

Scar Endometriosis After Cesarean Section: A Case Report

SEZARYEN SONRASI SKAR ENDOMETRİOZİS

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Abstract

Endometriosis is a condition where endometrial tissue is found outside the uterus. The major theories of pathogenesis of endometriosis are metaplasia arising in multipotential cells, lymphatic or hematogenous spread of endometrial cells, and implantation or transplantation of endometrial cells. The last mechanism is thought to be responsible for the scar endometriosis. Scar endometriosis must be thought in the differential diagnosis of an abdominal wall mass in any woman with a cyclic or noncyclic pain in a previous surgical scar. The history is usually suggestive of diagnosis and the management is wide local excision with a low recurrence rate. Here we present the case of a 28 year old women who had a cyclic painful mass on her Pfannenstiel incision which is diagnosed and managed successfully.

Key Words: Endometriosis, abdominal wall, cesarean section

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Özet

Endometriozis, endometrial dokunun uterin kavite dışında yerleşmesiyle karakterize bir durumdur. Bundan sorumlu olan teoriler retrograd menstruasyon, metaplazi, venöz ya da lenfatik metastaz ve cerrahi sırasında kesiye mekanik olarak taşınmadır. Sezaryen sonrası oluşan skar endometriozisinin bu son mekanizma ile olduğu düşünülmektedir. Karın duvarında kitle ile gelen kadınlarda önceki cerrahi skarı üzerinde siklik ya da siklik olmayan ağrı yakınması mevcutsa mutlaka ayırıcı tanıda skar endometriozisi de düşünülmelidir. Hikaye genellikle tanı için yönlendiricidir ve tedavi geniş lokal eksizyondur. Bu vakada 28 yaşında sezaryenden 1 yıl sonra Pfannenstiel kesinin sol dış tarafında siklik ağrı ve şişlik yakınması başlayan bir hastada teşhis ve tedavi ettiğimiz skar endometriozisini sunmaktayız.

Anahtar Kelimeler: Endometriozis, karın duvarı, sezaryen

Endometriosis is a condition where endometrial tissue is found outside the uterus. It occurs most often in the ovary but can also be found in the posterior cul-de-sac, anterior uterovesical peritoneum, posterior broad ligament, uterosacral ligaments, fallopian tubes, rectovaginal septum, sigmoid colon, cervix, vulva, vagina, umbilicus, small intestine, laparotomy or episiotomy scars, ureter, bladder mucosa, pleura and lung.¹

Abdominal wall endometriosis should be considered in the differential diagnosis of abdominal wall masses such as abscess, lipoma, hematoma, sebaceous cyst, suture granuloma, inguinal hernia,

incisional hernia, desmoid tumor, sarcoma, lymphoma, or primary and metastatic cancer.²

In the following case we present the diagnosis and management of a case of abdominal scar endometriosis after cesarian section.

Case Report

A 28-year-old G2 P2 white female presented with a two year history of erythematous, swollen and painful mass on the left side of her Pfannenstiel incision. The patient had a cesarean section three years ago. The mass was increasing in size especially just before and during menstruation and the patient had been having cyclical pain that worsened during menstrual periods.

There was approximately 2 x 2 cm nodular mass on the left side of the Pfannenstiel incision on abdominal examination. The pelvic ultrasound of the pelvis revealed no pelvic abnormalities but abdominal wall ultrasound revealed 15 x 20 mm

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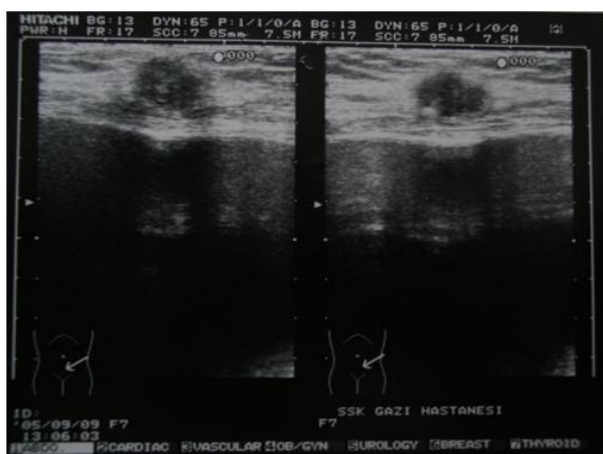


Figure 1. The abdominal ultrasound of incisional endometriosis on pfannenstiel incision of the patient.

solid hypoechoic mass 5 mm deep under the skin in the subcutaneous tissue (Figure 1).

At operation, a tan-yellow rubbery mass measuring approximately 2 cm was completely excised under general anesthesia from the subcutaneous fat tissue down to the anterior abdominal fascia. The histopathologic examination revealed endometriosis. In three months follow up the cyclic symptoms of the patient were resolved.

Discussion

The major theories of pathogenesis of endometriosis are metaplasia arising in multipotential cells, lymphatic or hematogenous spread and implantation or transplantation of uterine cells.³ The last mechanism is thought to be responsible for the scar endometriosis. It is believed that endometriosis is iatrogenically transplanted to the surgical scar. During cesarean section, endometrial tissue is seeded into the wound. From this point, the tissue either proliferates under the same hormonal influences as endometrium in utero or induces metaplasia of the surrounding tissue to form an endometrioma. Alternatively, endometrial cells may reach a cesarean scar via lymphatic or hematogenous routes and subsequently grow into an endometrioma by one of the mechanisms described above.¹

Scar endometriosis is a rare entity with a frequency estimated to be between 0.03% and 1.7%.^{4,5} Most cases occur after abdominal operations or pelvic procedures. The most common symptom is that of a palpable subcutaneous mass near surgical scars associated with cyclic pain and swelling during menses. Cyclic bleeding can also occur.

Although ultrasound, computed tomography and magnetic resonance imaging are reported to be helpful in diagnosis, they are usually nonspecific. In most of the cases history and examination alone are enough for the diagnosis of scar endometriosis. The different imaging modalities are nonspecific but useful in determining the extent of disease, and assist in the planning of the operative resection.²

In the management of scar endometriosis wide excision, with at least 1 cm margin, is considered the treatment of choice, even for recurrent lesions, whereas hormonal treatment that has androgenic side effects offers only temporary relief of symptoms with recurrence after cessation of treatment.^{2,4}

Although scar endometriosis is a rare entity, the diagnosis must be considered in any woman with a cyclic or noncyclic painful abdominal wall mass in a previous surgical scar. It is important to diagnose and manage especially painful lesions because the symptoms resolve after wide local excision which is the treatment of choice for scar endometriosis as well as recurrent lesions.

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