

BENIGN RECTAL LESIONS

Endometrioma

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Endometrioma is rare and may be misdiagnosed as a carcinoma. The focus of the ectopic endometrial tissue produces either a constricting lesion of the rectosigmoid or a tumour invading the rectum from the rectovaginal septum. The latter variety gives rise to a tender submucous elevation of the rectal wall. Endometrioma usually occurs between 20 and 40 years of age. Dysmenorrhoea and rectal bleeding (particularly coinciding with the menses) are the main symptoms. On sigmoidoscopy, endometriosis involving the rectosigmoid junction usually presents as a stricture, with the mucous membrane intact. Hormonal manipulation is the first-line therapy, but sometimes total abdominal hysterectomy and bilateral salpingo-oophorectomy and even bowel resection are required. The laparoscopic approach for resecting deep rectal endometriosis is becoming popular. Isolated endometrial deposits may be treated by diathermy ablation or local 'discectomy' incorporating the rectal wall.

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