

# EP14.37. Synchronous diaphragmatic, intestinal, bladder, appendicular, ureteral, and ovarian endometriosis.

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## Introduction

Extragenital endometriosis is a rare condition that can affect multiple organs. The involvement of several distant sites is uncommon. The prevalence of diaphragmatic endometriosis ranges from 0.67% to 4.7%.

## Materials and methods:

We present a case of synchronous diaphragmatic, intestinal, bladder, appendicular, ureteral, and ovarian endometriosis. A 47-year-old woman reported regular dysmenorrhea, heavy menstrual bleeding, chronic pelvic pain, and right upper quadrant pain during menstruation. In 2021, she underwent a laparoscopic left inguinal hernioplasty, during which a frozen pelvis was diagnosed. She first presented to the ENDO-LUNA laparoscopy unit for endometriosis treatment on August 27, 2024.

Ultrasound mapping of endometriosis was not performed due to her refusal of vaginal or transanal examination. Therefore, a pelvic MRI was ordered using an endometriosis protocol with diaphragmatic imaging. The MRI showed Enzian Px, O1/1, T3/3, A0, B2/2, C0, FA, multifocal sigmoid FI, and FD1 (Figure 1). In the diaphragm, two subcapsular cystic images measuring 4 mm and 5 mm were observed adjacent to the hepatic dome, with no evidence of methemoglobinemia or fibrous tissue. The patient was scheduled for a robotic-assisted total laparoscopic hysterectomy (TRH).

## Results

During surgery, the entire abdomen was inspected. A lesion suspicious for endometriosis was identified on the right lateral chest wall, along with three superficial endometriotic lesions on the right diaphragmatic dome (Figure 2). A multidisciplinary team—specialists in colon and rectal surgery, gynecologic urology, and minimally invasive gynecologic surgery—resected all endometriotic foci in the abdomen. There were no intraoperative or postoperative complications, and the patient was discharged four days after surgery.

Pathology reported diaphragmatic endometriosis: soft tissues with hemosiderin and fibrosis associated with reactive mesothelium (Figure 3); and endometriosis in the left ureter, posterior parametrium, bladder, cecal appendix, sigmoid colon, and ovaries.

## Conclusion

Diaphragmatic endometriosis is a rare condition that should be suspected to enable early diagnosis, even when MRI findings are inconclusive. Typical MRI features include lesions that are hyperintense on fat-suppressed T1-weighted images, indicating blood products. Achieving complete surgical resection of endometriosis requires a multidisciplinary approach, with early suspicion to ensure timely referral and optimal treatment.



Figure 1. T1-weighted MRI images of the right hemidiaphragm.

