Images in Gynecologic Surgery

Masslike Cystic Endosalpingiosis in the Uterine Myometrium

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A 31-year-old woman, gravida 4, para 2, who had delivered vaginally consulted our department because of intermittent lower abdominal pain for the past 2 years. Her medical and family history were unremarkable. Physical examination revealed an enlarged uterus. Transvaginal ultrasonography showed a 57 × 44 mm unilocular and anechoic cyst in the posterior myometrium (Fig. 1). A laboratory study showed normal levels of serum cancer antigen 125 (10.2 U/mL).

An intramural unilocular cyst in the posterior myometrium was detected during laparoscopy (Fig. 2). The cyst contained serous fluid and measured 6 cm. The excessive myometrium and serosa were trimmed off, and the inner epithelial lining was excised and electrocautery performed (Fig. 3). The uterine muscle and serosa were closed in 2 layers with a 0 monofilament poliglecaprone 25 (Monocryl; Ethicon Inc, Somerville, NJ). Histopathology revealed a cyst attached to the myometrium. The cyst was lined by single-layered, ciliated columnar cells and was histologically similar to the epithelium commonly observed in fallopian tubes, consistent with cystic endosalpingiosis.

Cystic endosalpingiosis should be distinguished from a more common intramyometrial adenomyotic cyst [1–4]. Imaging is the key approach, and awareness of this condition is essential for timely and precise diagnosis followed by appropriate intervention.
References