Original Research Paper

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A RARE CASE OF SCAR ENDOMETRIOSIS AT EPISIOTOMY SITE

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ABSTRACT Endometriosis is the presence of endometrial tissue outside the uterine cavity. The most common affected areas are peritoneal surfaces, ovaries and uterine ligaments. Endometriosis rarely affect the vulva, vagina, rectovaginal septum or perineal region, this happen secondary to obstetric or surgical trauma.

KEYWORDS : Scar, endometriosis, surgical excision.

INTRODUCTION

Endometriosis is defined as the presence of endometrial glands and stroma outside the uterine endometrial cavity. It is a benign, chronic, and estrogen-dependent disorder. It generally occurs in pelvic sites such as ovaries, posterior cul-de-sac, pelvic peritoneum, bowel, and rectovaginal septum(1). Extrapelvic endometriosis has been described in various sites such as nervous system, thorax, urinary tract, gastrointestinal tract and in cutaneous tissues. Endometriosis at scar site can be found after cesarean, hysterectomy, amniocentesis, laparoscopic trocar tract, or perineal episiotomy. Episiotomy scar endometriosis is a relatively uncommon condition and usually diagnosed late because of unawareness about the condition among surgeons, resulting in prolonged suffering to the patient and increased morbidity.

CASE STUDY

A 26-year-old female patient presented to Gynaecology outpatient department with complaints of pain and swelling in perineal region for 2 years, both increased during menstruation. She also had complaints of dyspareunia. Her menstrual cycles were regular with average flow, not associated with dysmenorrhea. She had one vaginal delivery, and the last childbirth was 2.5 years ago. On inspection, perineum appeared normal and on vaginal examination, an 2 cm × 2 cm well-defined nodular mass felt at the site of previous right mediolateral episiotomy (RMLE), firm to hard in consistency and tender. Same nodular mass was felt on per rectal examination. Rectal mucosa was free of tumor.

Based on characteristic history and examination findings, a probable diagnosis of deep episiotomy scar endometriosis was considered. There was no sign or symptom suggestive of associated pelvic endometriosis. Routine blood investigationd was done .Episiotomy scar endometriosis excision was done under general anaesthesia. Whole of the endometriotic tissue with a margin of 1 cm of healthy tissue was excised (Fig. 1) (Fig.2)

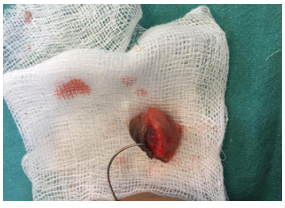

Fig 1

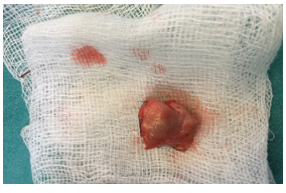

Fig 2

Specimen sent for HPE . On histopathological report the presence of endometrial glands and stroma confirmed the diagnosis of episiotomy scar endometriosis(Fig 3).

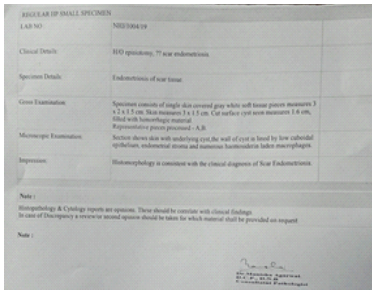

Fig 3

DISCUSSION

Episiotomies are most commonly performed procedure in obstetric practice. Infection, fistula formation, wound gaping, and painful scarring are known complications of this procedure. Development of endometriosis at this site is quite rare(2).The incidence of episiotomy scar endometriosis was 0.01%.3 Several theories about pathogenesis of endometriosis include retrograde menstruation, direct implantation, lymphatic dissemination, coelomic metaplasia, or hematogenous spread. The etiology of episiotomy scar endometriosis can be explained by the theory of transplantation,4 mechanical transplantation of endometrial cells to open episiotomy scars during a vaginal delivery. Zhu et al.(4) described three typical characteristics of perineal scar endometriosis:

1. Past perineal tear or episiotomy during vaginal delivery.
2. A tender nodule or mass at the perineal lesion.
3. Progressive and cyclic perineal pain.

Treatment of episiotomy scar endometriosis includes wide local excision of the endometriotic tissue with a margin of 1 cm of healthy tissue. Delaying surgery may mean progression of lesion with involvement of anal sphincter (3).

The advantage of surgery includes symptomatic relief, obtaining tissue for pathology and exclude possible malignancy. A comprehensive history and meticulous pelvic examination is all that is required for diagnosing perineal endometriosis. High index of suspicion should be kept in mind in women who have delivered vaginally and present with complaint of perineal nodule with cyclic pain. The time since last delivery is not a deterrent in diagnosing this condition, as there may be latent period of many years before symptoms develop. Surgical intervention is the best approach for treatment, and permanent cure is usually achieved after complete excision of the perineal endometriosis.

CONCLUSIONS

Perineal scar endometriosis is a rare condition which should be suspected whenever a female with previous history of episiotomy complaining of periodic perineal pain during her menstrual cycle.The treatment of choice for the endometriosis is surgical excision and the patient should be kept on follow-up and warned about the chance recurrence and the remote possibility of a malignant transformation.

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