

Video Article

Laparoscopic view of endosalpingiosis in a woman with dermoid cyst and endometriosis Hortu et al. Endosalpingiosis with endometriosis and dermoid cyst

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Abstract

Endosalpingiosis is, like endometriosis, the presence of cystic masses outside of the salpinx which contains fallopian tube epithelium. Endosalpingiosis can be seen on the surface of ovaries, tubal serosa, uterine serosa, myometrium, and also in the bladder. The main clinical features of endosalpingiosis are pelvic pain, adnexal mass which mimics cancer, and urinary symptoms. Herein, we reported a surgical video of endosalpingiosis in a woman with endometriosis and a dermoid cyst.

Keywords: Endosalpingiosis, laparoscopy, endometriosis, dermoid cyst

Introduction

Endosalpingiosis is, like endometriosis, presence of cystic masses outside of the salpinx that includes the ovarian cortex, uterine serosa, and the surface of other pelvic organs, an inguinal region which contains fallopian tube epithelium (1-5). Endosalpingiosis is almost usually an incidental finding at the time of surgery. Although endosalpingiosis is a benign and rare condition, it can simulate peritoneal cancer or metastases (6). Experienced pathologists are crucial for exact diagnosis. Endosalpingiosis differs histologically from endometriosis since it has ciliated glandular epithelium, no endometrium-like tissue, and does not display the same inflammatory reactions. Endosalpingiotic glands should be discriminate from mesonephric remnants in the pelvis, which are common incidental microscopic findings in the region of the fallopian tube. Mesonephric remnants are typically located more deeply than endosalpingiosis and characteristically have a collar of smooth muscle under the epithelial lining, which is typically a single layer of nonciliated, low columnar to cuboidal cells. As in the present case, the endosalpingiotic tissue contains columnar and ciliated epithelium with intercalated cells which have a clear cytoplasm. (7,8). Furthermore, clinicians' awareness should be increased, but radical surgery for endosalpingiosis should be limited due to high recurrence rates.

The purpose of this video article is to demonstrate a laparoscopic view of incidental endosalpingiosis concomitant with dermoid cyst and endometriosis. This operation was recorded at a university hospital. A 40-year-old woman admitted to our outpatient clinic due to pelvic pain for 6-months. She had a cesarean section and laparoscopic ovarian cyst surgery in her past medical history. Transvaginal ultrasonography revealed a 5-cm dermoid cyst in the right adnexal area. Tumor markers and other biochemical parameters were within a normal range. In light of the findings, laparoscopic surgery was decided. A 10-mm trocar was inserted through umbilicus for the optic system and three ancillary port was employed, also. Endoscopic visualization was revealed right ovary with a 5-cm cyst, diffuse clear cystic masses involving the uterine serosa and endometriotic lesion on the vesicouterine peritoneal fold (Figure 1, Figure 2). Left ovary and other organs were the normal appearance. The cyst wall was cauterized with a bipolar instrument. During dissection via laparoscopic scissors cyst was punctured. Cyst content was aspirated, immediately. Then, the dermoid cyst wall was extirpated with traction-countertraction method. The cyst wall was taken into a surgical sterile glove and taken out from a 10-mm optic port. The pelvic peritoneal cavity was thoroughly washed with sterile saline. Small bleeders were stopped with the bipolar instrument and then the right ovary was sutured. A punch biopsy was taken from clear cysts on the uterus. After the coagulation of the endometriotic lesions on the pelvis, the operation was ended (Figure 3). The pathological diagnosis of the clear cysts on the uterus was reported as endosalpingiosis.

