

Episiotomy Scar Endometriosis — A Rare Presentation

Dr. Karthika R.S.¹ , Dr.Soundharya A.V.²

^{1.} Consultant, Department Of Obstetrics And Gynaecology, Apollo KH Hospital, Melvisharam, Ranipet District, Tamilnadu

^{2.} 1st Year Postgraduate Student , Department Of Obstetrics And Gynaecology, Apollo KH Hospital, Melvisharam, Ranipet District, Tamilnadu.

ABSTRACT

INTRODUCTION:

Endometriosis is a benign disorder defined as presence of endometrial glands and stroma outside the normal location. Perineal scar endometriosis, at the episiotomy scar site, is a very rare entity occurring in only about 0.03–0.15%¹

CASE STUDIES:

Two cases of episiotomy scar endometriosis in perineum reported in department of obstetrics and gynaecology in Apollo KH hospital at different time period have been discussed in this article.

CONCLUSION:

Endometriosis is a chronic condition affecting women in reproductive age group. Episiotomy scar endometriosis is a rare entity requiring high clinical suspicion for diagnosis. Treatment of choice for perineal scar endometriosis is surgical excision with wide margins. Early diagnosis and treatment can prevent morbidity.

Date of Submission: 24-08-2024

Date of Acceptance: 03-09-2024

I. INTRODUCTION:

Endometriosis is a benign gynaecological disorder defined as presence of endometrial glands and stroma outside the normal location. It is observed in women of reproductive age group. It can occur in both pelvic and extra-pelvic sites. Moreover, pelvic endometriosis is relatively common, as compared to extra-pelvic endometriosis. The most frequent site for pelvic endometriosis is ovary.

Endometriosis in an episiotomy scar is extremely rare but can lead to significant morbidity in patients due to local infiltration. Perineal scar endometriosis, at the episiotomy scar site, is a very rare entity occurring in only about 0.03–0.15%¹. It may cause significant morbidity and prolonged agony in patients in later stages due to damage of the adjacent structures like anal sphincter or rectum.

II. CASE STUDIES:

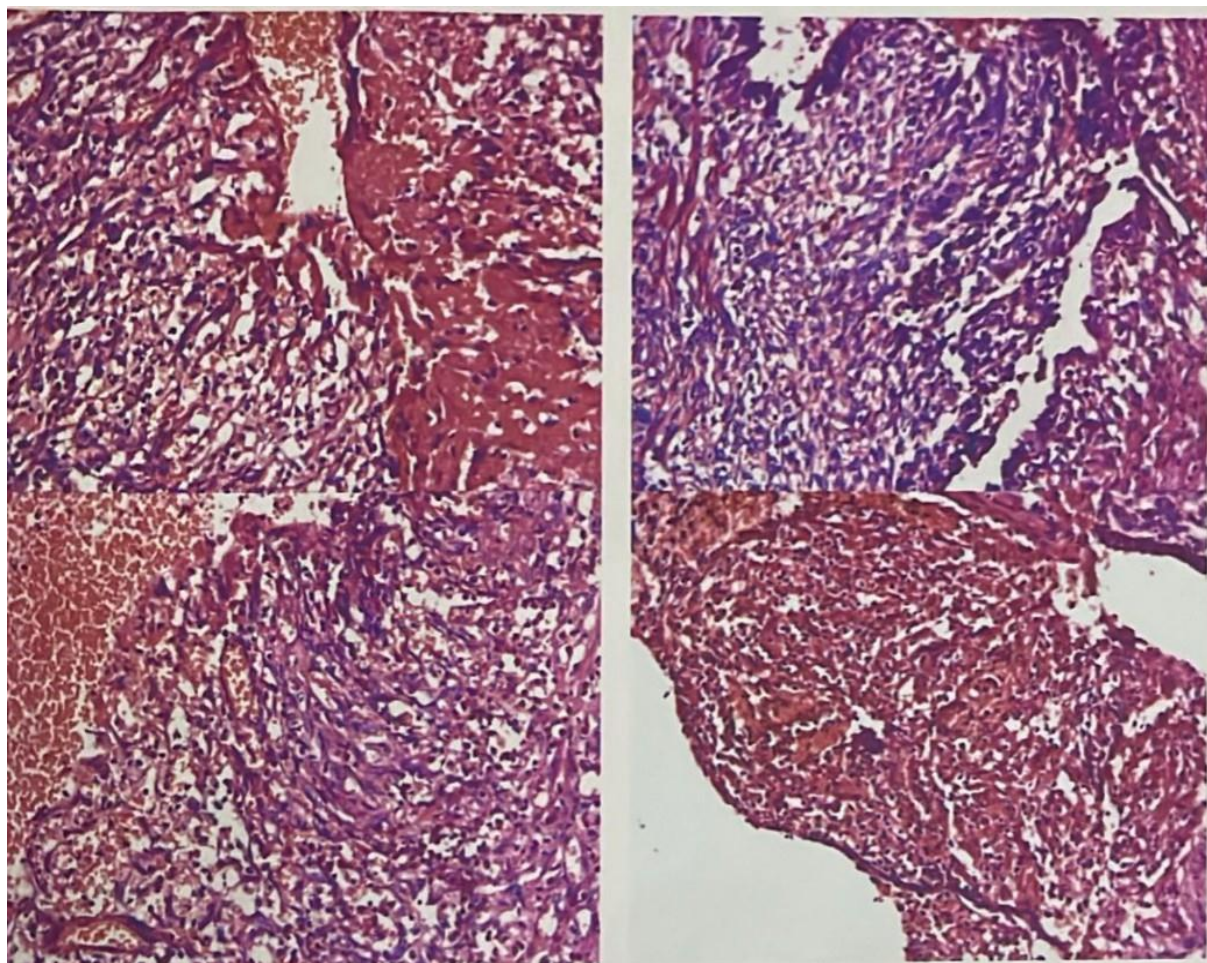
CASE NO 1:

