

Appendix 1**Table 1** - Uterine FCE literature

Review of literature about uterine FCE						
Case	Age	Clinical manifestation	Hysteroscopy	Diagnostic procedure/ Surgery	Author	Macroscopic description
1	25	Incidental diagnosis during C-section	No	C-section	Bryce <i>et al</i> 1982 ¹	Multicystic lesion covers the lower half of the anterior serosal surface of the uterus and the uterovesical fold of peritoneum; several similar cysts on both ovaries
2	20	Incidental diagnosis during C-section	No	C-section	Clement <i>et al</i> 1999 ²	Multiple cysts involved the uterine serosa, the cul-de-sac, and both ovaries and fallopian tubes
3	41	Abnormal uterine bleeding, dyspareunia	No	Hysterectomy		The lower uterine segment and the cervix showed cysts with smooth lining
4	43	Abnormal uterine bleeding and pelvic pain	No	Hysterectomy and bilateral salpingo-oophorectomy		The lower uterine segment and the cervix showed cysts, containing brown and clear fluid with smooth lining and without excrescences
5	73	Abdominal swelling	No	Hysterectomy and bilateral salpingo-oophorectomy	Heatley <i>et al</i> 2001 ³	Cystic spaces and nodules, measuring up to 16 mm in diameter, were beneath the uterine serosa (within the superficial myometrium) and extended from the mid corpus to the cervix
6	45	Abnormal uterine bleeding and pelvic pain	No	Hysterectomy	Chang <i>et al</i> 2003 ⁴	Irregular, cystic, and well-encapsulated tumor, tan to brown, localized in the cul-de-sac
7	51	Pelvic pain	No	Hysterectomy and bilateral salpingo-oophorectomy	Fukunaga <i>et al</i> 2004 ⁵	Subserosal sessile polypoid mass with multiple cysts in the anterior fundus of the uterus
8	50	Palpable pelvic mass	No	Hysterectomy and bilateral salpingo-oophorectomy	Kajo <i>et al</i> 2005 ⁶	Multiple small subserosal and intramural cysts of various sizes and shapes (8 – 9 mm in diameter) in the left part of the fundus
9	52	An accidentally detected pelvic mass	No	Hysterectomy and bilateral salpingo-oophorectomy	Lee <i>et al</i> 2005 ⁷	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
10	49	Abnormal uterine bleeding	No	Hysterectomy and bilateral salpingo-oophorectomy	Youssef <i>et al</i> 2006 ⁸	Numerous cystic structures on the surface of the uterus and both ovaries.
11	45	Abnormal uterine bleeding and pelvic pain	No	Hysterectomy and bilateral salpingo-oophorectomy	Cil <i>et al</i> 2008 ⁹	Uterine cyst lesion, well-circumscribed, intramural, serous fluid-filled cystic mass in the uterine fundus having continuity with the endometrium
12	54	Abnormal uterine bleeding	No	Hysterectomy and bilateral salpingo-oophorectomy	Shim <i>et al</i> 2008 ¹⁰	Multiple subserosal cystic polypoid masses in the bilateral uterine horns and posterior fundus of the uterus
13	47	Pelvic mass and vaginal bleeding		Hysterectomy and bilateral salpingo-oophorectomy	Driss <i>et al</i> 2009 ¹¹	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

