POSTER 123

Title

Perimenopause as a diagnostic entry point for rectovaginal endometriosis in a patient with predominantly gastrointestinal manifestations: a case report. Dr Maria Zalazar

Context
Endometriosis is a chronic oestrogen-dependent inflammatory disease classically associated with pelvic pain and infertility during reproductive years. However, atypical extra-gynaecological manifestations may contribute to delayed diagnosis, while perimenopause may represent a diagnostic entry point in complex presentations, particularly in patients lacking classic symptoms.

Objective
To describe a case of histopathologically confirmed rectovaginal endometriosis presenting predominantly with longstanding gastrointestinal manifestations in the absence of typical gynaecological symptoms. a chronic oestrogen-dependent inflammatory disease classically associated with pelvic pain and infertility during reproductive years. However, atypical extra-gynaecologic
Method
Case report and longitudinal clinical review.

Patient(s)
A 49-year-old woman presented with progressive longstanding constipation, bloating, malabsorptive symptoms, and multiple food intolerances previously evaluated across multiple specialties. Patient denied infertility, dysmenorrhoea, or chronic pelvic pain. Past history included craniotomy with aneurysm clip placement following ruptured cerebral aneurysm in the context of severe constipation. Family history revealed a sister with chronic dysmenorrhoea, interstitial cystitis, and grade 2 hydronephrosis.
Intervention(s)
Evaluation of abnormal uterine bleeding during late perimenopause identified a posterior uterine wall fibroid measuring 6.18 × 7.48 × 5.38 cm and an anterior wall fibroid measuring 22 × 22 mm. Pelvic MRI was contraindicated because of previous aneurysm clip placement. Robotic-assisted myomectomy was performed, during which rectovaginal lesions were identified, excised, and histopathologically confirmed as endometriosis.

Main Outcome Measure(s)
Recognition of histopathologically confirmed rectovaginal endometriosis presenting predominantly with gastrointestinal manifestations in the absence of classic gynaecological symptoms.

Result(s)
Histopathological confirmation of rectovaginal endometriosis was achieved after decades of progressive gastrointestinal symptomatology without typical gynaecological manifestations. Postoperative micronised progesterone therapy was prescribed. Initial symptomatic improvement was observed, although progressive constipation recurred within three months.

Conclusions
This case highlights that rectovaginal endometriosis may remain unrecognised in women lacking classic gynaecological symptoms and may present predominantly with gastrointestinal manifestations extending into perimenopause. Abnormal uterine bleeding during perimenopause may represent a diagnostic opportunity in complex cases. Detailed family and longitudinal clinical history may contribute to earlier diagnostic suspicion in atypical presentations.