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A Rare Case of Scar Edometriosis - Case Report

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Abstract

Background: Scar endometriosis is a rare condition seen in post LSCS or hysterectomy or obstetric procedure, where functional endometrial tissue is seen outside uterine cavity.

Case: A 34 year old female presented with cyclic pain during menstruation at the Pfannenstiel incision at the scar site, associated with 5 * 5 cm lump in the parietal abdominal plan. On clinical examination and investigations, preoperatively, it was suggestive of scar endometriosis. After excision, HPE confirmed to be scar endometriosis with 2 cm clear margins.

Discussion: Scar endometriosis is a very rare disorder whose incidence was reported to be 0.03–0.45%. Clinical suspicion of scar endometriosis is very important in the patients with chronic pain at scar site, which is usually missed and can often lead to longterm morbidity of the patients. With histopathological confirmation it becomes absolutely necessary to prove iatrogenic implantation theory which is well accepted.

Conclusion: Clinical suspicion of scar endometriosis depending on clinical presentation and history of previous obstetric procedure is important for surgeons and excision of the lesion with good margins is the treatment of choice to prevent chronic morbidity in patients due to pain and recurrent surgery.

Introduction

Endometriosis is a hormone-dependent disease in which we find functional endometrial stromal tissue outside the normal uterine cavity [1].

Endometriosis is seen in around 8-15% of menstruating women.

Endometriosis is usually seen at the surgical scar site post hysterectomy scar and laparoscopy site and even at episiotomy site, post amniocentesis. Mechanism of the spread of endometriosis is by direct spread during procedure or surgery involving uterus via Vascular or lymphatic spread as been postulated by iatrogenic implantation theory. (5)

Endometriosis is usually confined to the peritoneal and serosal surfaces of intra-abdominal organs (Peritoneum, recto-vaginal septum ovaries and fallopian tubes). Extra pelvic endometriosis is less common and sites include the bowel, bladder, surgical scars, episiotomy, umbilicus, hernia sacs, lungs and pleura, kidneys and extremities. (2)

Endometriosis occurring in a surgical scar site after Caesarean section is reported to be 0.03–0.45% and it can cause long-term discomfort and cyclic lower abdominal pain [3-4]. Endometriosis hormone therapy is useful only in reducing the size of the swelling. The success rate for hormones is low and recurrence is common upon

stopping hormone therapy; which can provide only symptomatic relief. [7].

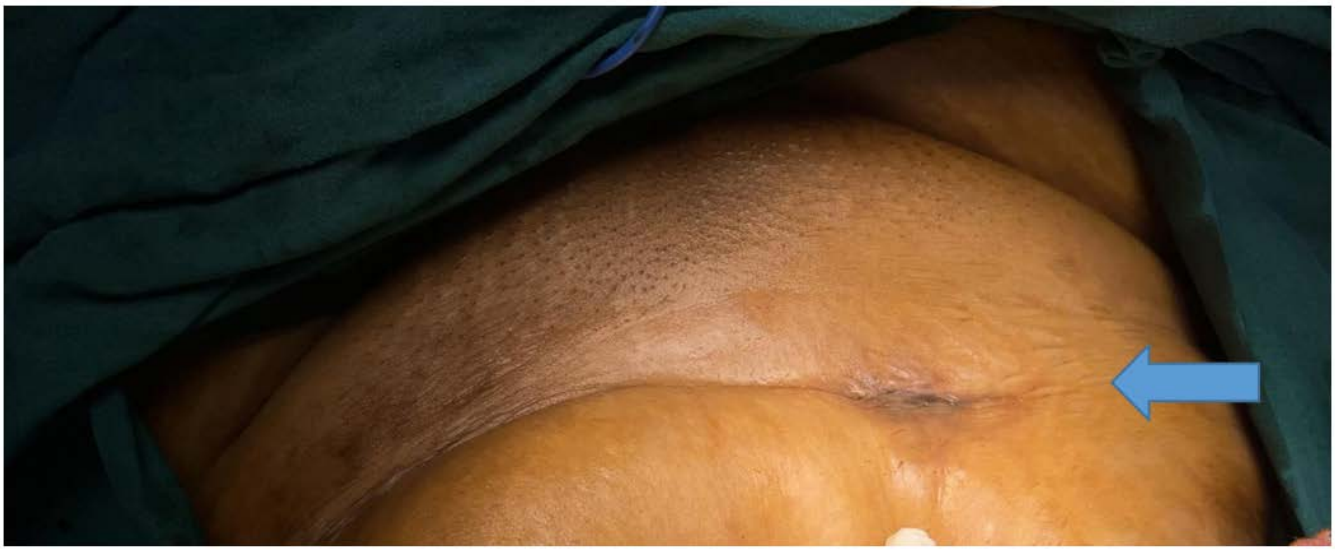
For scar endometriosis and abdominal wall endometriosis, surgical excision is the treatment of choice. (8)

Our literature review, have found out rarity of Scar endometriosis. Hence we present clinical report of our HPE proved case of scar endometriosis to emphasize clinical suspicion and definitive surgical management for scar endometriosis.

