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Study of Abdominal wall endometriosis in a tertiary care centre – a retrospective study

Medical Science

KEYWORDS : abdominal wall endometriosis , scar endometrioma , endometriosis.

Dr Shashikala H Gowda — associate professor , dept of OBG, KIMS Hospital and Research Centre , VV Puram, Bangalore , Karnataka , India

Dr Ramya Madireddy — post graduate, dept of OBG, KIMS Hospital and Research Centre , VV Puram, Bangalore , Karnataka , India

Dr Sowmya K — assistant professor, dept of OBG, KIMS Hospital and Research Centre , VV Puram, Bangalore , Karnataka , India

ABSTRACT

Endometriosis , though a common benign gynaecological condition, may sometimes present as a lump in the abdomen and can pose a diagnostic dilemma. Abdominal wall endometriosis mostly follows obstetrical and gynaecological surgeries. It is more common in the abdominal skin and subcutaneous tissue compared to muscle and fascia. Endometriosis involving only the rectus muscle and sheath is very rare. It can occur with varied severity, sometimes severe enough to necessitate the excision of a part or entire rectus muscle and sheath, thereby requiring mesh repair of the abdominal wall. Owing to the increased rise in caesarean delivery rate, rise in scar endometriosis might be anticipated, which calls for a gynaecologist to be well versed with this rare condition.

Introduction

Endometriosis , though a common benign gynaecological condition, may sometimes present to general surgeons as a lump in the abdomen and can pose a diagnostic dilemma. Abdominal wall endometriosis mostly follows obstetrical and gynaecological surgeries. The incidence has been estimated to be 0.03% to 0.15% of all cases of endometriosis[1,2]. It is more common in the abdominal skin and subcutaneous tissue compared to muscle and fascia. Endometriosis involving only the rectus muscle and sheath is very rare. It can occur in varied severity, sometimes necessitating the excision of a part or entire rectus muscle and sheath, hence requiring mesh repair of the abdominal wall. Owing to the increased rise in caesarean deliver rate, rise in scar endometriosis might be anticipated, which calls for a gynaecologist to be well versed with it.

MATERIALS AND METHODS

STUDY DESIGN - Retrospective Study

STUDY PERIOD - 1 year (june 2013 – june 2014)
STUDY PLACE - KIMS Hospital And Research Centre , Bangalore

SUBJECTS - Patients who presented to Out Patient Department of Obstetrics and Gynaecology , or referred from other departments , in KIMS Hospital And Research Centre, Bangalore.

Women who presented to OPD with complaints of cyclical pain abdomen, mass per abdomen , or any other symptoms , and diagnosed to have abdominal wall endometriosis were included in our study. After eliciting the history and examining the patients , the provisional diagnosis was made by ultrasound and confirmed by FNAC .

Majority of the cases opted for surgery and in all of them histopathological examination was done. Patients were asked to come for regular follow up , to check for recurrence.

RESULTS

Out of the total cases of 11380 , 7 patients were diagnosed to have abdominal wall endometriosis. The incidence is 0.07%.

Table 1 , Age distribution

AGE	NO . OF .PATIENTS	PERCENTAGE
15 – 25 yrs	1	14.3
25 – 35 yrs	5	71.4
35 – 45 yrs	1	14.3
>45 yrs	0	0

Table 2 , parity of the patients

PARITY	NO . OF .PATIENTS	PERCENTAGE
nulliparous	1	14.3
Para 1	1	14.3
Para 2	5	71.4
para 3	0	0

Table 3 , Type of surgery ,in patients with history of surgery

TYPE OF SURGERY	NO . OF .PATIENTS	PERCENTAGE
caesarean	5	71.4
others	2	28.6

Table 4 , Percentage of patients with history of infertility

H/O INFERTILITY	NO .OF .PATIENTS	PERCENTAGE
present	2	28.6
absent	5	71.4

Table 5 , Percentage of patients with history of endometriosis

H/O ENDOMETRIOSIS	NO .OF .PATIENTS	PERCENTAGE
present	3	42.9
absent	4	57.1

Out of the 7 patients, 6 had presented with mass per abdomen and all 7 had cyclical pain abdomen. Among the patients who had history of surgery other than caesarean , one had laparoscopic cholelithiasis and the other had diagnostic hysterolaparoscopy. Out of the 2 patients with history of infertility , both conceived with ovulation induction. 2 out of the 7 patients were referred from surgery, after scan showed endometriosis features.

4 among the 7 underwent surgery and 2 are under medical therapy with GnRH analogues , 1 is lost for follow up. Among the patients who underwent surgery , there were no recurrences so far. 2 out of the 4 patients who underwent surgery needed mesh repair to reinforce the abdominal wall. Among the 2 patients on medical treatment, both had symptomatic improvement.

Post surgery histopathology report confirmed the diagnosis in all the patients who underwent surgery.

Discussion

Abdominal wall scar endometriosis usually follows previous abdominal surgery, especially early hysterotomy and cesarean section. Frequency of scar endometriosis is increasing by the increased number of cesarean deliveries and laparoscopies being performed every year[3] Among the theories, direct mechanical implantationseems to be the most plausible theory for explaining scar endometriosis[4] However this cannot explain the occur-

rence of primary cutaneous endometriosis without prior abdominal surgeries.

Clinical diagnosis can be made by careful history and physical examination . The worth of investigations such as ultrasound, CT, MRI, FNAC , in the diagnosis of scar endometriosis is not clear. Correct pre-operative diagnosis is achieved in 20 – 50 % of these patients[5] Histology is the hallmark of diagnosis .It is satisfied it endometrial glands , stroma and hemosiderin pigment are seen.

Local wide excision ,with atleast a 1cm margin , is accurate treatment choice , which might necessitate a wide resection of the tissue ,entailing a synthetic mesh placement or tissue transfer for closure[6] Medical therapy with danazol, progesterone and GnRH analogues produces only partial recovery. The incidence of concomitant pelvic endometriosis with scar endometriosis has been reported to be from 14.3 to 26 % which necessitates a pelvic examination.

Conclusion

Abdominal wall Scar endometriosis being an infrequent modality might present a diagnostic dilemma to gynaecologists and general surgeons. Hence the epidemiology ,pathogenesis, diagnosis and treatment modalities shud be understood by medical practitioners to avoid patient and doctor frustration. As surgery might involve major surgery with extensive local excision like in the above case and as recurrences are seen following excision , few of which showed malignant transformations[7], prompt follow-up of patients is mandatory.

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