



AN UNUSUAL CASE OF AN ABDOMINAL MASS CASE REPORT

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Introduction

An endometrioma is a cyst that forms in the ovary as a result of endometriosis. Endometriosis is a condition in which tissue similar to the lining of the uterus grows outside of the uterus, causing pain. Endometrioma is a cyst filled with old blood, hence it is often referred to as “chocolate cyst,” due to the thick, brown fluid seen inside. Endometriomas can be attached to structures such as the peritoneum, uterus, bowel and fallopian tubes. In the case we present here, the patient had an endometrioma that was attached to the left abdominal wall muscles.

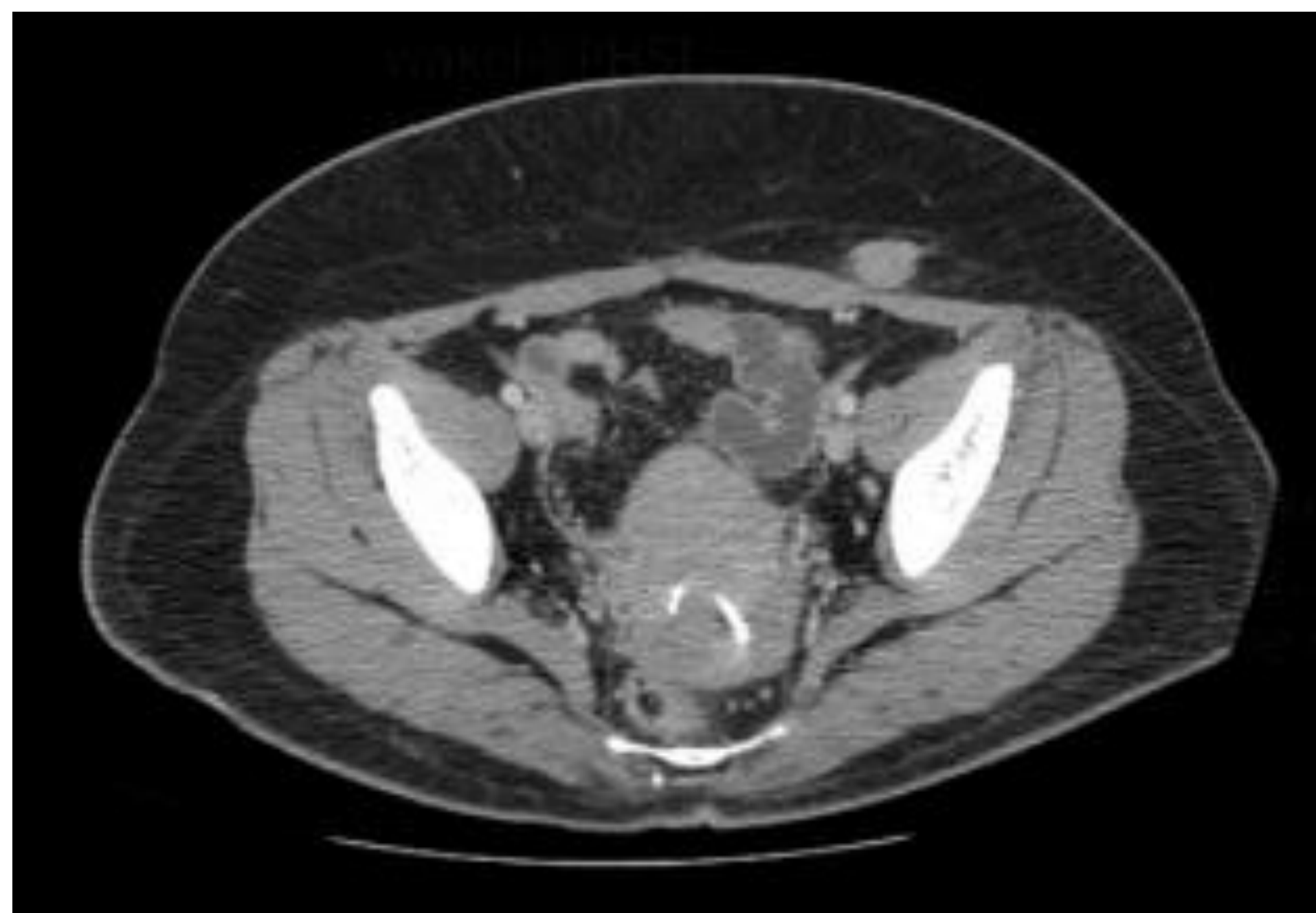
Case Report

A 31 year old female patient with past medical history of Type 2 DM and hypothyroidism came in for LLQ mass. Patient stated she had this mass for the past year, and it had been increasing in size and causing significant pain. She rated the pain as a 7/10, sharp in quality, and she also stated it itched and had a burning sensation. The differential diagnoses that were made included a hematoma, abscess, endometriosis, desmoid tumor, and malignancy.

Vitals: BP 106/66 Pulse 62 T 98.2 Respi 18 Spo2 100% BMI 27.46

On focused Physical Exam: Abdominal exam: abdomen soft, severe tenderness noted. No guarding/ no rebound. There is a mass, 3 cm x 3 cm mobile mass of the left lower quadrant.. No overlying erythema or fluctuance noted.

Methods



Figures 1&2: CT scan revealed 2.8 cm size isodense collection at the subcutaneous tissue of the left lower quadrant. That may correspond to an abscess.

