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LETTERS TO THE EDITOR
EDİTÖRE MEKTUP
Endometriosis of the appendix

Appendiks endometriozisi

To the Editor

A 42-year-old female patient presented with abdominal pain, fever and constipation. She reported intermittent pain in the right lower quadrant for two months.

On physical examination, her abdomen was tender in the right lower quadrant, although there was no evidence of peritoneal irritation. She had a fever of 38.1°C. The white blood cell count was 14500/ mm^3 with 74% segmented neutrophils.

Ultrasonography of the abdominal organs revealed no pathology. Computed tomography of the abdomen revealed a suspected cecal mass.

The patient underwent laparotomy. At surgery, the peritoneal cavity was clean. Appendix was mildy congested, and appendectomy was performed. Histological examination showed ectopic endometrial gland with stroma between the muscularis propria and serosa at the tip of the appendix. Lymphoid hyperplasia was noted in the lamina propria. Post-operatively, the patient recovered with no residual pain.

Extra-genital endometriosis is seen mostly at the rectovaginal septum, small intestine, cecum and appendix (1). It is usually asymptomatic, but occasionally causes symptoms such as appendicitis, perforations, intussusception or acute lower gastrointestinal bleeding (2-8). Our patient presented clinically with suspected cecal mass and non-specific symptoms. Gross inspection of the appendix does not give any clue of the disease, as it may appear grossly normal (3).

The diagnosis of appendiceal endometriosis is based on the histological presence of endometrial glands and stroma, with or without hemorrhage (10). Mittal et al. (3) found that 56% of endometriosis of the appendix involved the body of the appendix, compared to 44% at the tip. The base of the appendix and mucosa were not involved in any of their cases. On the other hand, Langman et al. (9) found that endometriosis usually involves the serosa, subserosa and muscularis propria. In our patient, the endometrial gland with stroma involved the muscularis propria and serosa.

All patients with appendiceal endometriosis who had a preoperative diagnosis of acute appendicitis recovered after the appendectomy (10). Post-operative follow-up is mandatory for appendiceal endometriosis. In cases where associated extraintestinal endometriosis is proven or suspected, hormonal manipulation may be necessary to treat the symptoms (10).

In conclusion, appendiceal endometriosis is rare and may be suspected when associated with obvious pelvic endometriosis. Definitive diagnosis is only established by microscopical examination of the appendix.

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