SCAR ENDOMETRIOSIS - CASE REPORTS OF TWO PATIENTS

INTRODUCTION

Endometriosis is defined as the presence of endometrial tissue, that is glands and stroma, outside the uterine cavity. The most common affected sites are pelvic organ and peritoneum, although other parts of the body can also be involved. The prevalence is estimated to be 5-10% in women in the reproductive years. Scar endometriosis is defined as the presence of endometrial like tissue in surgical scars. It is reported in previous cesarean section scars and in scars after abdominal hysterectomy. Exact etiology is not known, different theories were proposed, but no one could explain its occurrence in different sites. It was assumed that endometriosis is a heterogeneous, not single disease, resulting from different disease processes each with its own etiology.

CASE REPORT-1

A 30 years old female presented to CMH Sialkot with complaints of pain and swelling on the right margin of cesarean section scar for last 2 yrs after her last surgery. There was no significant past medical history. On examination there was nothing significant on general physical and systemic examination. Local examination of lower segment cesarean section scar revealed approximately 3x3cm mass at the right margin of scar. Her history was very suggestive, she complained of regular cyclical pain in the scar, clinical suspicion was made of scar endometriosis. She was put on Danazol for 3 months but the symptoms persisted. Plan was made to excise the scar and the post operative period was uneventful. She was advised to return with biopsy report. Histopathology of the excised mass confirmed the diagnosis of scar endometriosis, patient was advised to have follow up after 3-6 months for recurrence.

CASE REPORT-2

A 35 years old lady, P4 + A0, reported to CMH Sialkot. She had her last born child by lower segment cesarean section 5 years back. Since then she developed complaint of pain and swelling at the site of scar. She had been visiting various general practitioners and gynaecologist for this problem for which she was advised to take analgesics and various medical treatments but had no relief. On general physical examination she was obese but there was nothing significant on systemic examination. Deep palpation of the scar revealed 4x3cm mass on the left margin of cesarean section scar. Plan was made for excision of the mass and it was sent for histopathology. Post-operative period was uneventful. Histopathology revealed that it was a case of scar endometriosis.

DISCUSSION

Endometriosis is one of the most common benign gynaecological conditions. Endometriosis is defined as a disease characterized by the presence of tissue that is morphologically and biologically similar to normal endometrium. It contains functional endometrial glands and stroma in ectopic locations outside the uterine cavity. The ectopic endometrial tissue responds generally to hormones and drugs in similar manner to ectopic endometrium undergoing cyclical changes. Cyclical bleeding from the endometrial deposit appears to contribute to the induction of a local inflammatory reaction and fibrous adhesions. Regarding its etiology and presence of endometrioses at various sites, exact pathogenesis is still controversial.4 Extra pelvic endometriosis has been reported virtually in every organ system and tissue but less frequently than pelvic endometriosis. Over all the incidence of extra pelvic disease represents less than 12% reported cases of endometriosis. Endometrioma is a well circumscribed mass of endometrial tissue. Abdominal wall endometriosis clinically presents as a painful swelling resembling haemotoma, abscess, stitch granuloma or tumors. Scar Endometriosis most commonly occurs after lower segment cesarean section or hysterectomy. Incidence of scar endometriosis following hysterectomy is 1.08-2% whereas after cesarean section the incidence is 0.03-0.4%. Preoperative diagnosis is difficult to make and sometimes the diagnosis is made after excision only. Various diagnostic methods have been described in literature, ultrasonography gives a varied picture of hypoechoic mass with scattered internal echoes.7,8 FNAC (fine needle aspiration cytology) has also been reported to be helpful for the preoperative diagnosis of endometriosis.9 Various diagnostic modalities like computerized tomography scan and magnetic resonance imaging have been used in various studies.10 Treatment of choice is excision of the mass. Medical treatment as used for pelvic endometriosis like oral contraceptive pills and danazol is not effective. Although GnRH analogues are used effectively for treatment of pelvic endometriosis but there was no change in size of lesion.11 If abdominal wall wound is thoroughly cleared & irrigated vigorously with high jel-solution before closure scar endometriosis is preventable.12 There is high index of clinical suspicion when a woman presents with past history of cyclical painful swelling and previous gynecological or obstetrical surgery. Treatment is excision of the mass. Follow up is required for recurrence of the condition.

Reference