

# Endometrioma Involving the Perianal Tissues:

## Report of a Case\*

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ENDOMETRIOSIS may be defined as the presence of functioning endometrial tissue outside its normal environment. It is usually confined to the pelvis in the region of the ovaries, uterosacral ligaments, cul de sac, peritoneum and uterovesical peritoneum. Other common locations are the rectovaginal septum, the rectum, all parts of the colon, the appendix, and the ileum. It is also found, on occasion, in peculiar locations such as the umbilicus, abdominal wall scars, vulva, perineum, and other cutaneous sites far removed from the pelvic area.

I present here a case of endometriosis involving the perianal tissues in a young woman.

### Report of a Case

A 29-year-old white woman was seen on October 28, 1969, complaining of a painful lump in the perianal area just to the right of the anal verge. The mass had been present for five months. It was most noticeable at the time of her menses, when it would become larger and more painful, only to subside somewhat several days after the termination of menses. The patient had had two pregnancies, one in 1966 and one in 1968, both of which ended in normal full-term deliveries. Numerous pelvic examinations had been performed by a competent gynecologist with entirely normal findings. The menstrual history was entirely normal.

Proctologic examination revealed a mass beneath the perianal skin, 1 cm to the right of the anal verge. It was about 2 cm in diameter, was firm and

tender to palpation, and was fixed to the underlying tissue. The overlying skin was freely movable, normal in color and not noticeably elevated. There was no fluctuation and no discharge. A proctosigmoidoscopic examination was performed, with normal findings.

At operation the mass was completely excised. It measured 2.5 by 3.0 cm, was dark red to black in color, and was densely adherent to the surrounding tissue. It extended toward the anal wall but did not penetrate it. It also extended toward the vaginal wall, but did not penetrate this structure either. Cutting into the mass revealed the presence of brownish-black blood, but no pus was encountered. The wound resulting from excision of the mass healed satisfactorily, and there has been no recurrence during a follow-up period of six months.

Microscopic study of the excised tissue disclosed endometrial glands and stroma typical of endometriosis.

### Discussion

Endometriosis was first established as a pathologic entity in 1896, when von Recklinghausen<sup>4</sup> published his monograph. The disease is commonly classified according to two types: internal, involving the uterine muscle from within, and external, with ectopic sites of involvement. The external type, which is the subject of this report, is much more common than the internal type.

In 1899, Russell<sup>5</sup> reported the first case of endometrial tissue in the ovary; in the same case an endometrioma was found in the uterosacral ligament. In 1920, Cullen<sup>2</sup> described ectopic endometrial tissue occurring in the uterus, ovarian ligament, round ligament, uterosacral ligament, rectovaginal septum, umbilicus, abdominal wall, sigmoid colon and appendix.

\*Read at the meeting of the Pennsylvania Society of Colon and Rectal Surgery in conjunction with the Sectional Meeting of the Pennsylvania State Medical Society, Lancaster, Pennsylvania, November 18, 1970.

Ectopic endometriosis involving the perianal tissues and the perineum is rare. Cheleden,<sup>1</sup> in 1968, reviewed the literature and found only 38 cases. He added two cases, one of which was diagnosed prior to operation as a perianal abscess. In practically all cases endometriosis of the perineum occurred in old episiotomy scars.

The pathogenesis of endometriosis has been the subject of much debate centering around two main theories: Sampson's<sup>6</sup> theory of retrograde flow of menstrual endometrium out through the tubes to implant itself and proliferate on the pelvic viscera; and the metaplasia theory, which suggests that endometriosis develops in its extrauterine sites by metaplasia of cells that already exist in these sites. Gruenwald<sup>3</sup> showed that the embryonic mesenchyma contributes to the parent tissues of the female genital organs, the peritoneum, lungs, limb buds and other structures. The cells of these tissues are believed to retain some of their primitive multipotential and may, under certain circumstances, undergo metaplasia to produce endometriosis in any of its known sites of occurrence. Many observers have come to accept both theories, believing that neither is applicable in all cases but that a combination of the two best explains the origin of endometriosis.

### Summary and Conclusions

Endometriosis may involve the uterine cavity (internal) or ectopic areas outside the uterus (external). The usual sites of external endometriosis are within the pelvic cavity. They include the ovary, peritoneal surface of the uterus, uterosacral ligaments, cul de sac, peritoneum, uterovesical peri-

toneum, the rectovaginal septum, the rectum, all parts of the colon, the appendix, and the ileum. Less common locations for ectopic endometriosis include the umbilicus, abdominal wall scars, the vulva, and the perineum. Endometriosis involving the perianal tissues is rare, and when found it is usually located in the perineum at the site of previous episiotomy scars. The generally accepted explanation for the pathogenesis of external endometriosis is a combination of Sampson's<sup>6</sup> retrograde-flow theory and the theory of metaplasia expounded by Gruenwald.<sup>3</sup>

A case of endometriosis involving the perianal tissues in a 29-year-old woman has been presented. The diagnosis was entertained prior to surgery because of the relationship of the symptoms to the patient's menstrual cycle, but confirmation of the diagnosis depended upon pathologic study of the tumor mass, which showed endometrial glands and stroma typical of endometriosis.

### References

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