

Bowel endometriosis mimicking gastrointestinal stromal tumor and diagnosed by endoscopic ultrasound

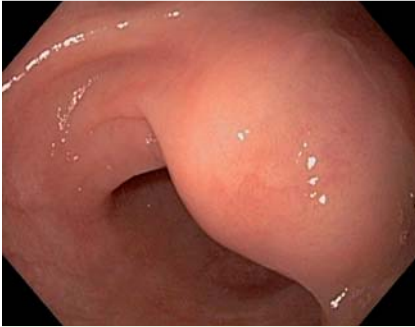


Fig. 1 Colonoscopic view of the rectosigmoid subepithelial lesion.



Fig. 2 Transrectal ultrasound (TRUS, linear probe): hypoechoic lesion measuring 22×9 mm.

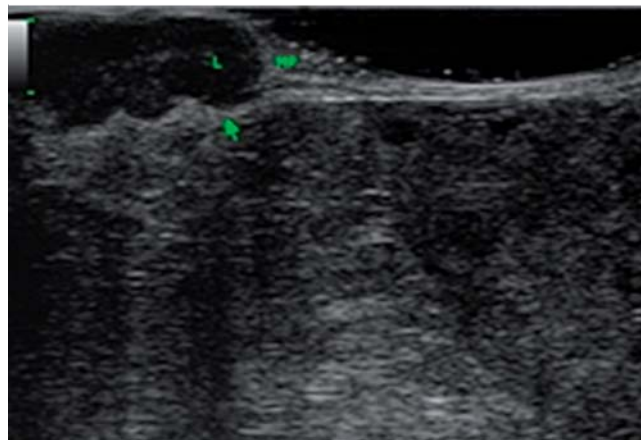


Fig. 3 Transrectal ultrasound (TRUS, linear probe): hypoechoic lesion infiltrating the muscularis propria of the rectosigmoid.

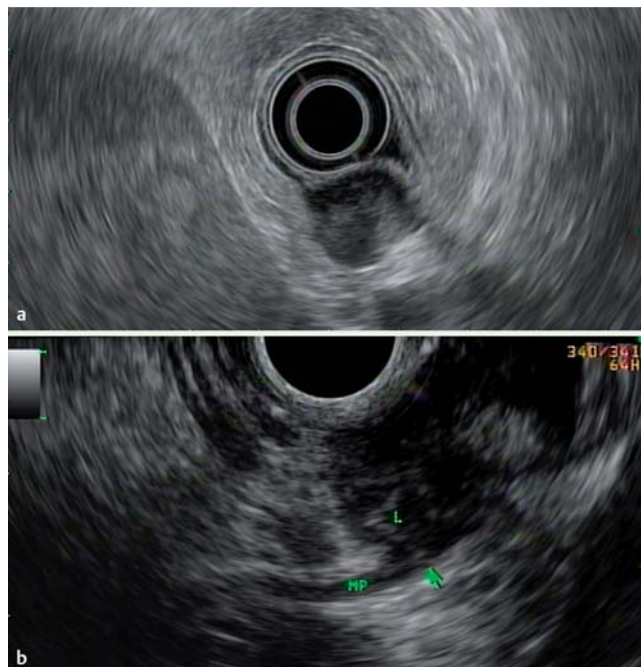


Fig. 4 Endoscopic ultrasound images.
a Radial probe: hypoechoic lesion infiltrating the muscularis propria of the rectosigmoid.
b Linear probe: hypoechoic lesion infiltrating the muscularis propria of the rectosigmoid.

A 51-year-old asymptomatic woman was referred for colorectal cancer screening. During colonoscopy, a rectosigmoid subepithelial lesion was found, measuring approximately 2 cm and covered by normal mucosa (▶ Fig. 1). An endoscopic ultrasound (EUS) was performed to evaluate the lesion further. Radial and linear probes showed a hypoechoic lesion, measuring 22×9 mm, infiltrating the muscularis propria (▶ Fig. 2, ▶ Fig. 3 and ▶ Fig. 4). EUS-guided fine-needle aspiration (EUS-FNA) of the lesion was performed using a 22-gauge needle (▶ Fig. 5). Histopathological examination showed the presence of endometrial glands and stroma (▶ Fig. 6).

Differentiating between subepithelial lesions may be difficult during regular colonoscopic evaluation. EUS is the best imaging procedure to evaluate subepithelial lesions in the gastrointestinal tract [1]. It is possible to assess the size, layer of origin, and the echotexture of the lesion, and to differentiate between an intramural and extramural lesion [2]. In most cases, a hypoechoic lesion, infiltrating the muscularis propria, favors the diagnosis of a gastrointestinal stromal tumor (GIST). However, the rectosigmoid region can be affected by a wide variety of conditions, including tumors such as lymphoma, leiomyoma, leiomyosarcoma, neuroendocrine tumor, and endometriosis.

Bowel endometriosis occurs in 3%–37% of women with endometriosis [3]. Up to 95% of intestinal endometriosis is found in the rectum and sigmoid colon [4]. Deep invasion of the intestinal wall is fre-



Fig. 5 Endoscopic ultrasound-guided fine-needle aspiration.

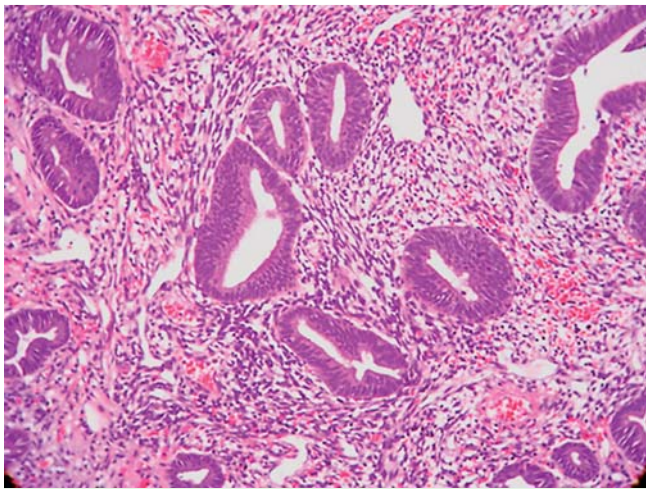


Fig. 6 Pathological specimen (hematoxylin and eosin stain) showing endometrial glands and stroma.

quent, with infiltration of the muscularis propria or even of the submucosa. The mucosa is infiltrated in less than 5% of intestinal lesions. An accurate evaluation is indispensable for therapeutic decisions, and laparoscopic surgical resection of endometriotic lesions is the treatment of choice in symptomatic patients [5].

In the present case, it was possible to make a diagnosis of bowel endometriosis mimicking GIST using endoscopic ultrasound.

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Competing interests: None

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