A 26 year women with para 2 and living 2 with one vaginal and one cesarean section. Her Menstrual cycles are regular with congestive dysmenorrhea for past one year. She has no comorbidities. She presented to our hospital with swelling and pain in the perineal region 7 days after her last menstrual period. She had similar complaints for the past 6 months. No history of fever or weight loss. Clinical examination revealed a vulval abscess of 2 cm³ near the episiotomy scar site. She was treated with antibiotics and her symptoms subsided.

She came with similar complaints in the following month 10 days after her LMP. Clinical examination revealed a palpable mass with tenderness in the perineal region in close proximity to episiotomy scar site. Based on the clinical findings and her history of cyclical painful swelling at the episiotomy site, scar site endometriosis was considered.

A vulval abscess of 3cm³ size extending from episiotomy site till ischiorectal fossa was completely excised and sent for histopathology. Histopathology showed benign endometriotic cyst with secondary suppuration features compatible with infected endometriotic cyst. Thus Histopathology confirms the diagnosis of perineal scar endometriosis. She had no recurrence during follow up period of 4 years

Section shows cyst wall with features of benign endometriotic cyst with secondary suppuration.



CASE NO 2:

A 29 year women with para 1 and living 1 with vaginal delivery 4years back. She had history of episiotomy wound infection and secondary suturing was done in the postnatal period. Her Menstrual cycles were regular and she had no complaints after her delivery . She presented to our hospital with history of pain and swelling in perineal region for 15 days after her last menstrual period. She had experienced pain in the episiotomy site for 3-4 days during her menstrual cycles in the past 6-7 months. Clinical examination revealed a vulval abscess near episiotomy scar.

Based on her history and clinical findings, she was suspected to have episiotomy scar endometriosis and complete surgical excision was done and cyst wall was sent for histopathology. Histopathology revealed Bartholin cyst and mural endometriosis. No recurrence was observed in the follow-up period of 2 years.

III. CONCLUSION:

Endometriosis is a chronic condition affecting women in reproductive age group. Clinical symptoms, physical examination and imaging techniques must be taken into account while diagnosing endometriosis. Perineal scar endometriosis is a rare benign condition whose diagnosis is possible with high clinical suspicion.

Treatment of choice for perineal scar endometriosis is primarily surgical excision with clear wide margins to prevent recurrence. Early diagnosis and treatment can prevent morbidity.

REFERENCES:

- [1]. Shanmuga Jayanthan S, Shashikala G, Arathi N. Perineal scar endometriosis. *Indian J Radiol Imaging*. 2019 Oct-Dec;29(4):457-461. Doi: 10.4103/ijri.IJRI_366_19.
- [2]. Cunningham, F.G., Leveno, K.J., Bloom, S.L., Hauth, J.C., Gilstrap III, L.C. and Wenstrom, K.D. (2005) *Williams Obstetrics*. 22nd Edition, McGraw Hill, New York.
- [3]. Foti PV, Farina R, Palmucci S, Vizzini IAA, Libertini N, Coronella M, Spadola S, Caltabiano R, Iraci M, Basile A, Milone P, Cianci A, Ettorre GC. Endometriosis: clinical features, MR imaging findings and pathologic correlation. *Insights Imaging*. 2018 Apr;9(2):149-172. Doi: 10.1007/s13244-017-0591-0.