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References

1. Prentice L, Stewart A, Mohiuddin S, Johnson NP. What is endosalpingiosis? *Fertil Steril* 2012; 98: 942-7.
2. Batt RE, Yeh J. Müllerianosis: four developmental (embryonic) mullerian diseases. *Reprod Sci* 2013; 20: 1030-7.
3. Laganà AS, Vitale SG, Salmeri FM, Triolo O, Frangež HB, Vrtačnik-Bokal, et al. Unus pro omnibus, omnes pro uno: A novel, evidence-based, unifying theory for the pathogenesis of endometriosis. *Med Hypotheses*. 2017; 103: 10-20.
4. Laganà AS, Garzon S, Götte M, Viganò P, Franchi M, Ghezzi F, et al. The Pathogenesis of Endometriosis: Molecular and Cell Biology Insights. *Int J Mol Sci*. 2019; 20: 5615.
5. Stojanovic M, Brasanac D, Stojicic M. Cutaneous inguinal scar endosalpingiosis and endometriosis: case report with review of literature. *Am J Dermatopathol*. 2013; 35: 254-260.
6. Rajarubendra N, Leang Y, Monsour M. Mullerianosis of the urinary bladder. *ANZ J Surg* 2015; 85: 292-3.
7. McCoubrey A, Houghton O, McCallion K, McCluggage WG. Serous adenocarcinoma of the sigmoid mesentery arising in cystic endosalpingiosis. *J Clin Pathol*. 2005; 58: 1221-1223.

8. Carrick KS, Milvenan JS, Albores-Saavedra J. Serous tumor of low malignant potential arising in inguinal endosalpingiosis: report of a case. *Int J Gynecol Pathol.* 2003; 22: 412-415.

