

Endosalpingiosis: A Unique Case Highlighting Diagnostic Challenges in Gynaecology

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Introduction

Endosalpingiosis is a benign condition defined by the presence of ciliated tubal-type epithelium in ectopic locations, such as the peritoneum, ovaries, or lymph nodes. Unlike endometriosis, endosalpingiosis is non-functional and does not involve haemorrhage or cyclic changes. It is often asymptomatic but may cause nonspecific pelvic pain, infertility, or mimic malignancies. This report presents the case of a 33-year-old woman with chronic pelvic pain who was diagnosed with endosalpingiosis during laparoscopy.

Discussion

Endosalpingiosis is often detected incidentally during imaging or surgery. Its differentiation from malignancy is crucial due to overlapping presentations. Histopathology remains the gold standard for diagnosis. The etiology is unclear but is hypothesized to involve Müllerian metaplasia or implantation of fallopian tube epithelium. Management focuses on symptom relief, as no definitive treatment is required for asymptomatic cases.

Case report

33 years Female, Chief Complaint: chronic pelvic pain for 1 year.
Medical History: No significant history of gynaecological disorders.
Obstetric History: G2P2 previous two caesarean sections
Clinical Findings: Pelvic tenderness on bimanual examination, No palpable masses
Diagnostic Workup: 1. Ultrasound:, Normal ovaries and uterus evidence of 3 cm haemorrhagic cyst on left ovary.
2. Tumour Markers: CA-125: Normal, CA 19-9: Normal

A diagnostic laparoscopy was performed, revealed pictures of extensive endometriosis, gun shot lesions scattered across peritoneum in all lateral abdominal wall and pelvic walls. There were endometriosis lesions anterior to the uterus and extensive adhesion between uterus and bladder. Pouch of Douglas was obliterated with extensive adhesion between bowel and uterus especially on the left side, with left tube and ovary both stuck on the posterior wall of the uterus and lateral pelvic wall.

Histopathological Examination:
Specimens revealed ciliated columnar epithelium resembling fallopian tube epithelium., No signs of endometriosis or malignancy.
Final diagnosis: Endosalpingiosis.

Management
Gynaecological MDT discussion recommended to continue management as for endometriosis. Counselling regarding the benign nature of the condition and its distinction from malignancy.
Regular follow-up for monitoring symptoms.

Conclusion

This case highlights the importance of considering endosalpingiosis in the differential diagnosis of pelvic pain and cystic lesions in women. Early recognition can prevent unnecessary interventions and alleviate patient anxiety about malignancy.

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