weight gain of 5-10 kg, severe leg cramps. One normal birth was obtained after 8 years sterility.

One White French woman presenting uterine adenomyosis with menometrorrhagia and severe chronic anemia was given danazol 600 then 300 mg/day. The spectacular improvement enabled hysterectomy previously envisaged to be avoided.

Comments on AFS classification of external endometriosis, the advantages of laparoscopy, the high cost of danazol, which although more efficient than progestins and estroprogestins must therefore be reserved for cases where these drugs have failed.

Clinical Presentation of Endometriosis

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According to a study on patients at the University of Kebangsaan, Malaysia, it was noted that endometriosis did not present as described before in textbooks. The study was carried out on 50 cases. All the cases were either confirmed histologically or by direct visualisation. Among the interesting cases were a case of endometroid carcinoma and a case of endometriosis of the bladder.

Only 40% of the cases were diagnosed pre-operatively. Most of these cases were moderate to extensive and required major surgery.

Endometriosis: An Exceptional Etiology of Incidentally Discovered Adrenal Mass

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A 38-year-old female with a history of hysterectomy (for a uterine fibroma) is referred for investigation of an incidentally discovered right adrenal mass. This hypoechogenic tumor had been found after abdominal ultrasonography motivated by three iterative pain episodes of the right upper quadrant. There is no clinical and biological evidence for hormonal adrenal hypersecretion nor primitive neoplasia. Abdominal CT scan and digitalized angiography confirm the existence of an avascular polycyclic tumor. Lobotomy is decided permitting a right adrenalectomy. Pathological analysis shows a normal adrenal gland pushed back by a lesion 2 cm in diameter, within a hematoma from endometriotic origin. This etiology of incidentally discovered adrenal mass has not yet been described. Two pathophysiological hypotheses can be relevant with this ectopic localization of

endometriosis: venous and/or lymphatic metastasis and, more likely, because of the contiguity with the peritoneal serosa and the embryological origin of the adrenal glands, celomic metaplasia.