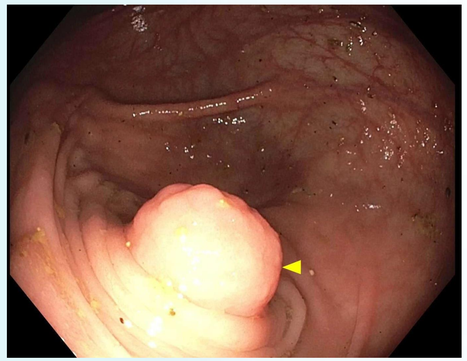
Not all Cecal Masses are Cancers!

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Background

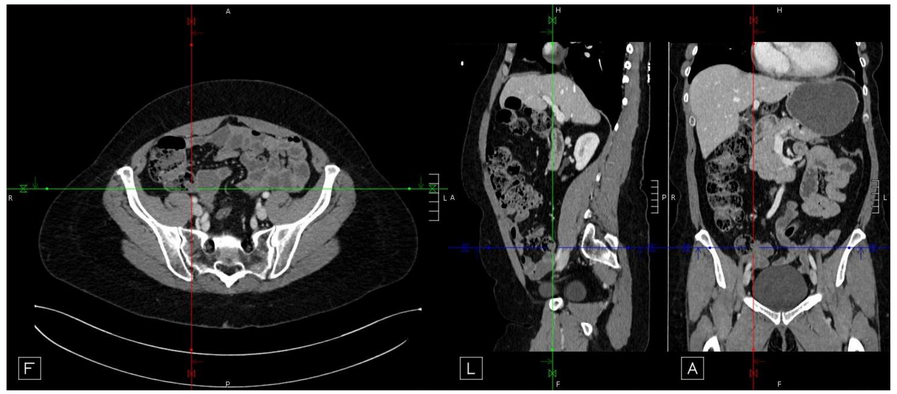
- 53yo F with PMHx of abdominal endometriosis 17 years prior s/p ablation
- Routine screening colonoscopy performed
- Submucosal polyp at appendiceal orifice noted
- Biopsy demonstrated benign lymphoid aggregates



Submucosal mass on colonoscopy.

Work-Up

- No abdominal complaints
- CT Enterography performed
- Fore-shortened appendix without lymphadenopathy
- 1.6cm appendiceal orifice mass



CT Enterography demonstrating a 1.6cm appendiceal orifice mass.

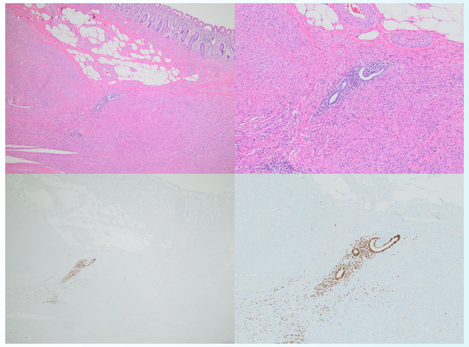
Operation

- Diagnostic Laparoscopy
- Fore-shortened appendix
- No masses or fluid
- Cecectomy performed

Pathology

- Scant spindle stroma forming a pseudo-nodule arising from the muscularis propria
- Immunohistochemical stains were positive for PAX8, ER+, and PR+, CD10+
- Diagnosis: endometriosis

Endometriosis composed of benign endometrial glands and stroma



Endometriosis in appendiceal wall

Estrogen receptor immunostain is positive in the endometrial glands and stroma.

Discussion

- Appendiceal endometriosis 4% of endometriosis cases
- Transmural endometriosis has been rarely reported in small bowel and colon
- This case had no external evidence of disease, demonstrating *de novo* total endoluminal disease.
- Unexplained digestive complaints in a patient with a history of endometriosis may be explained by total endoluminal endometriosis.
- Additional research is required to further explain the pathogenesis and incidence of total endoluminal endometriosis.

Allegheny Health Network

The Authors have no relevant disclosures