

**CASE 9**

**35Y/O F**

# Brief history

- **Past history**

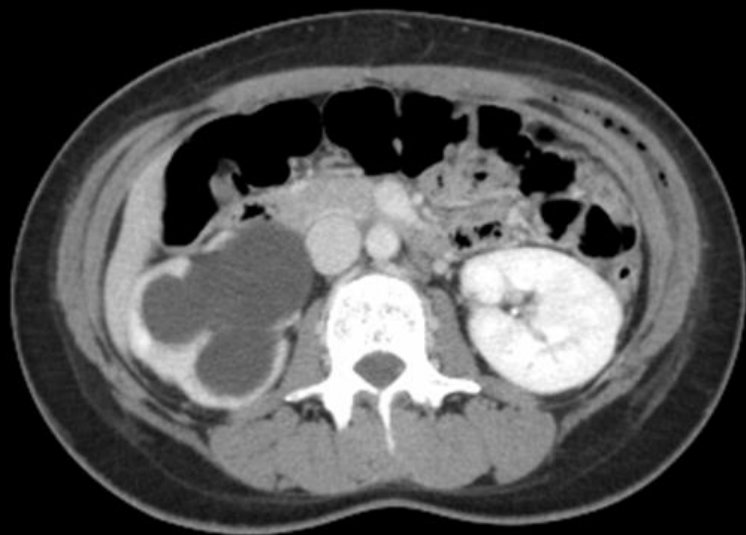
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- **Chief complain**

- Right waist soreness vaginal itchiness for 2 to 3 years
- TVS: EM 15mm, Rt r/o adnexal cyst (homogenous cyst(53x48x64) ,

# Image

- Pelvic CT 23/06/12



**(2023/06/08) Ovary, right, laparoscopic cystectomy,  
endometriotic cyst**

The specimen submitted consists of one tissue fragment, measuring 5.2 x 4.3 x 0.6 cm in size, fixed in formalin.

Grossly, it shows a cyst with blood coating.

**Representative sections are taken and labeled as: A to C.**

Microscopically, it shows a picture of endometriotic cyst of ovary lined by incomplete endometrial gland and stroma and walled by fibrotic tissue with hemosiderin deposition and hemorrhage.

**Clinical Note :**

right endometrioma 6cm right hydroureter

DIE over bladder and CDS

(2023/06/13) Urinary bladder, **biopsy**, chronic inflammation with small hemorrhagic cyst (see description)

The specimen submitted consists of one tissue fragment, measuring 0.3 x 0.3 x 0.2 cm in size, fixed in formalin.

Grossly, it is tan and soft.

All for section.

Microscopically, the section shows a picture of chronic inflammation with some lymphocyte infiltrate and some granulation tissue formation and a small hemorrhagic cyst with flattened lining and some macrophages within the cystic lumen in the stroma. The outer surface with unremarkable urothelial lining and highlight by positive for CK and focal positive for CK20 is seen. No specific endometrial stroma is found by negative for CD10 immunostain. Please correlate the clinical findings.

#### Reference :

TH2314494 - Ovary, right, laparoscopic cystectomy, endometriotic cyst

S23-06286 - pap smear

02.Reactive changes: Inflammation, repair, radiation, and others

S21-03105 - pap smear

02.Reactive changes: Inflammation, repair, radiation, and others

# Discussion

- Endometriosis
  - Presence of endometrial glands and stroma outside of uterus, often accompanied by inflammation and fibrosis
  - 3 forms of pelvic endometriosis
  - Superficial peritoneal lesions (noninvasive implants)
    - Typically small and not seen on imaging
    - Hemorrhagic lesions may be seen on MR
    - Black, white, or red plaques on laparoscopy
  - Ovarian endometrioma
    - Marker of severity of solid endometriosis
    - 2-3x ↑ risk of multifocal and intestinal disease
  - **Deep infiltrating endometriosis (DIE)** or solid endometriosis
    - Defined by invasion of endometrial glands and stroma at least 5 mm beyond peritoneal surface

## • Urinary tract endometriosis

- Most commonly involves urinary bladder
- Full-thickness infiltration of detrusor muscle (not just small nodules of vesicouterine fold)
- Mural mass projecting into lumen with intact overlying mucosa
- Usually midline along posterior bladder dome
- Ureteral involvement is uncommon
- Lack of specific symptoms until obstruction occurs; high risk for renal loss
- ~ 47% need nephrectomy at diagnosis
- Extrinsic involvement in 80% of cases
  - Endometriotic lesion encases ureter
- Intrinsic involvement
  - Infiltration of muscularis layer of ureteral wall



# Intratesticular mass

Key DDX : Age, clinical presentation, color Doppler exam

- Trauma / avascular mass: Consider **hematoma**
- Young male, acute pain, ↑ Doppler flow: **Epididymoorchitis, abscess, segmental infarction**
- Acute pain, heterogeneous (or normal) testis with no or relatively ↓ Doppler flow: **Testicular torsion**
- Young , slowly growing, palpable, hypoechoic testicular mass: **Seminoma or mixed germ cell tumor**
- Testicular mass and endocrinopathy: **Gonadal stromal tumor**
- Older man or HIV(+) patient with bilateral hyperemic testicular masses: **Lymphoma**