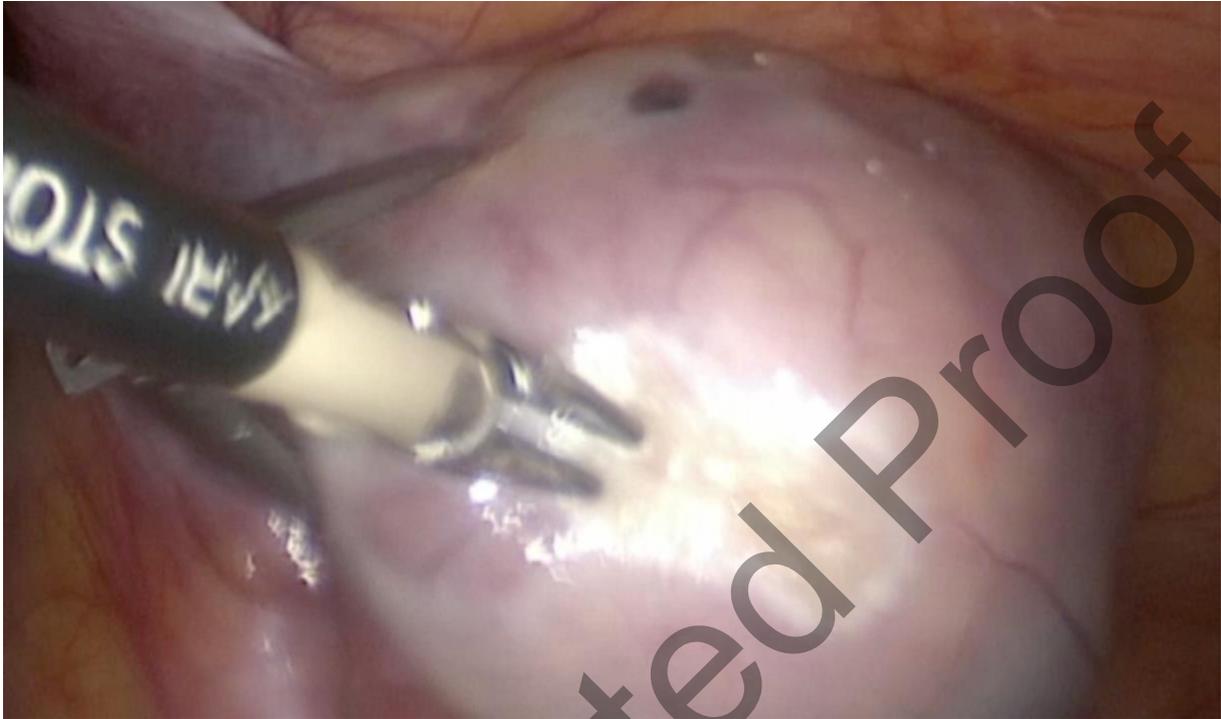


Figure 1. 5 cm diametered dermoid cyst in the right ovary

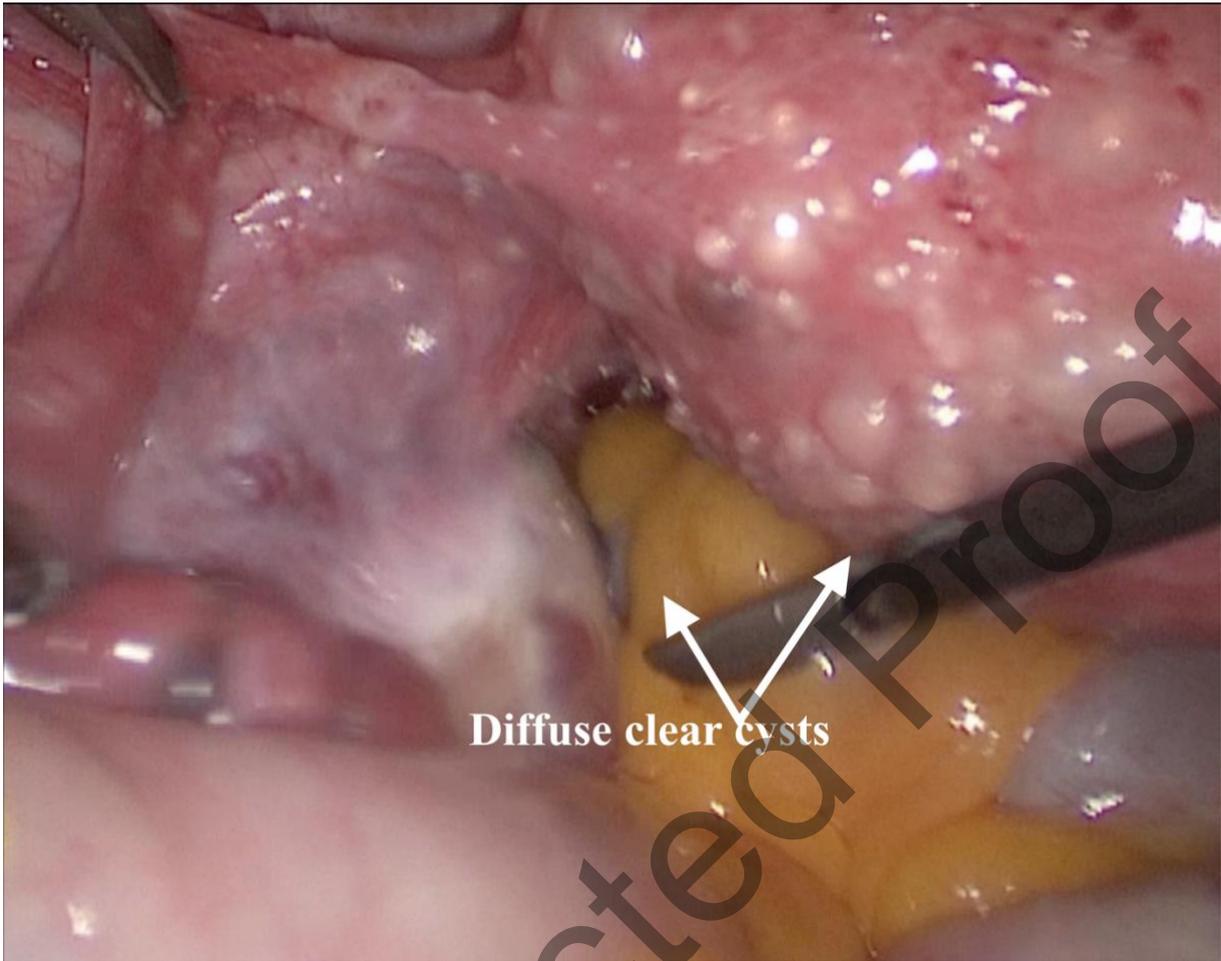


Figure 2. Diffuse clear cysts on the surface of the uterus, fallopian tube, and the left ovary

