriosis presented with recto-sigmoid mass was an uncommon finding. It is important to consider the association between symptom onset and menstrual cycle in fertile female patient with bloody stool.