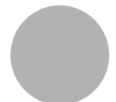

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CASE REPORT PROF-4296

ENDOMETRIOSIS;

ENDOMETRIOSIS AT CAESARIAN SECTION SCAR.

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ABSTRACT… A 32 years multiparous lady with history of previous three caesarean sections, presented with pain in the scar for the last three years. Clinical examination revealed a firm and tender nodule under the scar which used to become prominent on menstruation. Ultrasound showed hypoechoic areas with echogenic shadowing. MRI was unremarkable. Clinical diagnosis of scar endometriosis was made. Local incision done with enblock dissection. Histopathology confirmed the presence of endometrial glands. This is a case report of cesarean section scar endometriosis. The pathogenesis, diagnosis and treatment of this presentation are discussed.

Key words: Endometriosis, Scar Endometriosis, Incisional Endometriosis.

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INTRODUCTION

Endometriosis is a common gynecological condition in which the endometrial tissue is present outside the uterine cavity. Most often, this is on the ovaries, fallopian tubes, surface of uterus, the bowel and peritoneum. However in rare cases, it may also occur in other parts of body like liver, brain, lungs and old surgical scars. Scar endometriosis is rare condition that presents with pain at the incision site and its diagnosis is clinical dilemma. The prevalence of surgically proven endometriosis in scars is 1.6%.[1] It commonly follows gynecological surgeries. The diagnosis is frequently made after histological examination.

CASE REPORT

A 32 years old lady p3+1 with history of previous three scars, reported with pain in the scar off and on from the last 3 years. She has observed a painful nodule under the scar during the last 6 months. She noticed that the intensity of pain and size of the nodule used to increase during the menstruation. The lady was in distress due to persistence of symptoms in spite of regular use of analgesics since last two years. On examination, there was approximately 1.5 x 1.5 cm, firm and tender nodule under the left corner of the caesarean scar. Ultrasound revealed a hypoechoic area of 1.5 x1.5 cm with echogenic shadows. MRI done which was unremarkable. Local incision of nodule enblock done during menstruation. While excising, chocolate colored fluid was noticed on rupture of the cyst. Histopathology confirmed endometrial glands. Postoperative period was uneventful and patient was relieved of pain during follow up.

DISCUSSION

Endometriosis is the occurrence of endometrial like epithelium and stroma outside the uterine cavity. Grossly it is represented by small, dark red, black or bluish nodules on the surface of peritoneal and pelvic organs and called as powder burn lesions. Histologically endometriosis is characterized by ectopic presence of endometrial like glands, stroma and hemosiderin deposition within the macrophages. The proposed theories for the formation of endometriosis are retrograde menstruation, metaplasia of pelvic peritoneal cells, Immune system dysfunction and blood, lymphatic or iatrogenic spread.[2]

Scar endometriosis is an atypical entity which is seen in women who have undergone a previous abdominal or pelvic operation with an incidence of

only 0.03 to 0.15 % of all cases of endometriosis.[3,4] It occurs generally as a result of direct iatrogenic transplantation of the endometrial implants into the abdominal fascia, subcutaneous tissue and wound edges during surgical intervention. It is usually seen to occur in incisions of any type where there has been possible contact with endometrial tissue including episiotomy, hysterotomy, ectopic pregnancy, tubal ligation and cesarean section.[5] Time interval between operation and presentation has varied from 3 months to 10 years in different series.[2]

The diagnosis of scar endometriosis is challenging. It is often misdiagnosed as stitch granuloma, inguinal hernia, lipoma, abscess, cyst, incisional hernia, sarcoma, lymphoma or primary and metastatic cancer. Patient usually presents with post operative abdominal lump. Appropriately taken gynecological and surgical history, on examination a raised, unsightly hypertrophic scar and use of imaging techniques preferably MRI usually lead to the diagnosis.

Total wide excision of the lesion is the treatment of choice with both diagnostic as well as therapeutic value. Medical treatment for hormonal suppression with oral contraceptive pills and Danazol is not effective because these are associated with side effects like amenorrhea, weight gain, hirsutism and acne.

Scar endometriosis is an uncommon presentation. High level of suspicion should be made in any woman presenting with pain at incision site following surgery.

For the possibility of recurrence, follow up of endometriosis is essential. It may require re-excision and exclusion of malignancy. Malignant change of endometriosis in a cesarean scar is rare.[6] Hence, proper care, good technique and minimal handling of tissues during cesarean section may help in prevention.

CONCLUSION

Scar endometriosis is rare and difficult to diagnose, often confused with other surgical condition and should be kept in the differential diagnosis of lump in the abdomen in females. Moreover the lack of awareness makes the preoperative diagnosis unnoticed. However better diagnostic approach is achieved with the use of imaging techniques and FNAC. Malignancy should be excluded if the patient presents with recurrence of the disease.

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PREVIOUS RELATED STUDY

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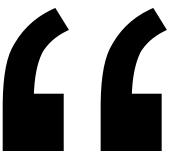

The true sign of intelligence is not knowledge, But imagination.

– Albert Einstein –

AUTHORSHIP AND CONTRIBUTION DECLARATION

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