

Umbilical Scar Endometriosis: a case report on diagnosis and imaging findings

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Introduction / Objective

Deep endometriosis is characterized by infiltration beyond 5 mm and can be classified into typical deep lesions and external adenomyosis nodules. Its prevalence varies depending on diagnostic recognition. Common symptoms include pain, ranging from mild to severe, and infertility. Treatment Options include surgical intervention and oral medication. This report presents a rare case of umbilical scar endometriosis, emphasizing the importance of the physician-patient relationship in diagnosing endometriosis.

Discussion/Conclusion

The diagnosis of deep endometriosis has increased in recent years due to advances in imaging techniques. Clinical presentation varies widely, and pain severity does not always correlate with imaging findings. A thorough anamnesis is essential to identify all pain-related lesions. Detecting one lesion should prompt further investigation to ensure the most precise diagnosis. Incomplete assessment may lead to undertreatment and disease progression.

Case report

A 41-year-old, G0 P0, was referred for transvaginal ultrasound with bowel preparation due to cyclic pelvic pain during the menstrual cycle. She had undergone surgery two years earlier to remove an endometrioma in the left ovary. The transvaginal scan identified an intestinal endometriosis nodule in the sigmoid colon, diffuse adenomyosis, a right ovarian endometrioma, right hematosalpinx, and uterosacral ligament alterations. Abdominal convex probe evaluation showed no new findings. Examination of the abdominal wall revealed a subcutaneous nodular lesion at the previous surgical scar, suggesting endometriosis. Given the patient's report of umbilical pain, a smaller transducer (11 MHz) identified an 8,8 x 7.0 x 6.5 mm intra-umbilical endometriotic focus inside the umbilicus (Figure 1).

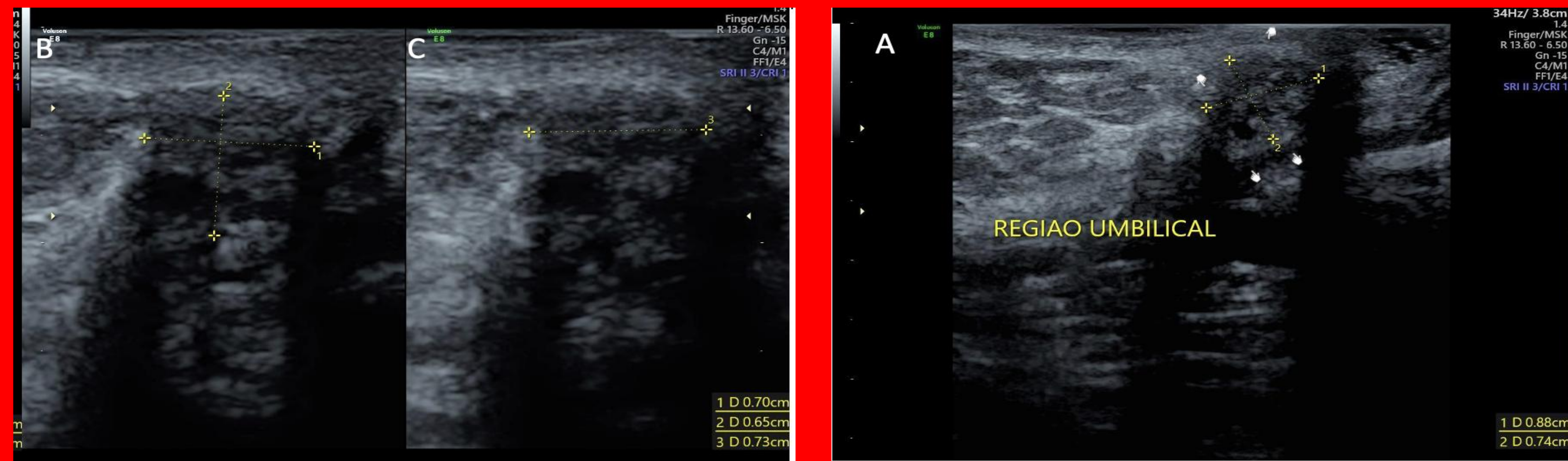


Figure 1. Hypoechoic nodule in the umbilical region, shown in longitudinal (A & B) and transverse (C) views.