Available online at www.rajournals.in

RA JOURNAL OF APPLIED RESEARCH
ISSN: 2394-6709
DOI:10.47191/rajar/v9i12.05
Volume: 09 Issue: 12 December -2023

International Open Access

Impact Factor- 8.174

Page no.- 599-601

Endometriosis in the Anterior Abdominal Wall under Previous Cesarean Section Scar. A Case Report: Endometriosis in Rare Position

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ARTICLE INFO

Published Online:
26 December 2023

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ABSTRACT

Introduction: Endometriosis is defined as the presence of normal endometrial mucosa (glands and stroma) abnormally implanted in locations other than the uterine cavity.

Case presentation: A 34-year-old woman presented to our department with a 4-year historyof a painful firm Subcutaneous nodule on the previous Caesarian section scar also she experienced flares of pain with her menstrual cycle.

Clinical discussion: Scar endometriosis is a rare but well-documented condition that can occur after surgical procedures, particularly cesarean section. Diagnosis is typically made based on clinical presentation and imaging studies; treatment involves surgical excision of the affected tissue.

Conclusion: The condition is characterized by the presence of endometrial tissue in surgical scars and typically presents as a painful nodule or mass.

1. INTRODUCTION

Endometriosis is defined as the presence of normal endometrial mucosa (glands and stroma) abnormally implanted in locations other than the uterine cavity. Approximately 30-40% of women with endometriosis will have subfertility. In the typical patient, the ectopic implants are in the pelvis (ovaries, fallopian tubes, vagina, cervix, or uterosacral ligaments or in the rectovaginal septum) and manifest as severe dysmenorrhea, chronic pelvic pain, or infertility. Unusual implantation sites (laparotomy scars, pleura, lung, diaphragm, kidney, spleen, gallbladder, nasal mucosa, spinal canal, stomach, and breast)[1, 2].

2. CASE PRESENTATION

A 34-year-old woman presented to our department with a 4-year history of a painful firm Subcutaneous nodule on the previous Caesarian section scar also she experienced flares of pain with her menstrual cycle. She was on oral contraceptive pills for 2 years then she changed to IUD for another 2 years. She has no history of abortion.

On physical examination, a firm subcutaneous nodule was noted on the cutaneous scar of the previous Caesarian section on the Right side of the scar about 1.5x2x1.5 cm, tender on palpation with slight erythema of the overlying skin.

A diagnosis of cutaneous endometriosis was suspected given the patient's history of pain started 3 months after the last Caesarian section and flares of pain with menstrual periods. An ultrasound was performed showed an anterior abdominal wall lesion in relation to a previous Caesarian section scar at the right side solid, hypo-echo, and measures 2.6 x0.9 x 1.5.

(Figure 1 (a))

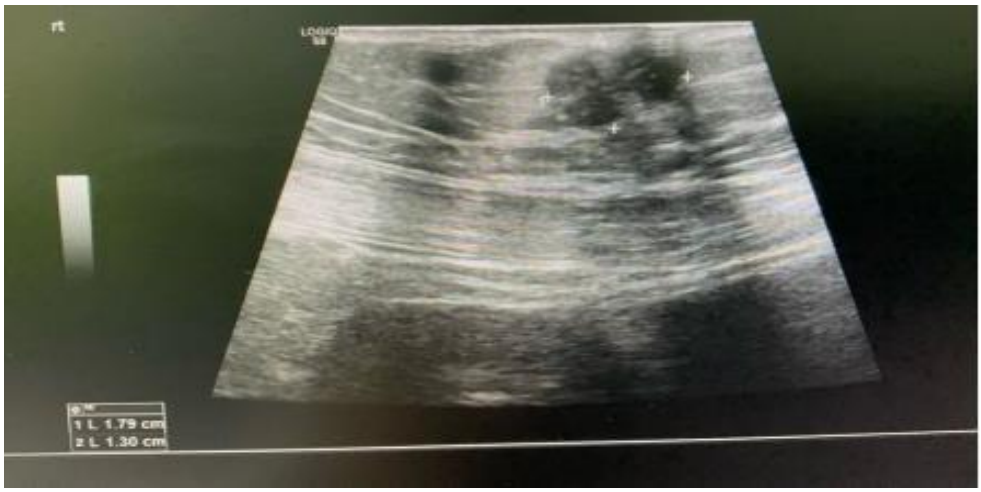

Figure 1 (a): Anterior abdominal wall lesion about previous Caesarian section scar at the rightside solid, hypo-echo, measures 2.6 x0.9 x 1.5 cm.

(Figure 1 (b))

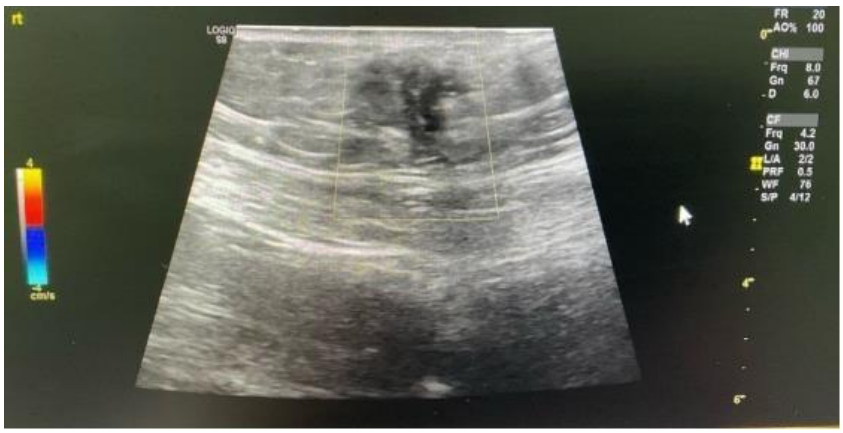

Figure 1 (b): Anterior abdominal wall lesion about previous Caesarian section scar at the rightside solid, hypo-echo, measures 2.6 x0.9 x 1.5 cm.

