



A CASE REPORT -APOSTER ONSCARENDOMETRIOSI

Obstetrics & Gynaecology

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ABSTRACT

Scar endometriosis is a type of endometriosis that occurs when endometrial tissue which can be found in the uterus, starts to grow outside the uterus and within scar tissue from previous surgeries. A 27 years old multigravida with history of caesarean section 5 years back came with complaints of pain over caesarean scar site for 15 days along with palpable lump. A well defined hypo echoic lesion 3x1.6x2.9 cm is noted in the anterior abdominal wall deep to the muscular plane, along the suprapubic scar, to the left of midline. She underwent endometriotic scar excision with mesh repair. HPE study confirmed that the excised lesions are keeping with the diagnosis of scar endometriosis she is well to the date and has no further complaints, without any medical treatment.

KEYWORDS

Endometriosis, HPE, suprapubic

INTRODUCTION

Scarendometriosis is a extrapelvic type of endometriosis that occurs at the site of previous surgical scar.

Symptoms are non-specific, and are pain during menstruation, infertility, dyspareunia, swelling rarely bleeding through the lesion.

Scar endometriosis is a type of endometriosis that occurs when endometrial tissue which can be found in the uterus, starts to grow outside the uterus and within scar tissue from previous surgeries.[1] This can cause pain and discomfort, especially during menstrual periods. Symptoms of scar endometriosis may include pain and tenderness in the affected area. Menstrual-like cramping and heavy or irregular menstrual bleeding. [2]

CASE SUMMARY

A 27 years old multigravida with history of caesarean section 5 years back came with complaints of pain over caesarean scar site for 15 days along with palpable lump. The pain was cyclical occurs during her menstruation without changes in the lump size.

On Per abdomen examination scar healed by primary intension seen. On Palpation there is a vague firm mass about 6x5 cm in suprapubic region, on the left of the midline, tenderness present.

On USG ABD & PELVIS– A well defined hypo echoic lesion 3x1.6x2.9 cm is noted in the anterior abdominal wall deep to the muscular plane, along the suprapubic scar, to the left of midline. She underwent endometriotic scar excision with mesh repair.



DISCUSSION

It is due to a mechanical iatrogenic implantation, through direct inoculation of the abdominal fascia and subcutaneous tissue with endometrial cells during surgical intervention. Which upon stimulation by estrogen becomes active. [3]

Primary excision of the nodule may be done by the gynaecologist. However, sometimes the gynaecologist may be called in only after the diagnosis of endometriosis has been made on histopathology.

One has to decide whether a laparoscopy has to be done to rule out pelvic endometriosis. It has to be remembered that cutaneous endometriosis may be associated with pelvic endometriosis in 20±46% of cases. [4]

CONCLUSION

HPE study confirmed that the excised lesions are keeping with the

diagnosis of scar endometriosis she is well to the date and has no further complaints, without any medical treatment. Treatment is mostly surgical. Surgery is effective in preventing recurrence and conversion to malignancy.

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