

# Tubal Endometriosis

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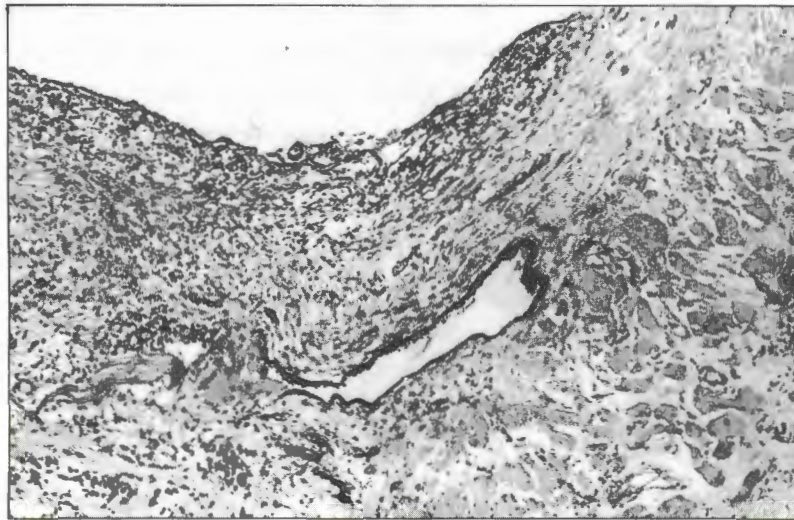
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Patient I, 20 years old, was admitted on 1.8.97 with history of amenorrhoea 3 1/2 months and pain in abdomen off and on. She had one episode of bleeding per vaginum 1 1/2 months back and occasional spotting. Her menstrual history was regular and last menstrual period on 19.4.97. She was married three months back.

General examination was normal except mild pallor. Abdominal examination was within normal limits. On per speculum examination dark altered blood was seen coming from os. Per vaginal examination revealed uterus to be 14 weeks of pregnancy deviated to right. Haemoglobin was 8gm%. On pelvic USG no gestational sac was seen. Uterus was enlarged, a cystic mass with internal echoes and culdesac showed evidence of fluid. Suspicion of ?Ectopic ??Tubo-ovarian mass was made. Laparoscopy revealed omental and bowel adhesions covering the DOP. So uterus not visualised. In between the loops of intestine there was small quantity of blood which aroused suspicion of ec-

topic. On exploratory laparotomy left tube was having bulge at cornual end with normal ovary on same side. The right tube was looking normal but right ovary showed cystic changes, enlarged & blue in colour, while aspiration revealed thick chocolate coloured fluid nearly 50cc. Nodular cornual end of left fallopian tube was incised

which was showing bulge, it revealed thickened wall with about 2-5 ml of altered blood inside it. This part of tube was sent for histopathology. Uterus was bulky, a node was present on intestine which was sent for HP. Ovarian biopsy from right side was taken along with biopsy of fallopian tube.



Photograph showing Endometrial Glands (Arrow) and Stroma on the wall of fallopian tube ( HE X 40 ).

Biopsy report showed intestinal nodule as haemorrhagic necrosis with inflammation, Fallopian tube showed endometriosis with inflammatory changes, without any fetal tissue (Fig. I) and ovarian tissue showed evidence of endometriosis. Patient was put on Danazole and is under follow up.