

Application and Treatment of Endometriosis

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Abstract

Endometriosis is a condition in which tissue comparable to the tissue that typically lines the interior of the uterus—the endometrium—grows outside the uterus. This case report focuses on new investigations in small intestinal endometriosis. A 41-year-old woman's primary complaint when she went to the emergency room was stomach pain. The patient had been experiencing stomach pain for about two months, and it was getting worse in her right lower abdomen. Based on a physical examination, pertinent laboratory findings, and radiographic tests, the ED doctor made the clinical diagnosis of small intestinal obstruction. An abdominal X-ray and a CT scan of her abdomen and pelvis, which are the two most significant radiological tests, both showed brief segments of a thickened small intestine wall and dilated bowel loops, which were consistent with a clinical diagnosis of small bowel obstruction.

Keywords: Endometriosis • Uterine ligaments • Molecular histology

Introduction

Endometriosis of the small intestine is a rare clinical condition. The clinical condition appears with vague stomach symptoms and is often not recognised at first unless clinicians have a high threshold of suspicion. Most patients receive a diagnosis after multiple clinical interactions. We describe a case of small intestinal obstruction brought on by endometriosis that was identified during surgery. Endometriosis is characterised by the presence of healthy endometrial tissue outside of the myometrium and endometrial cavity. It is a common disease that impacts 6%–10% of women who are reproductive age. Ovaries, uterine ligaments, rectovaginal septum, cul-de-sac, pelvic peritoneum, colon, and appendix can all be impacted by endometriosis, in that order. According to Wolthuis et al., intestinal endometriosis only affects the small bowel in around 10% of cases, yet it accounts for 3%–37% of all intestinal cases. On the other hand, endometriosis-related small intestine obstruction is rare—less than 7% of cases. Only 1% of these situations necessitate surgical resection. Saleem et al. state that many investigations have found an incidence of endometriosis in the appendix ranging from 0.2% to 1.3%. These results show that endometriosis inducing small intestine obstruction with accompanying appendiceal endometriosis is an extremely rare clinical event [1,2].

Case Study

We now disclose a case of endometriosis-related small bowel obstruction. It's important to note that the majority of instances are only identified after surgery. In The specimen was a tiny intestine segment measuring 23 centimetres in length and having an outer diameter of 4 to 6 centimetres. The mucosa of the intestines was erythematous, with localised edema. The intestinal wall showed several loops of adherent serosa and multifocal areas of thickened muscularis externa, with a maximal thickness of 2.2 cm. The appendix was given to our lab separately as well [3]. The appendix was

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incredibly unimpressive. Histologic Hematoxylin and eosin (H&E) slices of the small intestine revealed several areas of endometrial tissue within the muscularis externa. The microscopic observations included the presence of benign endometrial glands and endometrial stroma, active bleeding, and hemosiderin-rich macrophages in some areas. Appendix sections also revealed endometrial glands and stroma. There were discovered to be endometriotic lesions on the mesoappendix and appendiceal wall [4].

Discussion

The aetiology and pathology of endometriosis have been the focus of different theories put forth by various authors. The metastatic theory of endometrial tissues spreading through blood or lymphatic channels; the metaplastic development theory of coelomic epithelium transforming into endometrial tissue; the regurgitation theory of retrograde menstrual blood flow; and the most recent stem cell theory of differentiation of bone marrow stem cells into endometrial tissue. Whatever the medical community's position on this illness, patients continue to experience its clinical repercussions. This is largely due to the challenge of obtaining a noninvasive clinical diagnosis. However, fascinating new study is providing fresh insight into the creation of noninvasive diagnostic laboratory tests for the diagnosis of endometriosis [5].

Conclusion

Endometriosis in premenopausal women should be assessed as a differential diagnosis with a high index of suspicion, particularly in people without a history of previous surgery. There should be a low threshold for early laparoscopy and resection of the affected intestine in these patients.

Acknowledgement

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Conflict of Interest

None.

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