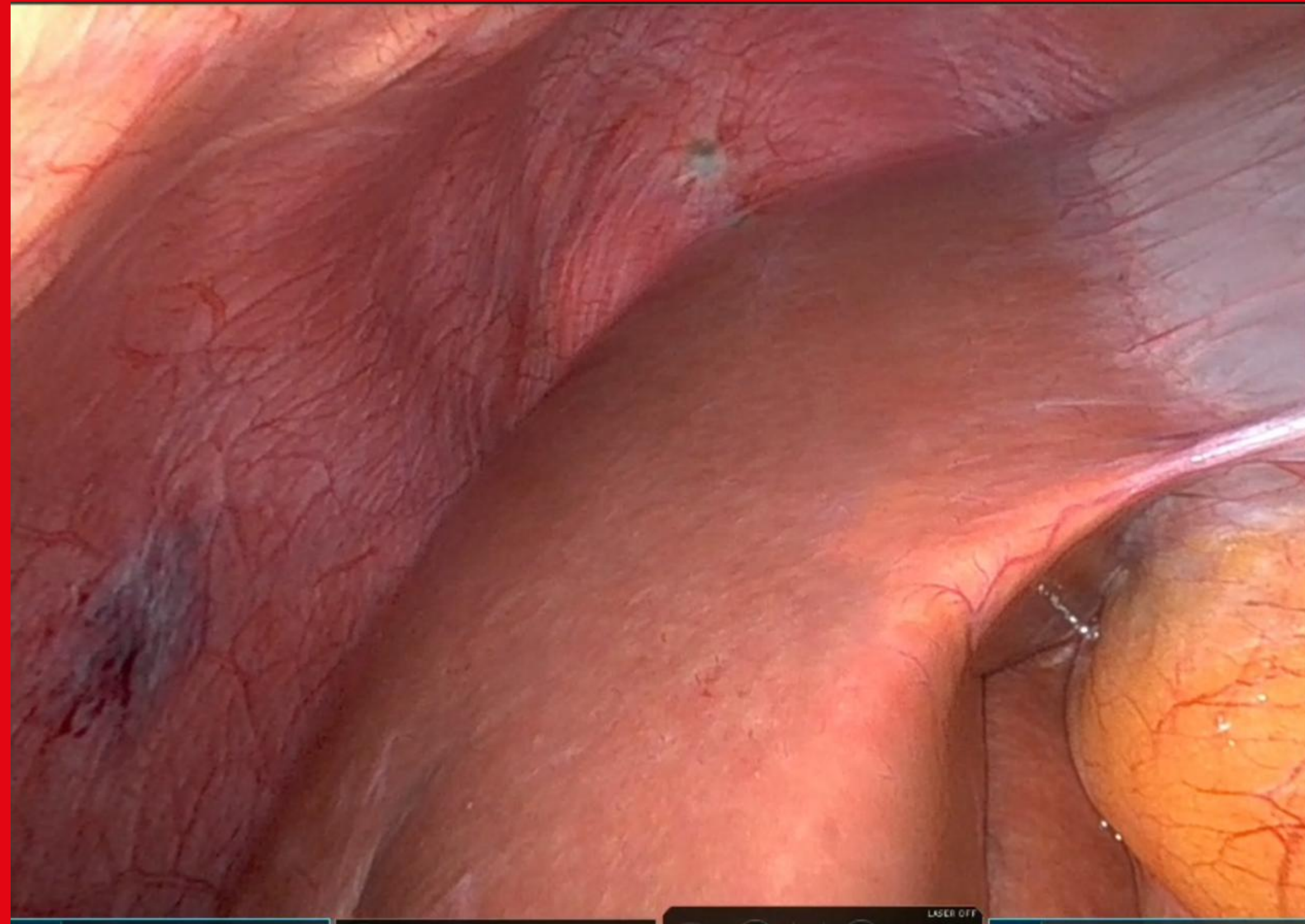


Figure 2. Laparoscopic view of the right hemidiaphragm.

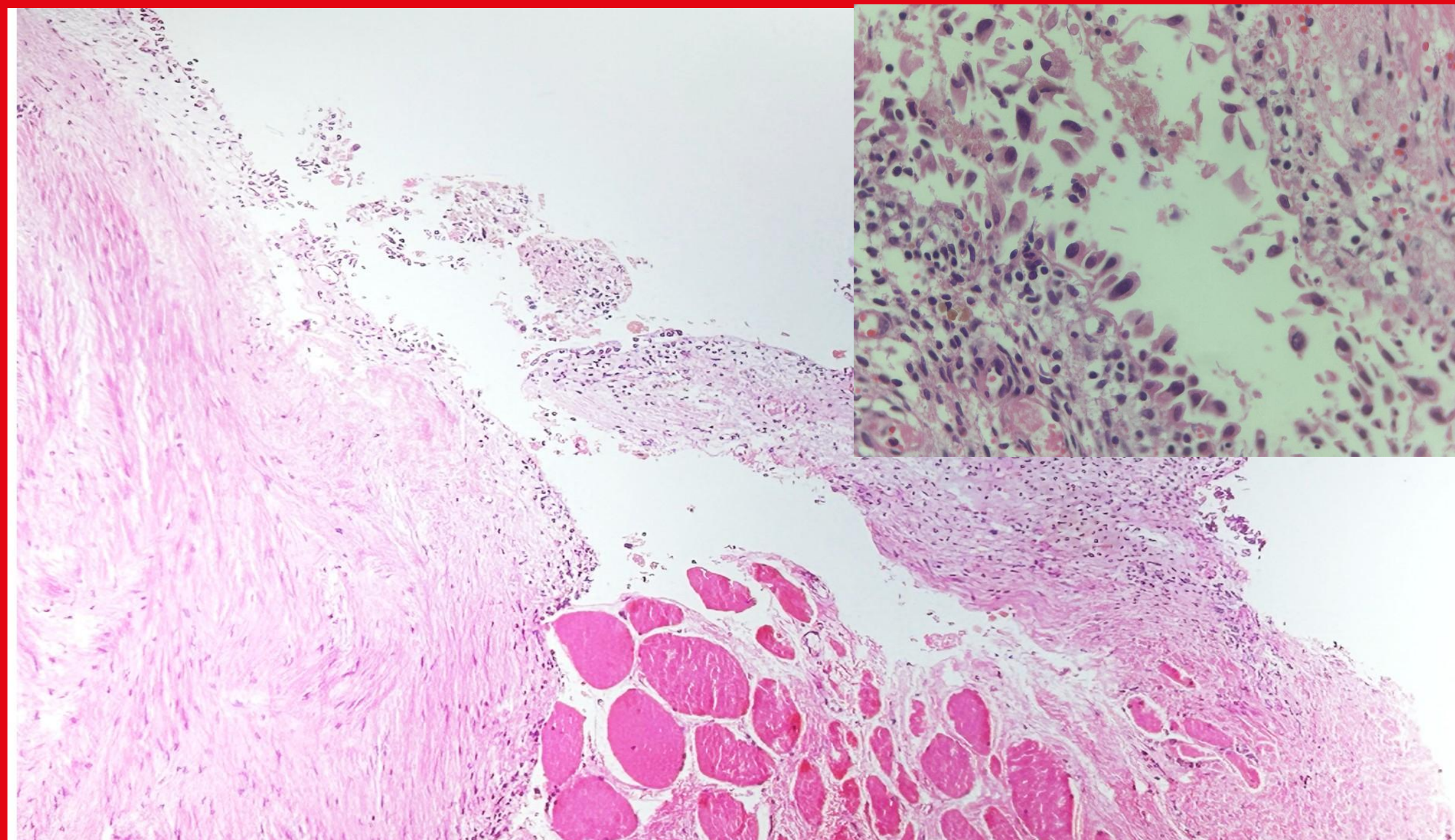


Figure 3. Histological sections (5× and 10×) stained with hematoxylin and eosin (H&E).