

INTERNATIONAL SUMMIT ON HEPATOLOGY AND NEPHROLOGY RESEARCH



Daniel Chorley, Ibrahim Mian, Deloshaan Subhaharan and Pradeep Kakkadasam Ramaswamy

Department of Digestive Health, Gold Coast University, Australia

Endometriosis Presenting as a Rectal Stricture in a Patient with Ulcerative Colitis and Primary Sclerosing Cholangitis: A Case Report

Abstract: Patients with ulcerative colitis (UC) are at increased risk of colorectal cancer (CRC), particularly when compounded by high-risk features such as primary sclerosing cholangitis (PSC) and colonic strictures. Differentiating between malignant and benign strictures in this setting is crucial but often challenging. We report a case of a woman in her early 40s with longstanding UC and newly diagnosed PSC who developed a persistent rectosigmoid stricture. Despite multiple endoscopic biopsies showing no dysplasia, concern for malignancy remained high due to her dual-risk profile. She subsequently underwent elective total proctocolectomy. Histopathological examination revealed no dysplasia or active inflammation but demonstrated deep infiltrating endometriosis involving the rectal submucosa and muscularis propria—accounting for the stricture.

Endometriosis affecting the bowel is uncommon but can mimic features of IBD and CRC, including strictures, abdominal pain, and altered bowel habits. (1,2) Diagnosis is difficult due to overlapping symptoms and the limited depth of endoscopic biopsies, which may miss submucosal disease. While malignancy must be thoroughly ruled out in high-risk patients, alternative diagnoses such as endometriosis should be considered—especially in women with subtle gynecological symptoms. (3,4) This case underscores the diagnostic complexity of colonic strictures in IBD, especially in patients with additional CRC risk factors. It highlights the need for a broad differential diagnosis, interdisciplinary collaboration, and careful interpretation of clinical, endoscopic, and histological findings to guide management.

Keywords: ulcerative colitis, endometriosis, stricture, primary sclerosing cholangitis, inflammatory bowel disease, colorectal cancer

Biography:

1. Bong JW, Yu CS, Lee JL, Kim CW, Yoon YS, Park IJ, et al. Intestinal endometriosis: Diagnostic ambiguities and surgical outcomes. *World J Clin Cases.*(2019) 7:441–51. doi: 10.12998/wjcc.v7.i4.441
2. Remorgida V, Ferrero S, Fulcheri E, Ragni N, Martin DC. Bowel endometriosis: presentation, diagnosis, and treatment. *Obstet Gynecol Surv.* (2007) 62:461–70. doi: 10.1097/01.ogx.0000268688.55653.5c
3. Gordon H, Biancone L, Fiorino G, Katsanos KH, Kopylov U, Al Sulais E, et al. ECCO guidelines on inflammatory bowel disease and Malignancies. *J Crohns Colitis.* (2023) 17:827–54. doi: 10.1093/ecco-jcc/jjac187
4. Murthy SK, Feuerstein JD, Nguyen GC, Velayos FS. AGA clinical practice update on endoscopic surveillance and management of colorectal dysplasia in inflammatory bowel diseases: expert review. *Gastroenterology.* (2021) 161:1043–51. doi: 10.1053/j.gastro.2021.05.063