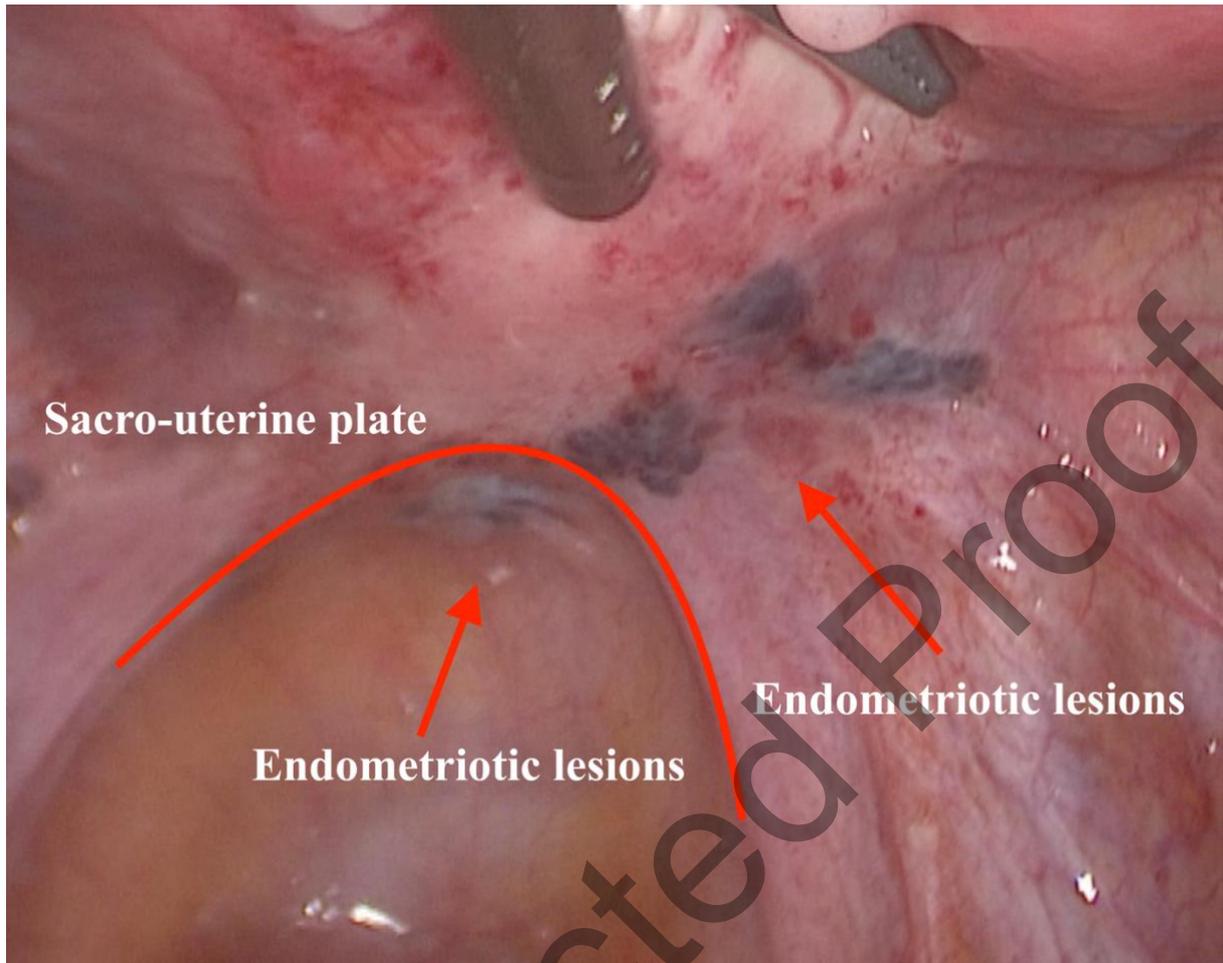


Figure 3. Endometriotic lesions on the peritoneum of the pouch of Douglas