

Bifocal Scar Endometrioma-Rare Case

Dr Anubha Jain Singhal¹, Dr Seema Pundir², Dr Nidhi Singh³

¹senior resident, Obs and gynae, Dr Baba Saheb Ambedkar Hospital.

²specialist, Obs and Gynae, Dr Baba Saheb Ambedkar Hospital.

³post graduate resident, Obs and Gynae, Subharti hospital.

Corresponding Author: Dr Seema Pundir²

Abstract: endometriosis is defined as the presence of functioning endometrial tissue outside the endometrial cavity. The presence of this tissue at the incisional site is rare and usually follows the obstetrics and gynecological surgeries. The incident reported is less than 1 %. The presence of the endometrial glands and stroma on the microscopic examination confirms its diagnosis. Here we report a case of 28 years old women, who underwent caesarean section, a year back and developed scar endometrioma on either side of the stich line.

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I. Introduction

Endometriosis is defined as ectopic growth of endometrial gland and stroma outside the uterus, causing infertility, pelvic pain, menstrual abnormalities and dyspareunia¹. Extra pelvic location of endometriosis is relatively rare. The presence of endometrioma, also known as scar endometrioma, in abdominal wall is a rare condition, in most cases following previous cesarean section or pelvic surgery². The incidence of scar endometrioma is estimated to 0.03%-1.5% of all women with previous caesarean delivery.

There are various theories concerning the scar endometriosis. One of them is the direct implantation of the endometrial tissue in scars during the operation³. Under proper hormonal stimulus, these cells may proliferate (cellular transport theory) or the neighborhood tissue may undergo metaplasia, which leads to scar endometriosis (coelomic metaplasia theory). By lymphatic or vascular pathways, the endometrial tissue may reach the surgical scar and then generate to scar endometriosis.

II. Case Report

A 28 year old women presented to the OPD of BABA SAHEB AMBEDKAR HOSPITAL with the complain of 2 lumps on either side of the cesarian scar. Additionally she complained that the mass increased everytime she had her menses and were painful. She had undergone a caesarean section 1 year back which was done for fetal distress. Examination revealed a well healed transverse caesarean scar with 2 firm nodular, immobile, tender lumps on either side of the scar. On the right side it was 1x2 cm at the upper lateral end of the scar and on the left side it was 2x2 cm . Ultrasonography revealed heterogenous mass in the rectus abdominis muscle on both side. A possible diagnosis of granuloma, organized hematoma, dermoid tumor and neuroma and endometriosis was made. Patient was taken up for excision of the masses, in operation theatre. Excision of masses was performed and the defect was reconstructed.

Histopathology of the excised masses confirmed the case of scar endometriosis as the masses showed endometrial glands. The patient was examined in the department of Obstetrics and Gynaecology and no recurrence was found in first year follow-up.

III. Discussion

Surgical scar endometriosis is a rare and often misdiagnosed entity. The condition is usually associated with obstetric procedures although it may occur after other procedures and as denovo.⁵ The diagnosis of scar endometriosis may be challenging. Cyclical changes in the intensity of pain and size of the endometrial implants during menstruation are usually characteristic of classical endometriosis. However, in the largest reported series⁶ to date, only 20% of the patients exhibited these symptoms. Patients usually complain of tenderness to palpation and a raised, unsightly hypertrophic scar.

Management includes both surgical excision and hormonal suppression^{7,8}. Oral contraceptives, progestational and androgenic agents have been tried. It is believed that hormonal suppression is only partially effective and surgical excision of the scar is the definitive treatment^{8,9}.

IV. Conclusion

In order to make the preoperative diagnosis of incisional endometrioma, a detailed history should be taken, and a physical examination should be performed. Endometrioma should be the top differential diagnosis in patients who have pain and swelling occurring every menstrual cycle on the scar following gynaecological surgeries. Radiological investigation and fine-needle aspiration biopsy help in the diagnosis of the endometrioma. Management remains both surgical excision and the hormonal suppression.

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