

Extragenital Endometriosis involving Mons pubis– a case report

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Introduction.

Spontaneous extra pelvic Endometriosis is rare and etiopathogenesis is still uncertain. Endometriosis in mons pubis is even rarer. Only a few cases are reported in the literature. The unusual presentation can make the diagnosis challenging and frequently subjected to mismanagements. We report a case of deep infiltrated Endometriosis involving Mons pubis.

Case report.

A 33-year-old female presented with excruciating pain at the Right groin and pubic area which worsened cyclically for 4 months. She delivered her child by lower segment cesarean delivery 10 years back. From thereafter she was on combined oral contraceptive pills (COCP) for 7 years.

After stopping it with the purpose of conception, she developed the above symptoms. Her menstrual periods are regular apart from this cyclical pelvic, and vulval pain outlasting the menstruation. She was investigated on several occasions. Treated with attempted surgical excisions, and drainage twice, suspecting it is as an abscess. however, all failed, and histology revealed only the fat tissue. She is having cyclical severe tenderness over Mons pubis. All Other clinical examination was normal. On clinical suspicion of Endometriosis, she was given a trial of COCP back-to-back for 3 months. That improved her symptoms while awaiting the magnetic resonant imaging (MRI) of the lesion. An ultrasound scan (USS) showed a small multilocular cystic lesion in deep subcutaneous tissue at the Right inguinal region (Image 1). MRI revealed Endometriotic deposits at the external ring of the Right inguinal canal.

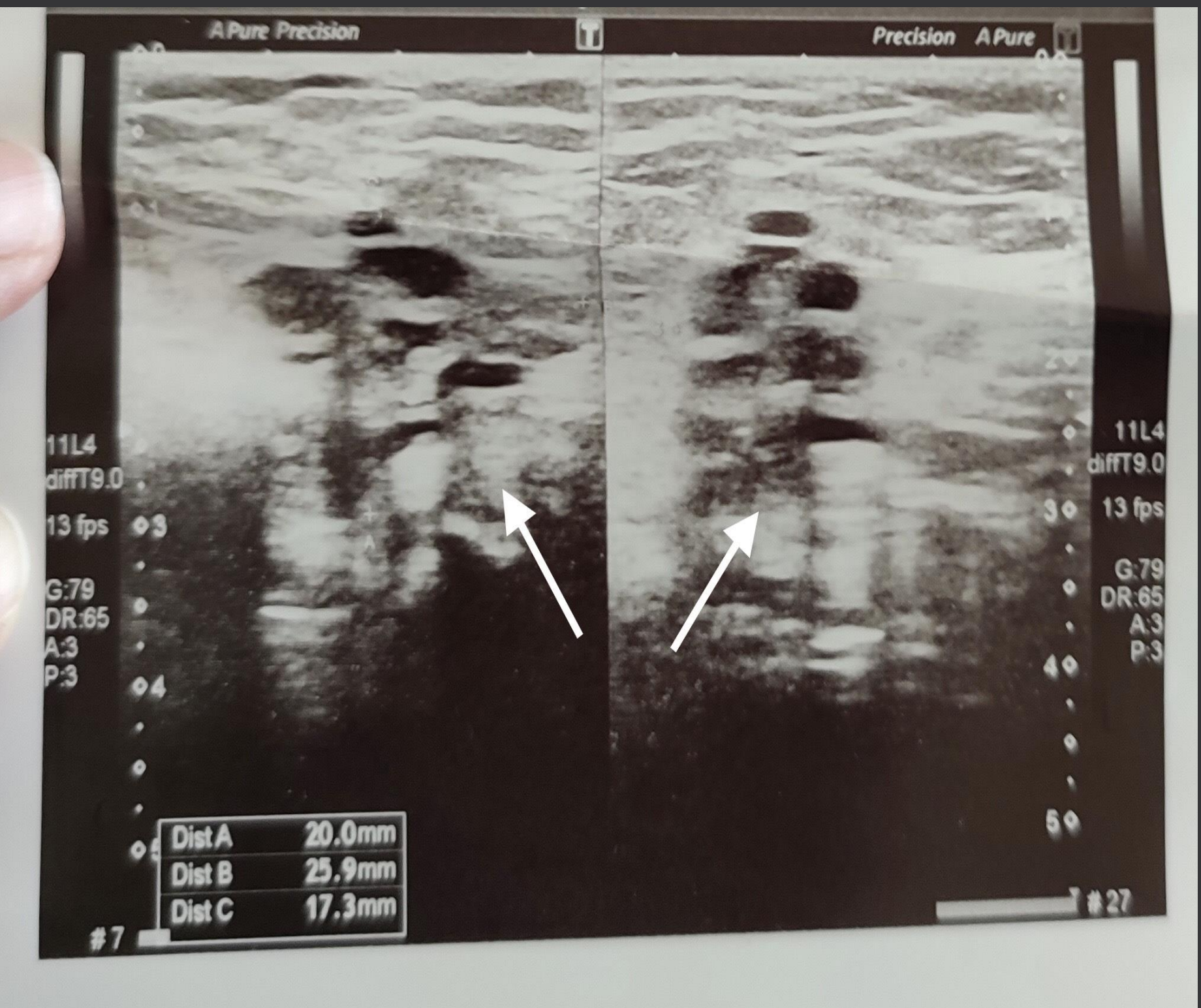


Image.1.USS showing small multilocular cystic lesion in deep subcutaneous tissue

COCP withdrew and Surgical exploration was offered when she is symptomatic while having menstruation. We detected a firm nodule situated in deep subcutaneous tissue at the Mons pubis. An altered blood-filled cavity was noted beneath the nodule (Image 3). All the endometriotic nodules were excised. Histology confirmed endometriosis in the deep subcutaneous tissue in the mons pubis.



