Appendiceal endometriosis simulating acute appendicitis

Endometriosis apendicular simulando apendicitis aguda

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A single, 24-year-old woman had an unremarkable past medical history. She sought medical attention for abdominal pain of 2-day progression that began in the epigastrium and hypogastrium and was finally localized in the right iliac fossa. The patient presented with anorexia and nausea, but no vomiting. She had chills, hyporexia, and difficulty to pass gas and have a bowel movement. During physical examination, an indurated mass was palpated in the right iliac fossa, with signs of acute abdomen. Rebound tenderness and McBurney’s sign were positive. Leukocytosis with neutrophilia was reported in the laboratory work-up. Plain abdominal x-rays in the standing and decubitus positions, as well as ultrasound imaging, were consistent with acute appendicitis.

Infraumbilical paramedian laparotomy revealed a cecal appendix with signs of inflammation and an indurated area in the distal third (fig. 1). Appendectomy with the Ochsner technique was performed.

Figure 1  Cecal appendix with indurated zone in the distal third.

The results of the anatomopathologic study were a cecal appendix with an increase in the number and cellularity of lymphoid follicles. Foci with stroma and endometrial glands were observed in the thickness of the serous layer and the
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Figure 2  Low magnification photomicrography (H&E) with stroma and endometrial glands.

Figure 3  Medium magnification photomicrography (H&E) with endometrial glands between the muscle fibers of the appendiceal wall.

external muscle layer of the distal third of the appendix (figs. 2 and 3), as well as macrophages with hemosiderin inclusions (fig. 4). The patient received complementary hormone therapy for 6 months.

Figure 4  Medium magnification photomicrography (H&E) with macrophages with hemosiderin inclusion.

Ethical disclosures

Protection of human and animal subjects. The authors declare that no experiments were performed on humans or animals for this investigation.

Confidentiality of data. The authors declare that they have adhered to the protocols of their centre of work on patient data publication.

Right to privacy and informed consent. The authors declare that no patient data appear in this article.

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Conflict of interest

The authors declare that there is no conflict of interest.