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Endometriosis of the appendix presenting as acute appendicitis: Report of a case

Endométriose appendiculaire révélée par un tableau d’appendicite aiguë

Introduction

Endometriosis is defined as the presence of ectopic endometrial tissue outside the lining of the uterine cavity [1]. Isolated endometriosis of the appendix is rare and presentation as acute appendicitis is even more uncommon [2].

We report a case of appendiceal endometriosis clinically presenting as acute appendicitis.

Case report

A 19-year-old woman was admitted with a 1-day history of right lower-quadrant pain, nausea and fever. On physical examination, there was a localized tenderness at McBurney’s point, with a present Rovsing’s sign. No abdominal mass was palpable. We did not perform a vaginal examination because patient was not yet married. Temperature was 38.2 °C. White blood cell count was 21,000/mm³ and C-reactive protein was 16.6 mg/dl. Urine analysis was normal, with no evidence of infection or haematuria. An ultrasonography of the abdomen and pelvis showed no abnormalities but was unable to visualise the appendix. Based on the clinical and laboratory findings, we suggest the diagnosis of acute appendicitis.

At surgery, the appendix appeared inflammatory and we performed an appendectomy. Postoperative course was uneventful and the patient was discharged the first postoperative day.

Histological examination showed several ectopic endometrial glands with stroma in the thickened muscular propria and subserosa (Figs. 1 and 2) confirming a diagnosis of endometriosis of the appendix with no microscopical evidence of acute appendicitis.

Discussion

Endometriosis is a common gynecological condition affecting 10 to 15% of the female population. Involvement of
the gastrointestinal tract is uncommon [3]. Most intestinal endometriosis occurs in the rectum and sigmoid colon, but rarely in the appendix. Appendiceal endometriosis accounts for only 3% of intestinal endometriosis [4].

Appendiceal endometriosis is usually asymptomatic, but it occasionally causes appendicitis, perforation, intussusception, and lower gastrointestinal hemorrhage [2,4,5].

Menstrual abnormalities are frequently associated with appendiceal endometriosis [2,5]. Our patient had an abnormal menstrual pattern and her symptoms did coincide with her menstruation. Nevertheless, appendiceal endometriosis was never suspected preoperatively.

Because endometriosis of the appendix can manifest in many ways without any specific indications, it is difficult to make an accurate preoperative diagnosis. The correct diagnosis of appendiceal endometriosis is only established by the histological presence of endometrial tissue in the specimen [3,4].

All patients with appendiceal endometriosis recovered after the appendectomy [3,5,6]. A gynaecological assessment should be done to gauge the extent of endometriosis. In cases of associated extraintestinal endometriosis, medical or surgical treatment may be necessary [3,4].

Conclusion

Endometriosis of the appendix is a rare situation that can simulate an acute appendicitis. It should be evoked preoperatively especially in woman of childbearing age with symptoms of acute appendicitis coinciding with her menstruation.

Conflict of interest statement

No conflict of interest.

References


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doi:10.1016/j.gcb.2010.07.014