The right-sided lower abdominal wall irregularly enhancing solid mass lesion related to a previous C-section scar, measures 1.6X1.5X2 cm in APXCCXSS dimensions, it is seen sub-cutaneous not reaching the rectus muscle.(1.3 cm, anterior to muscle)

(Figure2)

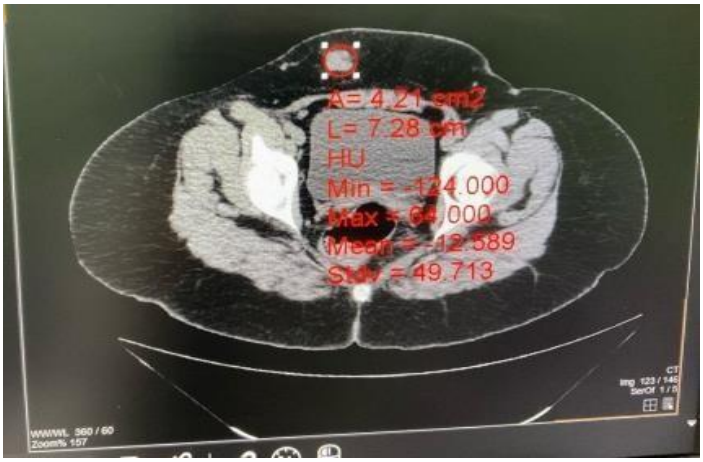

Figure 2: The right-sided lower abdominal wall irregularly enhancing solid mass lesion related to previous C-section scar, measures 1.6X1.5X2 cm in AP CC and SS dimensions, itis seen sub-cutaneous not reaching the rectus muscle. (1.3 cm, anterior to muscle).

A CT scan of the Abdomen and Pelvis was shown.

The right-sided lower abdominal wall irregularly enhancing solid mass lesion related to a previous C-section scar, measures 1.6X1.5X2 cm in AP, CC, and SSdimensions, it is seen sub-cutaneous not reaching the rectus muscle.
(1.3 cm, anterior to muscle).

The patient was operated, the mass resected with a good margin and sent forhistopathology, Histopathology came as completely excised endometriosis.

GROSS DESCRIPTION

The specimen consists of a piece of fibrofatty mass measuring 8X5X3 cm, covered by an ellipse of skin measuring.
3 5X1 5 cm.

MICROSCOPIC DESCRIPTION

The examined tissue reveals many endometrial cells surrounded by stromal cells, hemosiderin- Laden macrophages, and inflammatory cells, embedded in the fibromusculartissue, the glands are lined by columnar cells having bland cytological features. the lesion is completely excised with a free margin. Negative for atypia or malignancy in the examinedspecimen.

On regular follow-up as an outpatient in our clinic, she is doing fine, pain-free evenduring t h e menstruation period, there were no complaints or post-operative complications, the wound healed completely, patient was referred to obstetrics and gynecology for possible hormonal therapy to decrease the chance of recurrence.

3. DISCUSSION

Scar endometriosis is a rare but well-documented condition that occurs when endometrial tissue implants in surgical scars. The exact mechanism by which endometrial tissue implants in surgical scars is unclear, but it is thought to be relatedto the presence of endometrial cells in the wound at the time of surgery.

Diagnosis of scar endometriosis is usually made based on clinical presentation and imaging studies, such as ultrasound or magnetic resonance imaging (MRI). However, the definitive diagnosis is made by histopathological examination of the excised tissue.

Treatment of scar endometriosis typically involves surgical excision of the affected tissue, which is often curative. However, recurrence is possible if all the endometrialtissue is not completely removed. Hormonal therapy may also be used as an adjunct to surgery to prevent recurrence.
Several case reports and small case series have been published on scar endometriosis, which suggest that the condition is more common in women who have undergone obstetric or gynecologic surgery, particularly cesarean section. A study by Akbulut etal. (2015) found that of 17 patients with scar endometriosis, 14 had a history of cesarean section. Similarly, a study by Ecker et al. (2003) reported that of 14 cases ofscar endometriosis, 11 occurred in women with a history of cesarean section [3],[4].

4. CONCLUSION

Gynecological scar endometriosis, should be suspected in thedifferential diagnosis of scar masses in reproductive-aged women.

Histology is the hallmark of diagnosis.
Curative treatment by surgical resection with a clear margin. In some cases,surgery could be combined with hormonal treatment.

Further research is needed to better understand the pathogenesis and risk factorsfor scar endometriosis [3],[4]

Declaration of competing interest the authors declare that they have no conflict of interest.

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