

Polypoid Endometriosis Mimicking Peritoneal Carcinomatosis in a Postmenopausal Woman: A Laparoscopic Perspective

Mallory A. Stuparich, MD; Sadikah Behbehani, MD; Samar Nahas, MD, MPH

Department of Obstetrics and Gynecology, University of California, Riverside, School of Medicine, Riverside, CA, USA

A 60-year-old woman with a prior open supracervical hysterectomy and bilateral salpingo-oophorectomy on estrogen-only hormone therapy was referred to our clinic after an outside computed tomography (CT) scan showed multiple nodules suspicious for peritoneal carcinomatosis (Figure 1; yellow asterisks and arrow). CT-guided biopsy demonstrated endometriosis, but malignancy could not be excluded. Hormone therapy was immediately stopped. Due to the suspicion for gynaecologic malignancy, the patient was taken for laparoscopic radical cytoreduction.

Nodules with irregular borders, neovascularization, and scarring were visualized throughout the peritoneal cavity (Figure 2; laparoscopic view of largest and representative peritoneal soft tissue nodule [white arrow] located on the anterior abdominal wall with surrounding omental

adhesions, irregular margins, and neovascularization.). Intraoperative pathology demonstrated only endometriosis. The patient underwent laparoscopic trachelectomy, enterolysis, ureterolysis, low anterior resection, and appendectomy to remove all disease. Final pathology showed polypoid endometriosis without cancer. She recovered well.

First described in 1980, polypoid endometriosis is significantly associated with unopposed estrogen and may mimic gynaecologic malignancy on imaging.¹⁻³ During laparoscopy, representative lesions may have irregular borders with scarring and neovascularity and should be biopsied.

Consent: Consent to publish these images was obtained from the patient.

Figure 1.

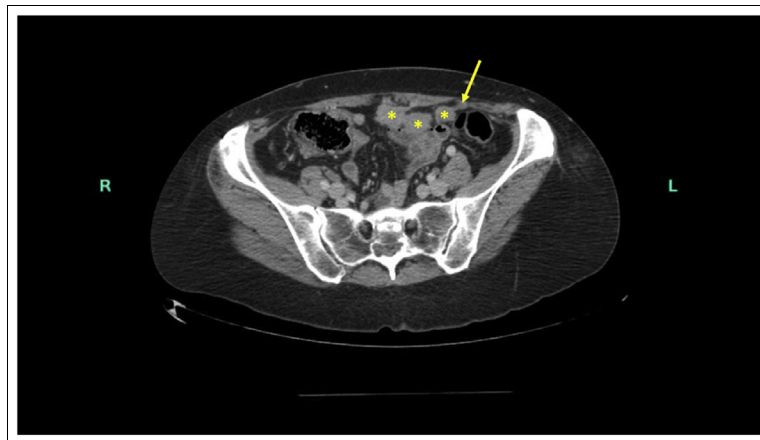
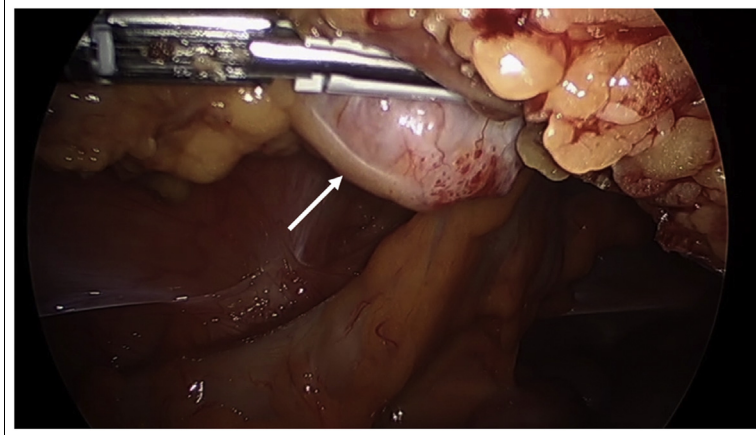


Figure 2.



SUPPLEMENTARY VIDEO

Supplementary data related to this article can be found at <https://youtu.be/NYkOlgj0yycs>

J Obstet Gynaecol Can 2022;44(9):941-942

<https://doi.org/10.1016/j.jogc.2020.07.017>

© 2020 The Society of Obstetricians and Gynaecologists of Canada/La Société des obstétriciens et gynécologues du Canada. Published by Elsevier Inc. All rights reserved.

REFERENCES

1. Mostoufizadeh M, Scully RE. Malignant tumors arising in endometriosis. *Clin Obstet Gynecol* 1980;23(3):951e63.
2. Parker RL, Dadmanesh F, Young RH, Clement PB. Polypoid endometriosis: a clinicopathologic analysis of 24 cases and a review of the literature. *Am J Surg Pathol* 2004;28:285–97.
3. Jaegle WT, Barnett JC, Stralka BR, Chappell NP. Polypoid endometriosis mimicking invasive cancer in an obese, postmenopausal tamoxifen user. *Gynecol Oncol Reports* 2017;22:105–7.