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Leal endometriosis: A rare cause of small bowel obstruction in the virgin abdomen

David Zula

Monash Health Network, Australia

A 31-year-old female presented with a one-day history of severe colicky epigastric pain with associated bilious vomiting, on a background of multiple recent similar presentations, coeliac disease, infertility, hypothyroidism and a virgin abdomen. She has a soft but distended abdomen with epigastric tenderness without peritonism. Pathology revealed a normal white cell count, but elevated CRP (111mg/L). A computed tomography scan showed a small bowel obstruction with transition point in the terminal ileum and caecal wall thickening, suspicious for Crohn's Disease. Following gastroenterology review, the patient was initiated on intravenous hydrocortisone, and a subsequent magnetic resonance enterogram showed severe structuring. However, multidisciplinary review of the imaging suggested it was inconsistent with Crohn's disease, and queried malignancy. Thus, in preparation for a colonoscopy, bowel prep was given, however was not tolerated, and therefore the patient was booked for surgery. Intraoperatively, clinical endometriosis was found at the terminal ileum, with endometriosis deposits on the pelvic peritoneum and ileal mesentery, with no macroscopic evidence of inflammatory bowel disease. An ileocolic resection with primary anastomosis was performed. Histology confirmed florid endometriosis. Only 5% of endometriosis cases involve intestinal manifestations, while rarer still, is the phenomenon of ileal endometriosis and resultant obstruction. Retrospective review the patient discussed herein revealed her previous presentations coincided with her menstrual cycle. With obstructive symptoms typically being cyclical, and laboratory investigations and imaging studies non-specific, it represents a diagnostic dilemma, and this diagnosis warrants consideration in a female of childbearing age with a small bowel obstruction.

Recent publications

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Biography

David Zula is a General Surgical Registrar at the Monash Health Network, in Melbourne Australia. He has a keen interest in the Colorectal Subspecialty and a passion for academic surgery. As a comity member for the Monash Surgical Research Group, he helps coordinate various projects within Monash Health, working closely with the CSSANZ-accredited Colorectal Department at Monash Health.

e: davidj.zula@gmail.com