**Appendix**

<table>
<thead>
<tr>
<th>Case</th>
<th>Age</th>
<th>Clinical manifestation</th>
<th>Hysteroscopy</th>
<th>Diagnostic procedure/ Surgery</th>
<th>Author</th>
<th>Macroscopic description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>25</td>
<td>Incidental diagnosis during C-section</td>
<td>No</td>
<td>C-section</td>
<td>Bryce et al 1982</td>
<td>Multicystic lesion covers the lower half of the anterior serosal surface of the uterus and the urovesical fold of peritoneum; several similar cysts on both ovaries</td>
</tr>
<tr>
<td>2</td>
<td>20</td>
<td>Incidental diagnosis during C-section</td>
<td>No</td>
<td>C-section</td>
<td>Clement et al 1999</td>
<td>Multiple cysts involved the uterine serosa, the cul-de-sac, and both ovaries and fallopian tubes</td>
</tr>
<tr>
<td>3</td>
<td>41</td>
<td>Abnormal uterine bleeding, dyspareunia</td>
<td>No</td>
<td>Hysterectomy</td>
<td>Heatley et al 2001</td>
<td>The lower uterine segment and the cervix showed cysts with smooth lining</td>
</tr>
<tr>
<td>4</td>
<td>43</td>
<td>Abnormal uterine bleeding and pelvic pain</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Fukunaga et al 2004</td>
<td>The lower uterine segment and the cervix showed cysts, containing brown and clear fluid with smooth lining and without excrescences</td>
</tr>
<tr>
<td>5</td>
<td>73</td>
<td>Abdominal swelling</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Chang et al 2003</td>
<td>Multiple small subserosal and intramural cysts of various sizes and shapes (8 – 9 mm in diameter) in the left part of the fundus</td>
</tr>
<tr>
<td>6</td>
<td>45</td>
<td>Abnormal uterine bleeding and pelvic pain</td>
<td>No</td>
<td>Hysterectomy</td>
<td>Youssef et al 2006</td>
<td>Uterus was pear-shaped with three ovoid external protruding subserosal masses with narrow stalks. The larger two were located at the posterior side, measuring 13 cm and 8.5 cm, respectively</td>
</tr>
<tr>
<td>7</td>
<td>51</td>
<td>Pelvic pain</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Shim et al 2008</td>
<td>Large exophytic mass measuring up to 250 mm, protruding from the serosal aspect of the uterus into the broad ligaments and projecting into the pelvic cavity, comprising multiple nodules giving a placenta-like appearance</td>
</tr>
<tr>
<td>8</td>
<td>50</td>
<td>Palpable pelvic mass</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Cil et al 2008</td>
<td>Uterine cyst lesion, well-circumscribed, intramural, serous fluid-filled cystic mass in the uterine fundus having continuity with the endometrium</td>
</tr>
<tr>
<td>9</td>
<td>52</td>
<td>An accidentally detected pelvic mass</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Cly et al 2005</td>
<td>Subserosal sessile polypoid mass with multiple cysts in the anterior fundus of the uterus</td>
</tr>
<tr>
<td>10</td>
<td>49</td>
<td>Abnormal uterine bleeding</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Shim et al 2008</td>
<td>Multiple subserosal cystic polypoid masses in the bilateral uterine horns and posterior fundus of the uterus</td>
</tr>
<tr>
<td>11</td>
<td>45</td>
<td>Abnormal uterine bleeding and pelvic pain</td>
<td>No</td>
<td>Hysterectomy and bilateral salpingo-oophorectomy</td>
<td>Youssef et al 2006</td>
<td>Numerous cystic structures on the surface of the uterus and both ovaries.</td>
</tr>
</tbody>
</table>
Abnormal uterine bleeding

Yes. No description of endosalpingiosis lesions. Endometrial adenocarcinoma

Hysterectomy and bilateral salpingo-oophorectomy

Suarez-Vilela et al 2009\textsuperscript{12}

Subserosal nodule 8 x 7 x 5 cm, located in the anterior uterine wall and myoma (5 x 3 cm) with a mass inside, with several cysts

Abnormal uterine bleeding and pelvic pain

No

Hysterectomy and bilateral salpingo-oophorectomy

Taneja et al 2010\textsuperscript{13}

A nodule in the pouch of Douglas with no apparent cystic mass

Pelvic pain

No

Mass resection

Rosenberg et al 2011\textsuperscript{16}

Pedunculated formation with multilobular surface with 10 cm in diameter, originating from the posterior wall of the uterus.

