

A case report on Caesarean scar endometriosis: Diagnosis and Management

Introduction / Background

- Caesarean scar endometriosis (CSE) is a rare condition with an incidence of 0.08%.
- Often difficult to diagnose – confirmation requires histopathological examination.
- Abdominal wall endometriosis (AWE) is a common extra-pelvic site, often linked to previous surgical scars:
 - Caesarean sections
 - Hysterectomy
 - Episiotomy
 - Tubal ligation

- Lesions may be located in the:
 - Skin, subcutaneous tissue, rectus sheath, muscle, or below the peritoneum.
- CSE typically presents with cyclical lower abdominal pain and a palpable mass.
- Most accepted theory:
 - Direct mechanical implantation of endometrial tissue during uterine surgery
 - Leads to cyclical growth of ectopic tissue at the incision site.

Authors and affiliation

R.Edema¹, H. Elhossamy¹, L. Badr¹, Z.Pervaiz¹

1. Dudley Group NHS Foundation Trust, Dudley, United Kingdom

Management:

The patient underwent open surgical excision of the lesion.

☐ The procedure was completed without complications.

☐ Lesion involved:

- Rectus sheath
- Rectus muscle
- Subcutaneous fat layer

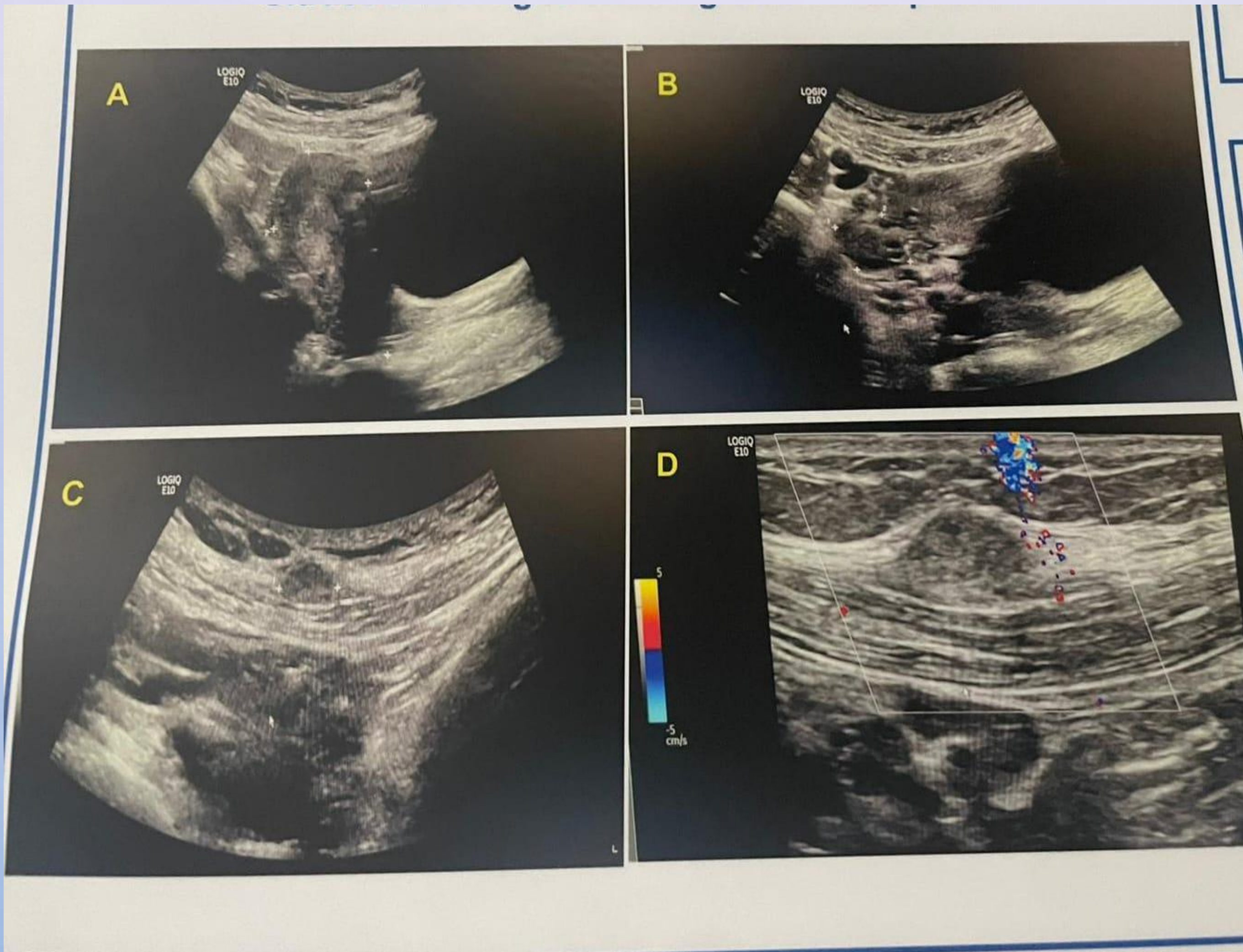
☐ Histopathology confirmed endometriosis

History

- ☐ A 32-year-old woman with a 3-year history of a painful lump over the right side of her caesarean section scar.
- ☐ Symptoms worsened over the past year:
 - Increasing pain intensity
 - Recent onset of shooting pains
- ☐ Obstetric history:
 - One spontaneous vaginal delivery
 - One emergency caesarean section
- ☐ Regular menstrual cycles
- ☐ No intermenstrual bleeding

Examination & Imaging

- ☐ 2 cm solid lump palpated above the right edge of the caesarean section scar.
- ☐ Ultrasound findings:
 - Solid lesion located 3 mm beneath the skin surface
 - Size: 12 × 7 × 12 mm
 - Uniform echogenicity
 - No evidence of neovascularisation



Ultrasound Findings

Solid hypoechoic lesion seen near the caesarean scar. No neovascularisation noted.

Conclusion

Scar endometriosis is commonly associated with previous abdominal surgeries, particularly caesarean section.

- Characteristic features:
 - Cyclical pain
 - Increase in mass size during menstruation
- Should be considered in reproductive-aged women with:
 - Lower abdominal pain
 - Mass at or near the caesarean scar
- Surgical excision is the most effective treatment for symptomatic cases.
- GnRH analogues may offer temporary symptom relief, but are not curative.

REFERENCES

- 1 Sigit Purbadi, Gator Purwoto, Hariyono Winarto, Kartiwa H. Nuryanto, Laurensia Scovani, Gilbert Ella Sotarduga, Case report: Caeserean scar endometriosis-A rare entity, International Journal of Surgery Case Reports, Volume 85, 2021, 106204, ISSN 2210-2612
- 2 L. Padmanabhan, R. Mhaskar, A. Mhaskar, Scar endometriosis, J. Obstet. Gynecol. India, 53 (1) (2003), pp. 59-61
- 3 S. K. Chatterjee, Scar endometriosis: a clinicopathologic study of 17 cases, Obstet. Gynecol., 56(1) (1980), pp. 81-84