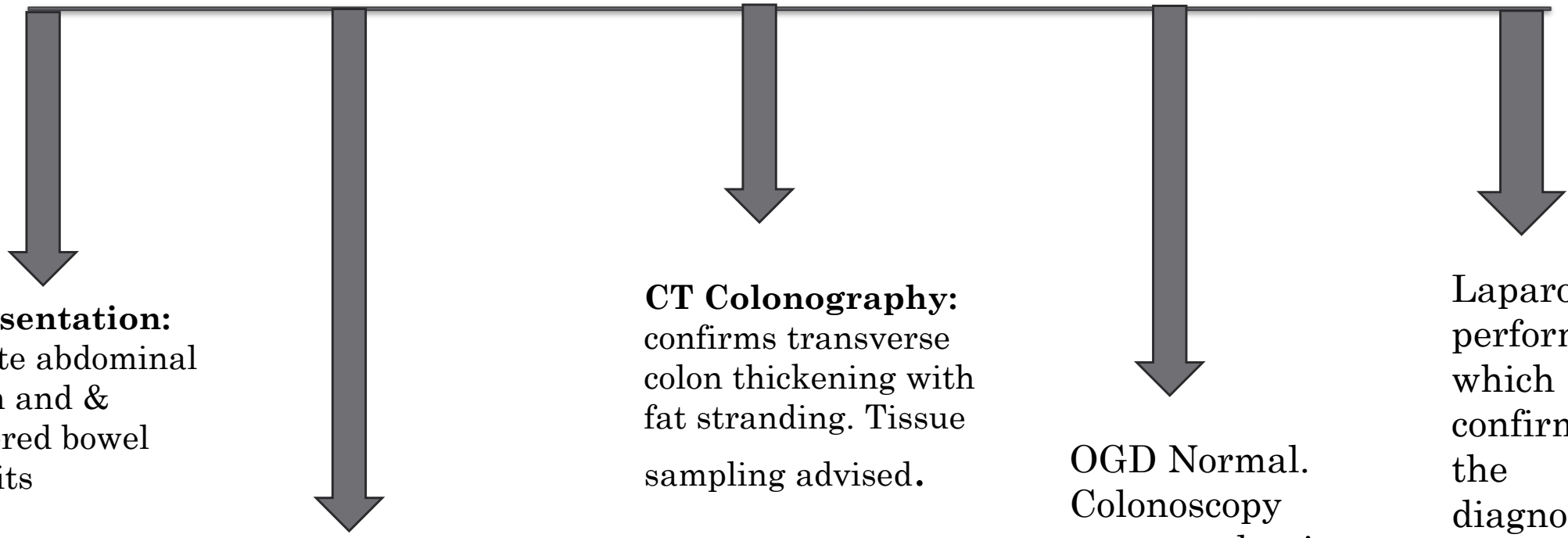
A Case Of Endometrial seeding Presenting As Pseudo-tumours

Authors: Dr Halima Mohamud, Dr Kathryn Olsen, Dr Mahak Shah (Radiology Residents)
,Dr Hussein Hassan, Dr Deepak Pai (Consultant Radiologists)

Department of Radiology, Diana Princess of Wales Hospital

Overview of Events



Presentation: Acute abdominal pain and & Altered bowel habits

CT TAP: Asymmetric thickening of the transverse colon, suspicious for malignancy

CT Colonography: confirms transverse colon thickening with fat stranding. Tissue sampling advised.