Abdominal pain

No

Hysterectomy and bilateral salpingo-oophorectomy

Patonay 2011\textsuperscript{18}

Small clear vesicles measured from 1 - 8 mm, which covered the uterus, the urinary bladder and the pelvic side walls

Palpable mass

No

Hysterectomy

Nakae et al 2013\textsuperscript{16}

Unilocular pedunculated cystic mass arising from the fundus of the uterus 7.5 x 6.5 cm

Chronic back pain

No

Hysterectomy and bilateral salpingo-oophorectomy

Scheel et al 2013\textsuperscript{17}

Cystic formations at the fundus of the uterus and adnexa, the largest with 7.5 cm

Abnormal uterine bleeding

No

Hysterectomy and bilateral salpingo-oophorectomy

Yiğit et al 2014\textsuperscript{18}

8 cm intramural biloculated cyst in the fundus

Abdominal pain

No

Hysterectomy and bilateral salpingo-oophorectomy

Goodman et al 2014\textsuperscript{19}

Uterus covered with multiple grape-like cysts. On gross examination, the uterine cysts appeared isolated to the surface and superficial myometrium, and contained straw-colored serous fluid

Abnormal uterine bleeding and pelvic pain

Yes. Normal with secretory pattern of the endometrium

Exploratory laparoscopy with biopsy

Singh et al 2014\textsuperscript{20}

Vesicular deposits of varying sizes were present all over the surface of the uterus and the pelvic peritoneum, and the left ovary was multicystic with papillary projections

Abnormal uterine bleeding

No

Hysterectomy

Im et al 2015\textsuperscript{21}

Mass in the lower uterine segment.

Uterine prolapse

No

Vaginal hysterectomy

Joshi et al 2015\textsuperscript{22}

Cyst attached to the fundus of the uterus, 7.5 x 5 cm.

Incidental diagnosis during c-section

No

C-section

Moralles-Rosello et al 2016\textsuperscript{23}

Uterine fundus and part of the body was seen completely seeded with a multitude of cyst-like structures resembling hydatids of Morgagni.

Abnormal uterine bleeding

No

Hysterectomy and bilateral salpingo-oophorectomy

El-Agwany. et al 2018\textsuperscript{24}

Small clear vesicles over the uterine wall on the lateral side.

Abnormal uterine bleeding

Hysterectomy and bilateral salpingo-oophorectomy

Choudhary et al 2016\textsuperscript{25}

Subserosal brownish multicystic polyloid mass was seen in the posterior fundus of the uterus. 30 x 25-mm multicystic, whitish mass in the myometrium in the uterine fundus

Abdominal pain

Hysterectomy

Hattori et al 2018\textsuperscript{26}

Numerous cystic lesions of various sizes emanating from the uterine surface measuring <1- 3 cm and the largest one with 8 cm

Pelvic pain

No

Exploratory laparoscopy with cystectomy

Nixon et al 2018\textsuperscript{27}

Intramural unilocular cyst in the posterior myometrium

Pelvic pain

Laparoscopy with cystectomy

Wang et al 2018\textsuperscript{28}

One cyst, regular, round, and

An accidentally

Laparoscopic

Yang et al
### Tables

<table>
<thead>
<tr>
<th>Abnormal uterine bleeding</th>
<th>Yes. Polypoid lesion that mysteriously disappeared into a diverticular cavity with trabeculated-looking walls was visualized</th>
<th>Hysterectomy and bilateral salpingo-oophorectomy</th>
<th>Our case 2019</th>
<th>Mass with 75x50x40 mm in the right wall of the uterus, involving the serosa, all myometrium and polypoid growth towards the intrauterine cavity</th>
</tr>
</thead>
</table>

### REFERENCES APPENDIX


27. Nixon KE, Schoolmeester JK, Bakkum-Gamez JN. Florid cystic endosalpingiosis with uterine preservation and successful assisted reproductive therapy. Gynecol Oncol Reports. 2018;25:8-10