Image 2. White circled area shows the most tender site. Previous surgical scars also noted.

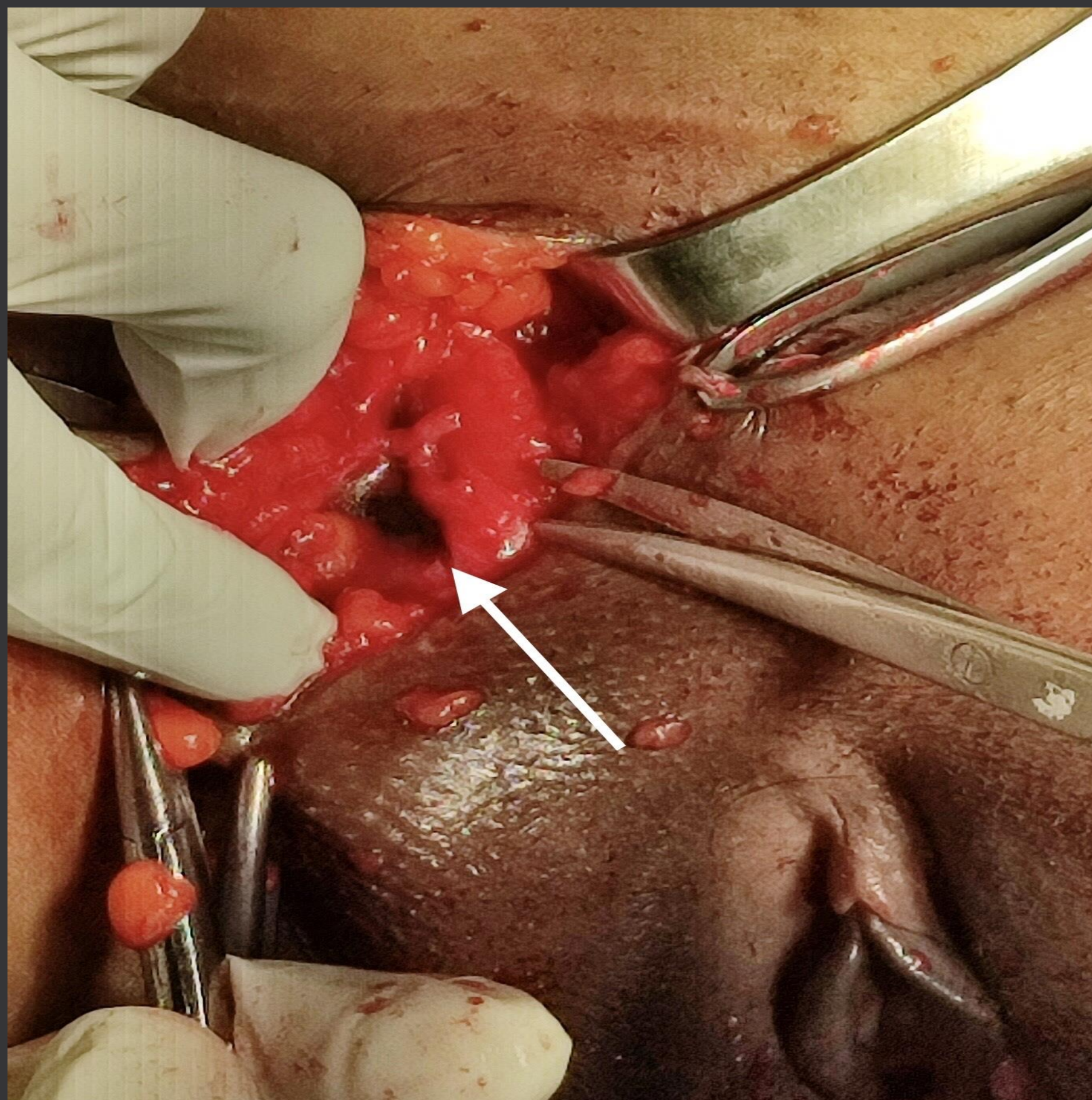


Image 3. Altered blood-filled cavity beneath the endometriotic nodule

Discussion.

Extra pelvic Endometriosis can have diverse clinical presentations. Detailed history and clinical examination, a trail of hormonal treatment, and USS would be helpful to come to a diagnosis.95% of the reported cases of vulval-perineal Endometriosis were following tissue damage. The pathway of implanting Endometriotic tissue in the mons pubis without local tissue damage is unclear. Regurgitated blood through the inguinal canal or abnormal implantation at the time of LSCS are possibilities.

Conclusion.

Cyclical Pain in mons pubis or vulvo-perineal pain with or without previous tissue damage warrants the suspicion of Endometriosis. An improvement of symptoms with a trial of COCP will be helpful in a resource-poor setting to come to a clinical diagnosis of the condition. Management should be tailored to individual patients.