

# Beyond ovarian endometrioma: non ovarian located endometriosis



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## Introduction

As ovarian endometriomas are the most typical localization the main diagnostic challenge is the detection of extraovarian endometriotic lesions including deep infiltrating endometriosis (DIE), peritoneal and intestinal disease. The objective of this study is to determine clinical characteristics and prevalence of endometriosis found in surgical specimen different from ovarian endometriomas.

## Materials and Methods

Retrospective analysis of surgical specimen in women diagnosed with endometriosis not located in the ovaries, or in typical places of deep infiltrating endometriosis during the last 4 years.

## Results

We performed 209 surgical procedures related with endometriosis. 66 of them (31.58%) were diagnosed of non ovarian endometriosis. The most frequent locations were: abdominal wall (N: 19), large intestine (N: 10), appendix (N: 10), utero-sacral ligament (N:6), bladder (N: 6), ureter (N:4), vagina (N: 4), recto-vaginal septum (N:3), peritoneum (N:4). Mean age of woman with non ovarian endometriomas was 41 years. All patients with abdominal wall endometriosis had had a clinical suspicion before surgery because of abdominal pain located in the scar of a prior surgery confirmed by ultrasound and magnetic resonance imaging. In some cases, intestinal endometriosis was a casual finding in the pathological specimens of the mucosa. One case was related to an adenocarcinoma of sigma, and another to inflammatory bowel disease. Endometriosis found in the appendix was always discovered during surgery in the emergency room because of abdominal pain in the context of an acute appendicitis. In two cases, endometriosis appeared as an incidental finding in vagina, diagnosed on vaginoscopy in patients previously treated of deep infiltrating endometriosis. The bladder nodules were seen and extracted in a cystography. Endometriosis found in typical locations of DIE were always related with chronic pain, dyspareunia and dysmenorrhea.

**Conclusion:** Endometriosis can be found in other locations different from the ovaries. Clinical features were accordant to its location although some of them were incidental findings. Deep infiltrating endometriosis must be discarded if clinically suspected.



Figure 1. RMI. Endometriosis of the vesical wall

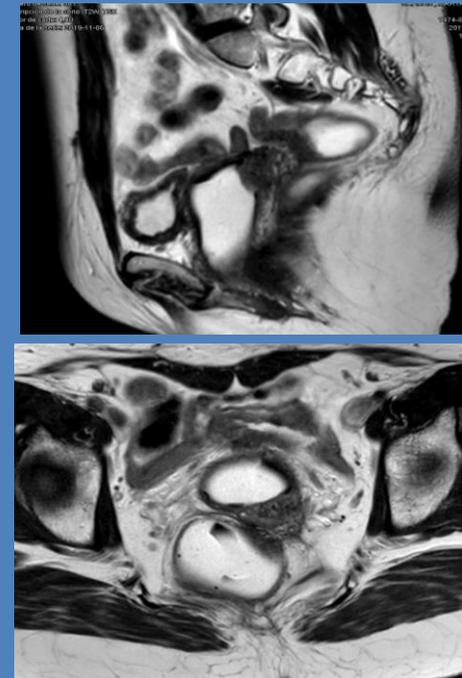


Figure 2. RMI. Endometriosis of the vesico-vaginal wall in a hysterectomized women