



Image of the Month

An unusual retroperitoneal endometriotic cyst in a young woman

Jiong Lu^a, Jun-Yi Zhao^b, Xian-Ze Xiong^a, Nan-Sheng Cheng^{a,*}^a Department of Bile Duct Surgery, West China Hospital, Sichuan University, Chengdu, Sichuan Province, China^b Department of Pathology, West China Hospital, Sichuan University, Chengdu, Sichuan Province, China

A 30-year-old woman presented with a one-month history of intermittent upper abdominal pain was referred to our hospital. Her past medical history was not significant, and pertinent laboratory tests were within reference range. A contrast-enhanced computed tomography (CT) scan of the upper abdomen showed a 3.7 × 3.6-cm retroperitoneal cystic lesion beside the inferior vena cava (Fig. 1A). The cystic wall and septa had enhancement after contrast injection. In view of her findings on CT and symptoms, she eventually underwent retroperitoneal cystic lesion resection. Intraoperatively, a solitary cyst with capsular fibrosis was found in the retroperitoneum, adjacent to the inferior vena cava. When opening the cyst lesion, a dense, chocolate-like fluid leaked out.

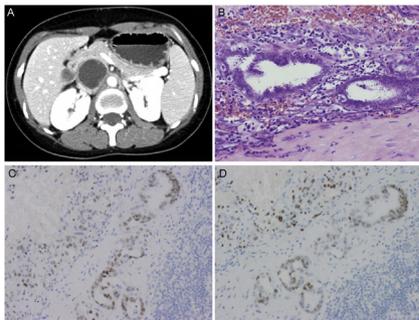


Fig. 1. The imaging and pathological characteristics of retroperitoneal endometriotic cyst.

Microscopically, the cyst wall was characterized by endometrial glandular and stromal component with associated hemorrhage (Fig. 1B). Immunohistochemical analysis further confirmed positive expression for estrogen receptors and progesterone receptors (Fig. 1C, D). These findings were consistent with the diagnosis of endometriotic cyst. Endometriosis is usually found in the pelvis, however, extrapelvic retroperitoneal endometriotic cyst is extremely rare [1]. The most common symptom of retroperitoneal endometriotic cyst is abdominal pain, but it is nonspecific. Cystic lesion anywhere in the abdominal cavity should be suspected as endometriotic cyst, especially in those patients with a history of endometriosis. Surgical resection remains the principal treatment option in patients of diagnosed or suspected endometriotic cyst.

Conflict of interest

None declared.

Disclosure

Informed consent was obtained from the patient to publish his information and imaging.

Reference

- [1] Kelemen PR. Extrapelvic retroperitoneal endometrioma. *Am J Surg* 2002;184:52–3.

* Corresponding author at: Department of Bile Duct Surgery, West China Hospital, Sichuan University, No. 37 Guo Xue Xiang, Chengdu, Sichuan Province 610041, China.

E-mail address: nanshengcheng@163.com (N.-S. Cheng).