	51	Abnormal bleeding	uterine	Yes. No description of endosalpingiosis lesions. Endometrial adenocarcinoma	Hysterectomy and bilateral salpingo-oophorectomy	Suarez-Vilela <i>et al</i> 2009 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
	40	Abnormal uterine bleeding and pelvic pain		No	Hysterectomy and bilateral salpingo-oophorectomy	Taneja <i>et al</i> 2010 ¹³	A nodule in the pouch of Douglas with no apparent cystic mass
	50	Pelvic pain		No	Mass resection	Rosemberg <i>et al</i> 2011 ¹⁴	Pedunculated formation with multilobular surface with 10 cm in diameter, originating from the posterior wall of the uterus.
	44	Abdominal pain		No	Hysterectomy and bilateral salpingo-oophorectomy	Patonay 2011 ¹⁵	Small clear vesicles measured from 1 - 8 mm, which covered the uterus, the urinary bladder and the pelvic side walls
	45	Palpable mass		No	Hysterectomy	Nakae <i>et al</i> 2013 ¹⁶	Unilocular pedunculated cystic mass arising from the fundus of the uterus 7.5 x 6.5 cm
	48	Chronic back pain		No	Hysterectomy and bilateral salpingo-oophorectomy	Scheel <i>et al</i> 2013 ¹⁷	Cystic formations at the fundus uterus and adnexa, the largest with 7.5 cm
	44	Abnormal uterine bleeding		No	Hysterectomy and bilateral salpingo-oophorectomy	Yiğit <i>et al</i> 2014 ¹⁸	8 cm intramural biloculated cyst in the fundus
	56	Abdominal pain		No	Hysterectomy and bilateral salpingo-oophorectomy	Goodman <i>et al</i> 2014 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
	31	Abnormal uterine bleeding and pelvic pain		Yes. Normal with secretory pattern of the endometrium	Exploratory laparoscopy with biopsy	Singh <i>et al</i> 2014 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
	43	Abnormal uterine bleeding		No	Hysterectomy	Im <i>et al</i> 2015 ²¹	4 x 3.8 cm mass in the lower uterine segment.
	40	Uterine prolapse		No	Vaginal hysterectomy	Joshi <i>et al</i> 2015 ²²	Cyst attached to the fundus of the uterus, 7.5 x 5 cm
	30	Incidental diagnosis during c-section		No	C-section	Moralles-Rosello <i>et al</i> 2016 ²³	Uterine fundus and part of the body was seen completely seeded with a multitude of cyst-like structures resembling hydatids of Morgagni.
	45	Abnormal uterine bleeding		No	Hysterectomy and bilateral salpingo-oophorectomy	Ei-Agwany. <i>et al</i> 2016 ²⁴	Small clear vesicles over the uterine wall on the lateral side.
	50	Abnormal bleeding			Hysterectomy and bilateral salpingo-oophorectomy	Choudhary <i>et al</i> 2016 ²⁵	Subserosal brownish multicystic polypoid mass was seen in the posterior fundus of the uterus.
	67	Abdominal pain		No	Hysterectomy	Hattori <i>et al</i> 2018 ²⁶	30 x 25-mm multicystic, whitish mass in the myometrium in the uterine fundus
	43	Pelvic pain		No	Exploratory laparoscopy with cystectomy	Nixon <i>et al</i> 2018 ²⁷	Numerous cystic lesions of various sizes emanating from the uterine surface measuring <1-3 cm and the largest one with 8 cm
	31	Pelvic pain		No	Laparoscopy with cystectomy	Wang <i>et al</i> 2018 ²⁸	Intramural unilocular cyst in the posterior myometrium
	31	An accidentally		No	Laparoscopic	Yang <i>et al</i>	One cystic, regular, round, and

33	56	Abnormal bleeding	uterine	Yes. Polypoid lesion that mysteriously disappeared into a diverticular cavity with trabeculated-looking walls was visualized	Hysterectomy and bilateral salpingo-oophorectomy	Our case 2019	Mass with 75x50x40 mm in the right wall of the uterus, involving the serosa, all myometrium and polypoid growth towards the intrauterine cavity
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REFERENCES APPENDIX

1. Bryce RL, Barbatis C, Charnock M. Endosalpingiosis in pregnancy- case report. Br J Obstet Gynaecol. 1982;89:166-8.
2. Clement P, Young R. Florid cystic endosalpingiosis with tumor-like manifestations: a report of four cases including the first reported cases of transmural endosalpingiosis of the uterus. Am J Surg Pathol. 1999;23:166-75.
3. Heatley M, Russell P. Florid cystic endosalpingiosis of the uterus. J Clin Pathol. 2001;54:399-400.
4. Chang Y, Tsai EM, Yang CH, Kuo CH, Lee JN. Multilobular cyst as endosalpingiosis of uterine serosa: a case report. Kaohsiung J Med Sci. 2003;19:38-40.
5. Fukunaga M. Tumor-like cystic endosalpingiosis of the uterus with florid epithelial proliferation: a case report. Apmis. 2004;112:45-8.
6. Kajo K, Žúbor P, Macháleková K, Plank L, Višňovský J. Tumor-like manifestation of endosalpingiosis in uterus: a case report. Pathol Res Pract. 2005;201:527-30.
7. Lee S, Cho M, Kim SC. Tumor-like multilocular cystic endosalpingiosis of the uterine serosa: possible clinical and radiologic misinterpreted. Acta Obs Gynecol Scand. 2005;84:98-9.
8. Youssef AH, Ganesan RT. Florid cystic endosalpingiosis of the uterus. Histopathology. 2006;49:546-7.
9. Cil AP, Atasoy P, Kara SA. Myometrial involvement of tumor-like cystic endosalpingiosis: A rare entity. Ultrasound Obstet Gynecol. 2008;32:106-10.
10. Shim SH, Kim HS, Jo M, Chang SH. Florid cystic endosalpingiosis of the uterus: a case report. Korean J Pathol. 2008;42:189-91.
11. Driss M, Zhioua F, Doghri R, Mrad K, Dhouib R, Romdhane KB. Cotyledonoid dissecting leiomyoma of the uterus associated with endosalpingiosis. Arch Gynecol Obstet. 2009;280:1063-5.
12. Suárez-Vilela D, Miguel Izquierdo-García F, Méndez-Alvarez JR, Domínguez-Iglesias F. Florid cystic endosalpingiosis inside a uterine subserous leiomyoma. Pathology. 2009;41:401-3
13. Taneja S, Sidhu R, Khurana A, Sekhon R, Mehta A, Jena A. MRI appearance of florid cystic endosalpingiosis of the uterus: a case report. Korean J Radiol. 2010;11:476-9.
14. Rosenberg P, Nappi L, Santoro A, Bufo P, Greco P. Pelvic mass-like florid cystic endosalpingiosis of the uterus: A case report and a review of literature. Arch Gynecol Obstet.