Case report:

A 34-year-old lady came to the hospital with complaints of severe pain, localized at the Pfannenstiel incision scar site done for lower segment Caesarean section. The pain was intermittent type presenting only during menstruation lasting for 4-6 days without discharge from the scar site, bowel and bladder discharges for the past 10months. Patient had lower segment Caesarean section 2 years ago.

On local examination, a bluish-tinge was noticed at left 1/3rd part of the Pfannenstiel scar with 5x5 cm, non-tender, firm, single mobile parietal wall lump was noted. On examination lump was adherent to rectus muscle without any cough impulse, sinus or express discharge. The remaining lower segment Caesarean section site was normal with normal skin colour.



Clinically suspected to have scar endometriosis, Desmoid tumor, irreducible incisional hernia. Hence patient was subjected for investigations showing:

USG whole abdomen: was inconclusive

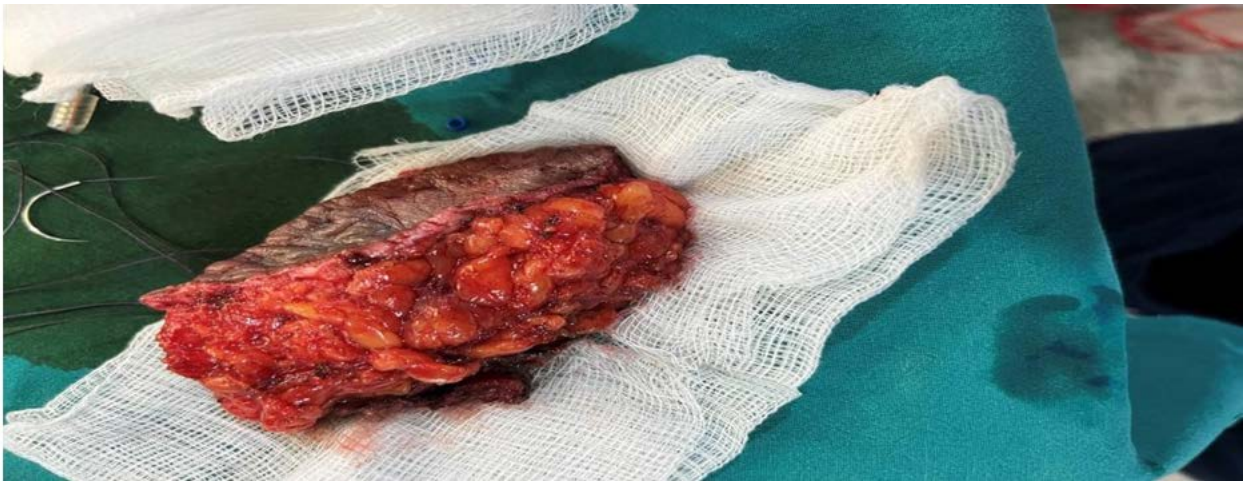
FNAC : inconclusive

MRI Abdomen- T2-weighted images showing slightly hyper-intense signal compared with muscle it was confined to the scar tissue and subcutaneous plane.

Surgical treatment:

Patient was managed surgically by wide local excision of indurated scar endometriosis extending up to rectus sheath with 2cm free margin, with reinforcement of lower abdominal wall with 15*15 cm polypropylene mesh and suction drain placement.

Postoperatively patient had no pain and drain discharge gradually subsided over 4th postoperative day. Patient was discharged in a stable condition with drain removal.



Picture showing an operated specimen of endometriosis scar. Site with methylene blue ink negative margins and proper marking of specimen for HPE. Post-operative histopathology report confirmed scar endometriosis, with negative margins.

Post-operatively patient had no complaints and the operated site healed without any complications and underwent complete suture removal on day 9.

Picture showing Hematoxylin and eosin stained slide suggestive of Dermis, which is composed of adnexal glands along with a well-circumscribed lesion composed of cystically dilated endometrial glands lined by mostly columnar epithelium and at places with pseudostratified columnar epithelium (endometriosis).

Discussion

Scar endometriosis is a rare condition that occurs usually after lower segment Caesarean section or gynecological procedures. The incidence of endometriosis occurring in a surgical scar site after a cesarean section is reported to be 0.03–0.45%, and it can cause long-term discomfort and cyclic lower abdominal pain [3-4]. The patient usually comes with complaints of pain at the surgical scar site and the surgeon should be able to suspect scar endometriosis as it can become chronic pain to the patient if left untreated. Adequately depending on clinical characteristics and history iatrogenic implantation theory for endometriosis can be accepted. Though hormonal treatment has been advised as one of the modality, surgical treatment with HPE negative margins is said to be the best method of management in scar endometriosis [5-6, 8]

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