Intestinal endometriosis: A rare clinical image of sigmoid presentation

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Clinical image description

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. The physical examination and the results of laboratory studies of the patient were unremarkable. A contrast MRI of the abdomen revealed pathological thickening of 1.5 cm in the middle segment of the rectum and chocolate cysts on both ovaries, and the patient was referred for colonoscopic evaluation with suspicion of infiltrative endometriosis or colon neoplasm. An upper endoscopy and colonoscopy were performed. An actively bleeding mass in sigmoid colon, partially restricting the lumen but allowing for the passage of the video colonoscope, was observed (Figure 1A,1B: Sigmoid lesion). Biopsy specimens from the sigmoidal mass showed features consistent with endometriosis. A diagnosis of endometriosis was made. The patient underwent surgical intervention by sigmoid colon resection, hysterectomy, and bilateral oophorectomy. The complaints ceased on postoperative follow-up.