

A case of ovarian endometriosis in late post-menopause

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Summary: We describe a case of ovarian endometriosis in a 67 years old woman admitted to our hospital. After clinical examination and instrumental investigation, we opted for surgical operation including bilateral ovariectomy, bilateral hysterectomy and appendectomy.

Key words: Endometriosis; Post-menopause.

INTRODUCTION

Endometriosis is an enigmatic disease of poorly understood histogenesis and not well known etiology. It is defined as the presence of endometrial glands and cytogenic stroma in extrauterine locations. The weight of pelvic endometriosis seems to show a slight gain, probably because of the current use of increasingly refined inquiries ⁽¹⁾. This pathology shows a maximum frequency range between 30 and 50 years of age; about 10% of the cases have been described in women under the age of 20 and it has been estimated that 2-4% of early post-menopausal women suffer from endometriosis ^(1,2). Cramer, using data gathered by the National Center for Health Statistics from all the U.S. hospitals in 1982, found that no patient younger than 15 or older than 65 had been hospitalized for endometrio-

sis. Several researchers have underlined the role of ovarian steroids in initiation, maintenance and suppression of endometriosis and it is therefore considered a typical disease of reproductive age ^(3,4,5).

CLINICAL CASE

A 67 year old woman was hospitalized in our Division with a diagnosis of «adnexitis» in December 1992.

The patient complained of widespread pelvic pain, leukorrhoea, xanthorrhoea and a slight temperature increase.

Case history: exanthema, tonsillectomy, menarche at 14 years, regular flows, 2 cesarean cuts, and a spontaneous abortion at the age of 29. The objective examination did not show relevant alterations. The bimanual exploration showed a slightly globe-like abdomen, a uterus of a larger than average volume, anteflex, right lateroversus, hard-fibrous; throbbing ache of the lower quadrants with appendix increased in volume and hurting especially on the left, where a slight fixed swelling could be seen. The external genitals and fed vagina seemed to be regular in

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comparison to age. P.A. 110/80; leukocytosis (9600); red corpuscle 4120000; Hb 11.9; sideremia 33. X-rays to the pelvis showed uterus increased in volume, an appendix swelling with unclear limits on the left and two cysts on the right with a diameter of 3 and 4 cm.

Chest x-rays and urography resulted negative.

An intrauterine exploration was performed, followed by a biopsy that after a histological test, showed the short edges of hypotrophic endometrium.

The rectosigmoidoscopy showed the mucosa of the sigma slightly inflamed, as well as an irregularity of the wall due to the flattening caused by the left appendix swelling.

A month after hospitalization, we opted for surgical operation by transverse suprapubic laparotomy; some blood flow with some coagulated knots was present in the peritoneal cavity; on the left a mass of appendage formed by the tube and the left ovary could be seen adhering to the pelvic wall.

On the right we could see a tube with a small volume increase and two ovarian cysts.

We proceeded with a bilateral ovariopexy, hysteropexy and appendectomy.

The histological examination showed the existence of two small endometriotic foci bearing on the right ovary, with a picture of widespread bilateral ovaritis of granulomatous nature, with Langhans cells and caseous necrosis as well as the presence of few small haemorrhagic foci.

The patient underwent antibacterial and antifungal therapy. After a normal post-surgical course, she was discharged, clinically healed, after two weeks.

COMMENTS

Endometriosis is a hormone-dependent disease by its nature, therefore it is considered typical of the reproductive age.

The verification in post-menopausal age is rather rare but nevertheless possible, due to the presence of estrogens produced, mainly in obese women, by adipose tissues (^{1,6}).

The diagnosis is sometimes very difficult, and it is usually made during a laparoscopy or after a laparotomic examination (⁷); a sure diagnosis of endometriosis can only be made through histological examination, even if the macroscopic aspect of the injuries is almost always indicative (⁸).

A demolitive surgical operation is mainly suitable for women in the climacteric age. Demolitive surgery allows for the regression of damage, possibly left in the pelvis or elsewhere, and the disappearance of the painful symptoms (^{9,10}).

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