- 2011;283:519-23.
15. Patonay B, Semer D, Hong H. Florid cystic endosalpingiosis with extensive peritoneal involvement and concurrent bilateral ovarian serous cystadenoma. *J Obstet Gynaecol*. 2011;31:773-74.
 16. Nakae H, Osuga Y, Fujimoto A, Nakagawa S, Ichinose M, Yano T, et al. Müllerian cyst of the uterus treated with laparoscopy and diagnosed using immunohistology. *J Obstet Gynaecol Res*. 2013;39:430-3.
 17. Scheel AH, Frasunek J, Meyer W, Ströbel P. Cystic endosalpingiosis presenting as chronic back pain, a case report. *Diagn Pathol*. 2013;8:196.
 18. Yigit S, Dere Y, Yetimalar H, Etit D. Tumor-like cystic endosalpingiosis in the myometrium: a case report and a review of the literature. *Turkish J Pathol*. 2013;30:145-8.
 19. Goodman S, Khan A. Florid cystic endosalpingiosis. *Int J Surg Pathol*. 2014;22:336.
 20. Singh N, Murali S, Zangmo R. Florid cystic endosalpingiosis, masquerading as malignancy in a young patient: a brief review. *BMJ Case Rep*. 2014;2014:bcr2013201645.
 21. Im S, Jung JH, Choi HJ, Kang CS. Intramural florid cystic endosalpingiosis of the uterus: a case report and review of the literature. *Taiwan J Obstet Gynecol*. 2015;54:75-7.
 22. Joshi P, Madhu R. Cystic endosalpingiosis of the uterus presenting as prolapse uterus – a very rare case. *Indian J Obstetr Gynaecol*. 2015;2:39-42.
 23. Morales-Roselló J, Pamplona-Bueno L, Montero-Balaguer B, Desantes-Real D, Perales-Marín A. Florid cystic endosalpingiosis (Müllerianosis) in pregnancy. *Case Rep Obstet Gynecol*. 2016;2016:8621570.
 24. El-Agwany AS. Endosalpingiosis (a rare pathology that mimic others): could it be a precursor of cancer? *Indian J Gynecol Oncol*. 2016;14:1-5.
 25. Choudhary S, Agnihotri P, Sehgal S, Jindal A. Cystic endosalpingiosis of the uterus-a rare entity in disguise. *Int J Med Res Rev*. 2016;4:1315-7.
 26. Hattori Y, Sentani K, Matsuoka N, Nakayama H, Hattori T, Kudo Y, et al. Intramural florid cystic endosalpingiosis of the uterus after menopause. *Polish J Pathol*. 2018;69:321-4.
 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
 28. Wang CJ, Li YC, Jung SM, Liao YH, Huang YT. Masslike cystic endosalpingiosis in the uterine myometrium. *J Minim Invasive Gynecol*. 2019;26:392-3.
 29. Yang M, Li Y, Chen M, Chen J, Kung FT. Uterine endosalpingiosis: case report and review of the literature. *Taiwan J Obstet Gynecol*. 2019;58:324-7.
 30. Saha A, Saha K, Mukhopadhyay J. Intramyometrial cystic endosalpingiosis - a rare entity in gynecological pathology: a case report and brief review of the literature. *Indian J Pathol Microbiol*. 2019;62:181-3.