“When you hear hoofbeats, think of horses not zebras”: a case of bladder endometriosis in menopause

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Original Article

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ARTICLE
Endometriosis is an estrogen-dependent condition characterized by infertility and pain symptoms which mainly occurs during reproductive years. Urinary tract involvement occurs in 1-2% of cases, frequently affecting the bladder. (1) The malignant transformation rate of deep infiltrating endometriosis is low (1 out of 20 nodules), especially in asymptomatic lesions. (2) Most women complain severe pain, but 5% are asymptomatic. (3) We report a case of a rectal-vaginal mass found during a routine pelvic exam in a 60-years-old asymptomatic menopausal woman, with no history of hormone replacement therapy, chronic pelvic pain, infertility or previous gynecological surgery. CT scan showed a mass infiltrating uterus, posterior bladder wall, rectum and pararectal tissue. Pelvic scans confirmed bladder’s infiltration with endoluminal vegetations. No nodal enlargement was reported. Pelvic MRI showed two 4-cm complex masses with mild contrast enhancement: the first in the vesico-uterine pouch infiltrating uterus and bladder trigone, the second in the recto-uterine pouch infiltrating rectum, posterior vaginal fornix and uterus.

Colonoscopy was performed to characterize bowel involvement and a biopsy on a suspicious area was taken. Histological analysis and urine cytology were negative for malignancy. Office cystoscopy revealed a breakable lesion on the trigone but a biopsy was not taken for the high risk of bleeding. The patient underwent to planned surgery: laparoscopy and cystoscopy. Neither peritoneal nor retroperitoneal suspect lesions were found, both ovaries were firmly adherent to uterus. A bilateral salpingo-oophorectomy and a bladder biopsy were performed. Histological report showed: ovarian, tubal and bladder endometriosis. Zebra is the American medical slang for arriving at an exotic medical diagnosis, when a more commonplace explanation is more likely. Asymptomatic endometriotic lesions can be incidentally detected by imaging or surgery conducted for other reasons on menopausal women, nonetheless the clinician should be aware of this condition to avoid unnecessary expensive diagnostic work-up and consequent patient and physician distress.
REFERENCES


FIGURE LEGENDS

Fig. 1 Macroscopic aspect of endometriotic lesion on the trigone during cystoscopy
Fig. 2 Pelvic MRI showed a complex mass in the vesico-uterine pouch infiltrating the anterior wall of the uterus and the bladder trigone.