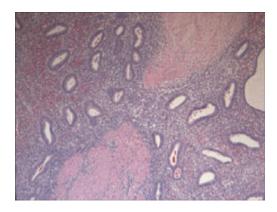
## **Question 17 – Week of June 9**

A 35-year-old woman presents with a history of rectal bleeding. She states that it is intermittent, bright red in nature, without accompanying diarrhea or constipation. Her review of systems is unremarkable except for a history of infertility. Her physical exam is normal. On colonoscopy, she has an area of mucosal edema with some discoloration. Her biopsy is shown in the figure. What treatment options do you recommend for her now?



- A. Resection of the affected segment of colon
- B. Total colectomy with nodal dissection
- C. Hormonal therapy
- D. No intervention is necessary.

## **Answer: C**

The biopsy shows infiltration of glandular structures in the submucosa. These glands are endometrial in origin and represent endometriosis. Intermittent bleeding, especially around the time of menses, is a common symptom when involving the colon. Lesions can be difficult to see on endoscopy unless the procedure is done during the time of active bleeding. Treatment includes hormonal therapy to try to shrink the lesions. If symptoms continue, then segmental resection can be considered.

## **References:**

- 1. Zwas FR and Lyon DT. Endometriosis. An important condition in clinical gastroenterology. Dig Dis Sci 1991;36:353-7.
- 2. Weed JC and Ray, JE. Endometriosis of the bowel. Obstet Gynecol 1987;69:727-31.
- 3. Bozdech JM. Endoscopic diagnosis of endometriosis. Gastrointest Endosc 1992;38:568-71.