OGD Normal. Colonoscopy attempted twice – failed to obtain tissue

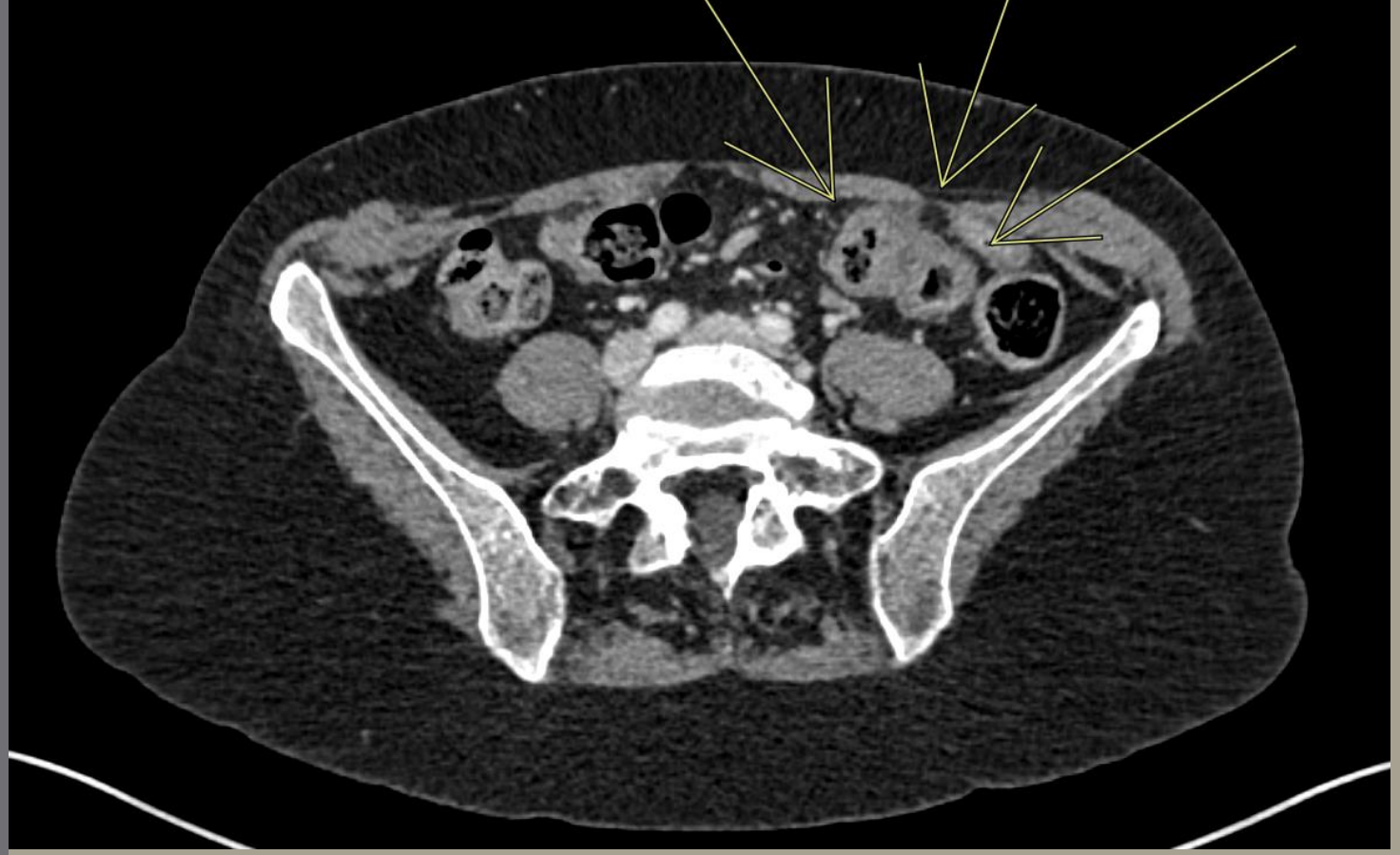
Laparotomy performed which confirmed the diagnosis.

Clinical Background

- 49-year-old female with a background of previous hysterectomy, endometriosis and asthma, presented with abdominal pain and altered bowel habits.

Test Name	Result	Range / Unit	Status
CA 19-9	CA199	9	0 - 27 kU/L
CEA	CEA	1.0	0 - 5 ug/L

Bloods: Tumour markers



Initial imaging – CT TAP

Endoscopic Challenges

- Colonoscopy was attempted twice; however, it was abandoned due to pain and abnormal angulation of the sigmoid colon.
- OGD under GA was successful and this was normal.

Figure 1

Figure 2

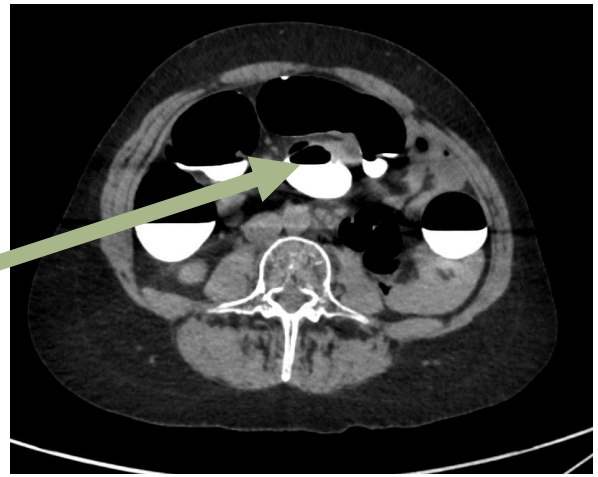


Figure 1 and Figure 2 – showing asymmetric wall thickening in the mid transverse colon.

CT Colon findings

Surgery

- Due to persistent diagnostic uncertainty and failed colonoscopy attempts (high perforation risk from angulated sigmoid colon), a decision was made to proceed with exploratory laparotomy.
- This allowed direct visualization and safe tissue sampling of the abnormal transverse colon segment, ultimately leading to a definitive diagnosis.

