A RARE CASE OF CAESAREAN SCAR ENDOMETRIOSIS

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ABSTRACT

Scar endometriosis is a rare extra-pelvic form of endometriosis usually caused by iatrogenic seeding after obstetric or gynecological surgeries but can occur independently. We report a case of scar endometriosis in a young female who had two previous caesarean sections, and excision was planned along with the elective caesarean section, as per patient request.

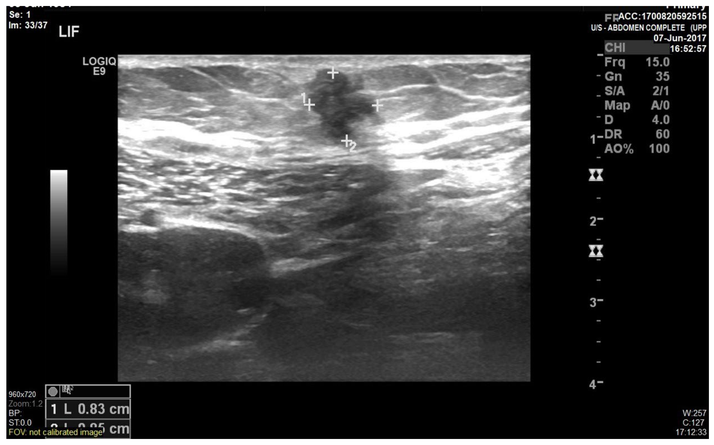

Figure 1 :Ultraound showing a hypoechoic mass at scar site.

INTRODUCTION

- Endometriosis is an estrogen-dependent chronic disorder described first by Karl Von Rokitansky in 1860.[1]
- In this condition, the stromal tissue and functional endometrial glands are seen outside the uterine cavity, most commonly in the pelvic cavity.[1]
- The most widely accepted theory of its formation is direct implantation.[2]
- Ectopic endometriosis foci are not usually malignant.
- Patients sometimes present to general surgery clinics with a painful lump suspected as hernia or stitch granuloma.
- The researchers determined that undergoing a cesarean section significantly increased the risk of endometriosis.
- However, it has been reported in episiotomy, hysterectomy, and laparotomy scars.[3]

CASE REPORT

A 37year-old woman, Gravida 3 Para 2, was seen in the outpatient Ob Gynae department at our Arrayan Hospital on Jan 24, 2021.

She had two caesarean sections, in 2010 and 2012. Since 2012,she presented many times with a small lump just beneath the scar.Her examination revealed a small nodular mass of 1x2 cm size and firm in consistency.The patient noted occasional regression of the mass. An ultrasound abdomen suggested a possibility of a dermatofibroma. The patient was offered an excision by the general surgeon, but she opted to wait.She had elective caesarean section on Aug 14,2021, and excision of the mass carried out by the surgeon.There were no intra-abdominal adhesions or other abnormality. The histology report supported the diagnosis of scar endometriosis. The patient has relief of symptoms after the surgery, and has been advised follow up to check for recurrence.

DISCUSSION

- Scar endometriosis has an incidence between 0.03% and 1.7%,.
- Surgical scar endometriosis, which occurs after cesarean sections, has an incidence of 0.03-0.4%.[3]
- The most frequent finding is cyclical or non-cyclical painful mass.[3]
- Scar endometriosis is frequently misdiagnosed due to the wide range of signs and symptoms.
- Endometriosis is characterized by cyclical fluctuations in the size and intensity of discomfort during menstruation.
- Even though endometrial cells are implanted at surgery, patients may present months or years later.
- Ultrasound with color Doppler, CT scan, and MRI can all be used to make the diagnosis.
- Risk factors of scar endometriosis include hysterotomy at less than 22 weeks, heavy menstrual flow, and alcohol intake.[4]
- High parity has been considered a protecting factor.
- The main risk factor has been studied as obstetric surgery as it can expose many endometrial cells, which get entrapped in the wound, especially noted in obese and overweight.
- It has been postulated that failure to close the parietal and visceral peritoneum at the time of caesarean section may increase the risk of CSE.[5]
- Complete wide excision with clear margins can serve both diagnostic and therapeutic purposes.Histopathology confirms the diagnosis.

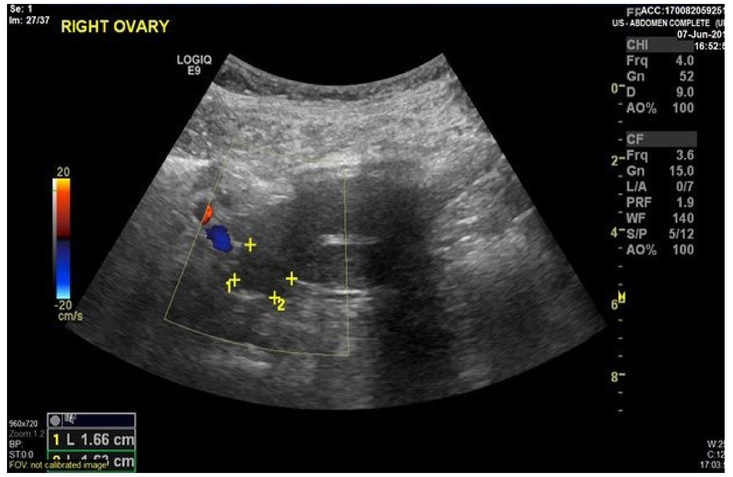

Figure: No intraabdominal pathology noted

CONCLUSION

- The mainstay for early diagnosis remains awareness of the usual clinical symptoms and high index of suspicion.
- Special precautions should be taken during surgery to avoid spreading the endometrial tissue.

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