

Cystic endosalpingiosis of the uterus-a rare entity in disguise

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Abstract

Cystic endosalpingiosis is a non - neoplastic lesion characterised by multiple cysts lined with benign tubal type epithelium. Our case presented as cystic ovarian neoplasm clinically and radiologically. Patient underwent Total abdominal hysterectomy and bilateral salpingo-oophorectomy. Microscopically, the cyst consists of multiple cysts lined by benign tubal type epithelium. A diagnosis of subserosal cystic endosalpingiosis was made. Increasing awareness of this entity would be helpful in making correct diagnosis by pathologists.

Key words: Cysts, Endosalpingiosis, Uterus.

Introduction

Endosalpingiosis is almost always discovered as an incidental finding on microscopic examination without clinical symptoms and is characterized by benign glandular structures with tubal type epithelium [1]. It usually involves the peritoneum, subperitoneal tissues,

and retroperitoneal lymph nodes in women [2, 3]. Myometrial endosalpingiosis is rare. We report a rare case of subserosal cystic endosalpingiosis which simulated a cystic ovarian neoplasm clinically and radiologically.

Case Report

A 50-year-old woman presented with vaginal bleeding off and on since 5 yrs. The ultrasonography showed 7x4cm multiloculated cyst in the right adnexal region.



Figure-1: Gross specimen of uterus with bilateral adnexa showing multicystic mass at posterior aspect of fundus

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Pap smear was negative for malignancy. The other laboratory investigations were normal. Total abdominal hysterectomy and bilateral salpingo - oophorectomy were performed. Intraoperatively, subserosal brownish multicystic polypoid mass was seen in the posterior fundus of uterus. The bilateral adnexae were unremarkable. The subsequent course of treatment was uneventful after the operation. Grossly, there was a subserosal cystic polypoid mass in the posterior surface of the fundus of uterus [Fig. 1] measuring 5x4cm. On the cut surface, mass was multiloculated, solid and cystic showing a smooth inner surface filled with yellowish brown material. Microscopically, the mass consisted of cysts of various size and shape [Fig. 2]. They were lined by a benign-appearing tubal type epithelium. The epithelial lining of the cysts was of the tubular type and was composed of ciliated columnar cells, non-ciliated columnar cells and intercalated peg cells [Fig. 3]. Rest of the uterus, cervix, both adnexae were unremarkable except for adenomyosis in myometrium.

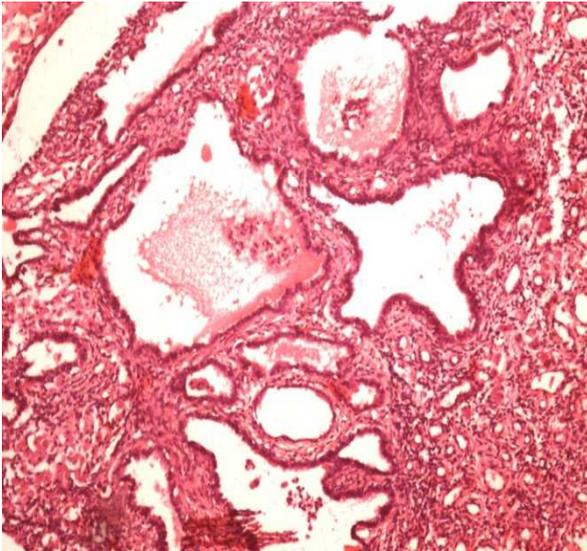


Figure-2: Figure showing multiple cysts of various sizes. (HE 100X)

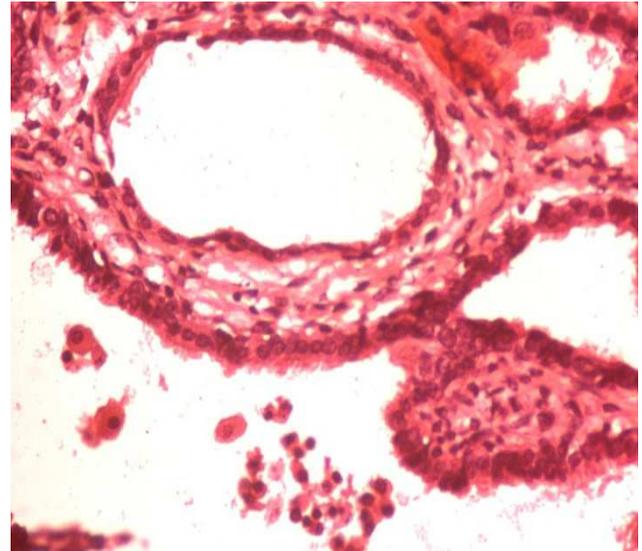


Figure-3: Cysts are lined by ciliated tubal epithelium (HE 400X)

Discussion

Endosalpingiosis refers to the presence of tubal epithelium outside the uterine tube proper and is generally considered as an incidental finding [1]. Many extragenital locations have been reported in the literature such as peritoneum, subperitoneal tissue, colon, appendix, umbilicus, and lymph nodes [2,3].

Histologically it needs to be differentiated from cystic tumor-like lesions involving the uterus, cystic adenomyosis or endometriosis with tubal metaplasia, adenomatoid tumor and peritoneal inclusion cyst.

Lack of endometrial stroma in our case ruled out cystic adenomyosis or cystic endometriosis. In contrast to ciliated tubal type epithelium lining as seen in our case, the cystic spaces of Cystic adenomatoid tumor are lined with flattened and cuboidal, non tubal type cells admixed with smooth muscle. Peritoneal inclusion cysts (benign cystic mesotheliomas) are usually adherent to the pelvic organs and they may appear to be a cystic ovarian tumor on the clinical and radiological

examinations. Microscopically, however, they are typically lined with a single layer of flat to cuboidal mesothelial cells [4]. The pathogenesis of cystic endosalpingiosis is unknown. The sub-serosal location of the cyst in this case may be explained by the so-called 'secondary Mullerian system theory' [5].

Conclusion

In conclusion, clinically and radiologically, endosalpingiosis in the uterine horns may simulate a cystic ovarian neoplasm. Awareness of the existence of this rare lesion will prevent an incorrect diagnosis by clinician and pathologist.

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