Results/ Treatment

Patient was seen by general surgery and the mass was excised and a surgical pathology was sent. Surgical pathology showed a final diagnosis of endometriosis / endometrioma. Specimen was 4.2 x 3.2 x 2.8 Immunohistochemical stain for endometrial type stroma was performed and was positive.

Immunohistochemical stain for estrogen receptor (ER) was positive and stained the glandular thelium. All these features were consistent with endometriosis.

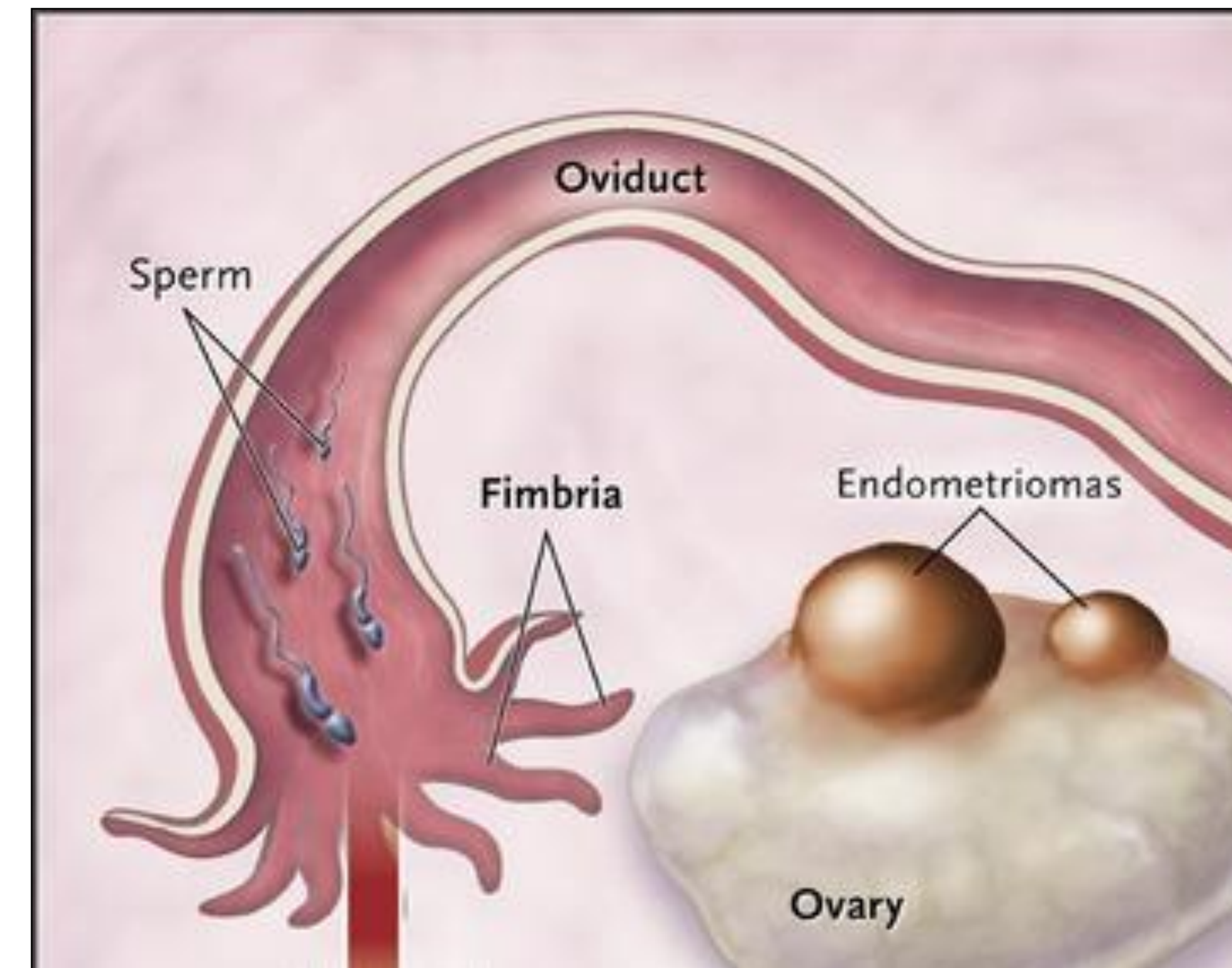


Figure 3: Diagram of female reproductive organ demonstrating fallopian tube and ovary with Endometrioma. Courtesy of NEJM (Neiman, 2010)

Discussion

Endometriomas are thought to result from progression of ovarian lesions that form cysts. These cysts can cause pain and infertility, and are associated with an increased risk of torsion and rupture. Upon completion of thorough history and physical exam, definitive diagnosis and treatment is confirmed with biopsy and pathology. Although simple drainage of endometrioma may be attempted, it is associated with a high recurrence rate, and therefore, total excision is recommended. If not treated promptly, more serious conditions such as ovarian torsion and rupture may prevail. Current treatment management suggests surgical removal of endometrioma when it is >4 cm, or <4 cm and symptomatic. Furthermore, untreated endometriomas carry a small risk of converting to endometrioid carcinoma. While discussing treatment and management, it is important to discuss fertility options in young females of reproductive age.

Conclusion

In conclusion, endometriomas are common masses that may present differently from the usual areas of attachment such as the peritoneum, uterus, bowel and fallopian tubes. Therefore, if a mass is present in an unusual presentation, endometrioma should be included as a differential.

References

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