

Abdominal Wall Endometriosis in Cesarean Scar

Dr Raed Mashalah

Holy Family Hospital - Palestine

Introduction:
Endometriosis is a common gynecological condition affecting 10-15 % of women in their reproductive years , extrapelvic location of an endometrioma occurs only in around 1 % of cases and abdominal wall was the most common site , endometriomas following cesarean are rare with prevalence estimated to be between 0.03 % and 1% ,diagnosis in conjunction with clinical history may be aided by utilization of imaging modalities including ultrasound ,CT ,and MRI but definite diagnosis is made with histologic examination.

Case Report:
Our case is pathology - confirmed case of cesarean scar endometrioma that discovered incidentally during ERCS done on October 2022 with 2 years follow up after surgery. The patient was 33 years old G5P4A0 ,36 weeks spontaneous DCDA twin pregnancy with uneventful ANC was admitted for ERCS due to previous 4 cesareans ,last was in 2015 and was uncomplicated, during surgery an incidentally discovered irregular hyperpigmented mass seen on the left side of cesarean scar that was around 5* 5*2 cm , complete excision of the mass and cauterization done and sent for histopathology , after CS full history taken from the patient showed that she had a regular cycle that was normal except in the last 18 months prior to her pregnancy when she started to experience cyclical burning left sided abdominal pain with palpable swelling that disappears after menses which support the diagnosis of cesarean endometrioma , definite diagnosis was made after the histopathology report, 2 years follow up patient mentioned regular cycle with normal symptoms suggesting an effective excision of the tissue , patient underwent uncomplicated ERCS on January 2025 with BTL and no masses was seen during surgery.

Discussion:
Cesarean scar endometriosis is a rare entity and prevalence is difficult to obtain due to varying clinical presentation .
The reported incidence of scar endometriosis following CS ranges from 0.2-0.8 %.
The iatrogenic implantation of the hormone sensitive endometrial tissue into cesarean wound during surgery is one of the most acceptable explanations for its occurrence
Diagnosis made by history of cyclical pain with a painful mass in the site of the scar with cyclical variations with menses , and aided by radiological tests , but confirmed by histopathology of the resected mass

Treatment can be medical or surgical but surgical is more effective and preferred

Conclusion:
Cesarean scar endometriosis should be considered and highly suspected in the differential diagnosis for any mass seen in the expected region of cesarean incision with cyclical pain corresponding with menses

