endometriosis in the differential of abdominal pain in young females. Management of colonic endometriosis can be medical or surgical. If biopsies from colonoscopy demonstrate endometriosis nonsurgical options include hormonal therapy. However, superficial gastrointestinal biopsies may be inadequate to diagnose colonic endometriosis and deeper tissue sampling techniques may be required to establish a diagnosis of suspected endometriosis. Our patient was managed with a right hemicolectomy because of non diagnostic biopsies concern for malignancy on ileocolonic imaging. Post-operatively she decided to pursue hormonal therapy rather than salphingo-oophorectomy.

Acute Perforated Diverticulitis as a Potential Complication of SARS-CoV-2 (COVID-19)
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INTRODUCTION: Although Coronavirus Disease 2019 (COVID-19) presents predominantly with respiratory symptoms, gastrointestinal symptoms are becoming more recognized. Some studies report that up to 60% of COVID-19 positive patients present with a gastrointestinal complaint. Although our understanding of gastrointestinal symptoms coinciding with disease presentation is improving, gastrointestinal complications after acute COVID-19 infection are not well known. We report a healthy 38-year-old male presenting with acute perforated diverticulitis three days after being discharged from the hospital for respiratory symptoms secondary to COVID-19.

CASE DESCRIPTION/METHODS: A healthy 38 year old White Hispanic male with no significant past medical history initially presented to the emergency department (ED) with fever, cough and shortness of breath with no gastrointestinal symptoms. Chest x-ray reported bilateral alveolar opacification (Figure 1) and nasal swab confirmed COVID-19. He was admitted for hypoxic respiratory failure requiring 4 liters of oxygen via nasal cannula. After treatment with hydroxychloroquine and convalescent plasma, he was deemed stable for discharge home. Three days later, he returned to the ED with lower abdominal pain that started one day after discharge. Abdominal CT reported an acute perforated sigmoid diverticulitis without an abscess (Figure 2). Nasal swab remained positive for COVID-19. Surgery was consulted and recommended medical management with IV antibiotics. His condition improved with IV piperacillin/tazobactam and he was discharged home on oral amoxicillin/clavulanic acid.

DISCUSSION: Although COVID-19 predominantly presents with respiratory symptoms, there have been numerous reports of extra-respiratory complications including venous thromboembolism, cerebrovascular accidents and myocardial tissue injury. To the best of our knowledge, there have been no reports of acute diverticulitis secondary to COVID-19. Although there is insufficient data to suggest causation, systemic inflammation from COVID-19 may have played a role in the presentation of our patient. We hope that our case sheds light onto a potential gastrointestinal manifestation of COVID-19 that should not go unrecognized. Additionally, stool testing for COVID-19 may be an appropriate testing modality for patients with gastrointestinal symptoms. As more data on COVID-19 becomes available, consideration should be taken to identify potential gastrointestinal complications of the virus.