

Clinical Image

# Unusual Cause of Rectal Bleed in a Young Woman

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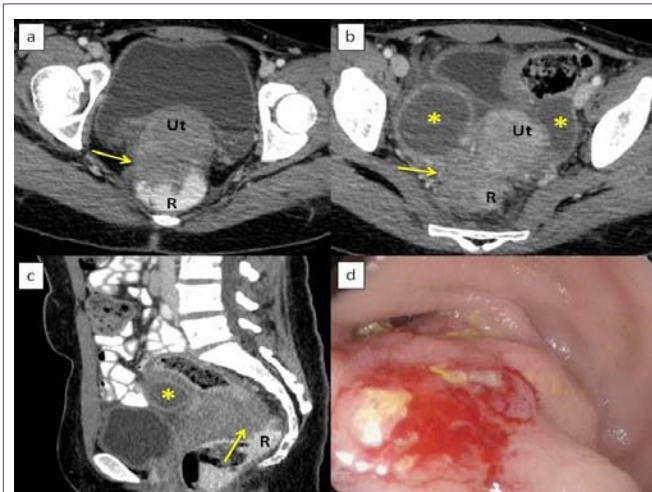
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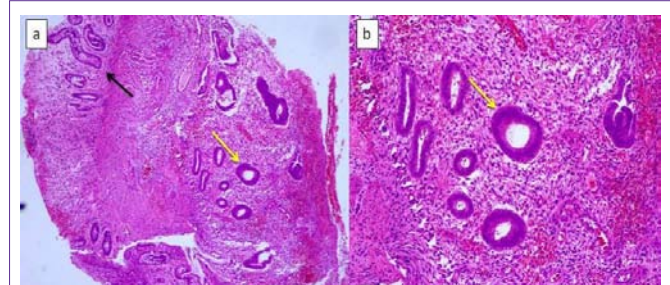
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A 31 year old woman presented with complaints of long standing lower abdominal pain, intermittent rectal bleeding and altered bowel habits. Images from the contrast enhanced computed tomographic (CECT) scan of abdomen and:

Histopathological examination showed presence of endometrial glands and stroma in the rectal wall consistent with diagnosis of rectal endometriosis (Figures 1 and 2).



**Figure 1:** Axial (a,b) and sagittal (c) images of CECT scan of abdomen shows ill-defined hypo dense soft tissue thickening (arrows) in the cul-de-sac region, infiltrating into anterior rectal wall. In addition two well defined peripherally enhancing cystic lesions are seen in bilateral adnexa (asterisks) (b,c). R-Rectum, Ut- Uterus. Colonoscopic image (d) showing ulcerating growth in rectal wall with areas of hemorrhage.



**Figure 2:** Rectal biopsy demonstrating normal colonic mucosa (black arrow) with infiltration of endometrial glands (yellow arrows) and stroma. Note the difference as colonic glands have goblet cells and endometrial glands have large and dark nuclei. (b) Endometrial glands in high power (arrow).

Endometriosis is defined as the presence of functional endometrial glands and stroma outside the uterine cavity and myometrium. Ovary is the most common site of involvement and gastrointestinal involvement (predominantly the recto-sigmoid region) has been reported in up to 15-37% of cases. Due to its non specific presentation and possibility to involve wide range of organs, endometriosis is a great mimicker and commonly confused with malignancy.