Scar Endometriosis After Cesarean Section: A Case Report

SEZARYEN SONRASI SKAR ENDOMETRİÖZİS

Aylin Pelin ÇİL, MD, Yasemin YILDIZ ATAYAR, MD

Clinic of Gynecology and Obstetrics, Gazi State Hospital, ANKARA

Abstract

Endometriosis is a condition where endometrial tissue is found outside the uterus. The major theories of pathogenesis of endometriosis are metaplasia arising in multipotential cells, lymphatic or hematogenous spread of endometrial cells, and implantation or transplantation of endometrial cells. The last mechanism is thought to be responsible for the scar endometriosis. Scar endometriosis must be thought in the differential diagnosis of an abdominal wall mass in any woman with a cyclic or noncyclic pain in a previous surgical scar. The history is usually suggestive of diagnosis and the management is wide local excision with a low recurrence rate. Here we present the case of a 28 year old woman who had a cyclic painful mass on her Pfannenstiel incision which is diagnosed and managed successfully.

Key Words: Endometriosis, abdominal wall, cesarean section

Turkiye Klinikleri J Gynecol Obst 2006, 16:111-112

Özet


Anahtar Kelimeler: Endometriozis, karın duvarı, sezaryen

Endometriosis is a condition where endometrial tissue is found outside the uterus. It occurs most often in the ovary but can also be found in the posterior cul-de-sac, anterior uterovesical peritoneum, posterior broad ligament, uterosacral ligaments, fallopian tubes, rectovaginal septum, sigmoid colon, cervix, vulva, vagina, umbilicus, small intestine, laparotomy or episiotomy scars, ureter, bladder mucosa, pleura and lung.1

Abdominal wall endometriosis should be considered in the differential diagnosis of abdominal wall masses such as abscess, lipoma, hematoma, sebaceous cyst, suture granuloma, inguinal hernia, incisional hernia, desmoid tumor, sarcoma, lymphoma, or primary and metastatic cancer.2

In the following case we present the diagnosis and management of a case of abdominal scar endometriosis after cesarian section.

Case Report

A 28-year-old G2 P2 white female presented with a two year history of erythematous, swollen and painful mass on the left side of her Pfannenstiel incision. The patient had a cesarean section three years ago. The mass was increasing in size especially just before and during menstruation and the patient had been having cyclical pain that worsened during menstrual periods.

There was approximately 2 x 2 cm nodular mass on the left side of the Pfannenstiel incision on abdominal examination. The pelvic ultrasound of the pelvis revealed no pelvic abnormalities but abdominal wall ultrasound revealed 15 x 20 mm
scar endometriosis is a rare entity with a frequency estimated to be between 0.03% and 1.7%.
Most cases occur after abdominal operations or pelvic procedures. The most common symptom is that of a palpable subcutaneous mass near surgical scars associated with cyclic pain and swelling during menses. Cyclic bleeding can also occur.

Although ultrasound, computed tomography and magnetic resonance imaging are reported to be helpful in diagnosis, they are usually nonspecific. In most of the cases history and examination alone are enough for the diagnosis of scar endometriosis. The different imaging modalities are nonspecific but useful in determining the extent of disease, and assist in the planning of the operative resection.

In the management of scar endometriosis wide excision, with at least 1 cm margin, is considered the treatment of choice, even for recurrent lesions, whereas hormonal treatment that has androgenic side effects offers only temporary relief of symptoms with recurrence after cessation of treatment.

Although scar endometriosis is a rare entity, the diagnosis must be considered in any woman with a cyclic or noncyclic painful abdominal wall mass in a previous surgical scar. It is important to diagnose and manage especially painful lesions because the symptoms resolve after wide local excision which is the treatment of choice for scar endometriosis as well as recurrent lesions.

**REFERENCES**