Histopathology

- Acute diverticulitis with pericolic abscess. Focal endometriosis within submucosa and muscularis (PAX8+, ER +,CD10 +)

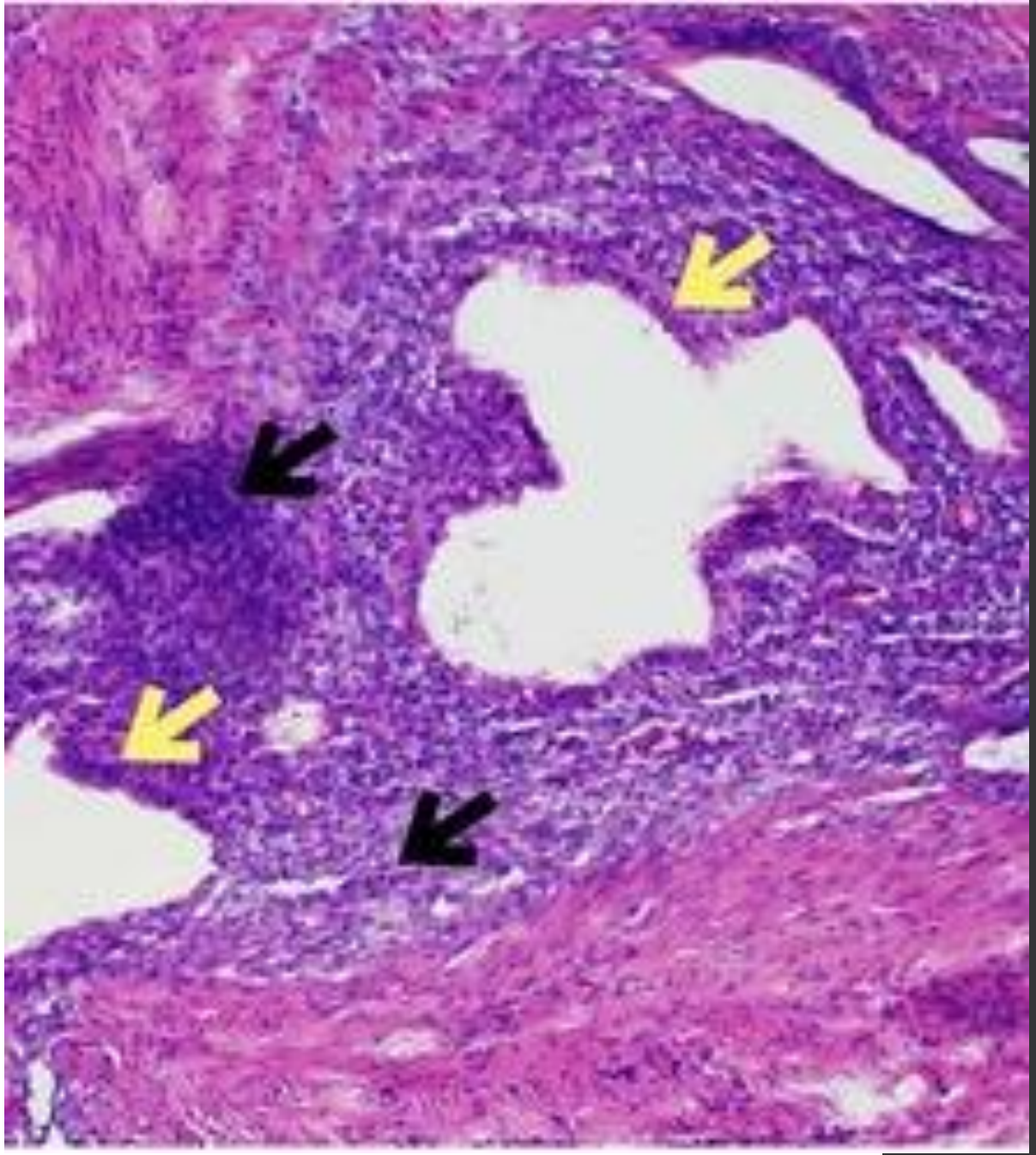


Figure 3: H&E section (×100) showing ectopic endometrial glands (yellow arrows) within endometrial stroma (black arrows), with focal haemosiderin-laden macrophages in the background.

Final diagnosis

Acute diverticulitis with focal colonic endometriosis mimicking a neoplastic lesion.

Discussion

Colonic endometriosis is a rare mimic of colorectal cancer, with overlapping symptoms like bleeding and obstruction. In our case, colonoscopy was ideal but unsafe due to sigmoid angulation and perforation risk.

CT colonography helped visualize the lesion but lacked specificity for endometriosis. Surgical intervention was required to obtain tissue and confirm the diagnosis.

Literature echoes this challenge—several cases report presumed malignancy later identified as endometriosis. Implants often affect the serosa or submucosa, making endoscopic detection difficult.

MRI offers better soft tissue contrast, but histology remains essential. PAX8, ER, and CD10 staining confirmed the diagnosis in our patient.

Learning Points

- Colonic endometriosis can closely mimic colorectal cancer in symptoms and imaging.
- Colonoscopy is the gold standard for diagnosis but may be limited by anatomy.
- CT colonography helps visualize inaccessible segments but lacks specificity.
- Histology with markers (PAX8, ER, CD10) confirms diagnosis.
- Endometriosis should be considered in women with unexplained colonic masses, especially with prior gynecologic history.

References & Acknowledgements

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