

Scar Endometriosis: An Uncommon Cause for a Painful Scar

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Abstract: Endometriosis is described as the presence of functioning endometrial tissue outside the uterine cavity. Scar endometriosis is a uncommon condition. The symptoms are nonspecific, typically involving abdominal wall pain at the site of incision during menstruation. It is common after obstetrical and gynecological surgeries. The diagnosis is made after histopathological examination of the excised diseased tissue. We report a case of an 21yrs old female with complaints of pain over the previous pfannensteil scar with serous discharge from multiple fistula for the past 4 months. surgical wide en bloc excision was performed. Histopathological examination of the surgically excised scar led to the diagnosis of scar endometriosis.

Keywords: Cesarean scar endometriosis, Abdominal wall endometriosis, Cesarean section, Pfannenstiell incision

1. Introduction

Karl von rokitansky first described endometriosis in 1860. Endometriosis is described as a chronic gynaecologic disorder where there is presence of functioning endometrial tissue outside the uterine cavity. ovaries and pelvic peritoneum are the common sites. The ectopic endometrial tissue may also be found outside the pelvis at sites such as abdominal wall, lungs, brain, and bowel. Abdominal wall endometriosis is defined as the presence of ectopic endometrial tissue embedded in the subcutaneous adipose layer and the muscles of the abdominal wall. It can occur spontaneously but commonly associated with previous surgical procedure, such as cesarean section and it is termed as cesarean scar endometriosis. We report the case of cesarean section scar endometriosis with abscess managed at chettinad hospital and research institute and highlight the diagnosis steps and the management.

2. Case Report

A 21 year old was admitted with complaints of painful abdominal scar with multiple discharging sinus and a cystic swelling in the suprapubic region. Previous surgical history revealed that she underwent an uncomplicated caesarian section 4 months back. She complained of increasing pain with multiple serous discharging sinus at the pfannenstiell incision site 1 month after the cesarean section.

Physical examination revealed tenderness to palpation over the surgical scar with multiple skin sinus producing purulent discharge when pressuring the skin. There was a 2X2 cm purplish coloured cystic swelling above the surgical site in the hypogastric region.



Usg abdomen revealed a collection of 2.6x2.3x1.5cm noted in subcutaneous plane with extension to muscular plane deep to surgical site. A preliminary diagnosis of stich granuloma was entertained, and the patient was taken to operating room for exploration of the abdominal wound and possible surgical scar excision and proceed.

Intraoperatively multiple sinus tracts were noticed extending from the scar tissue through the subcutaneous fat into the rectus sheath (fig.1 and fig.2). An opening was made over the cystic swelling and about 5 ml of pus was drained and sent for culture and sensitivity. The excised scar tissue was sent for histopathological examination and revealed scar endometriosis with sinus tract and giant cell reaction (Fig.3 and Fig.4)



Figure 1



Figure 2

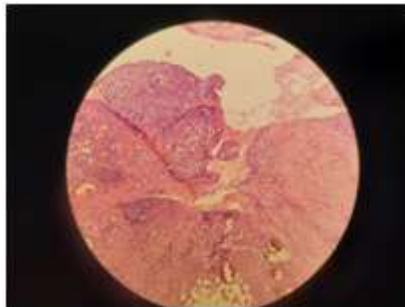


Figure 3

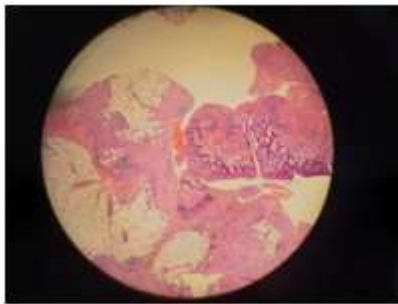


Figure 4

3. Discussion

Scar endometriosis is a rare entity reported in the gynecological literature, and presents in women who have undergone a previous abdominal or pelvic operation. The incidence has been estimated to be only 0.03% to 0.15% of all cases of endometriosis. Many theories as to the cause of scar endometriosis have been postulated; however, the most generally accepted theory is the iatrogenic transplantation of endometrial implants to the wound edge during an abdominal or pelvic surgery.

The diagnosis of scar endometriosis may be challenging. Cyclical changes in the intensity of pain and size of the endometrial implants during menstruation are usually characteristic of classical endometriosis. However, in the largest reported series to date, only 20% of the patients exhibited these symptoms. Patients usually complain of tenderness to palpation and a raised, unsightly hypertrophic scar.

Management includes both surgical excision and hormonal suppression. Oral contraceptives, progestational and androgenic agents have been tried. It is believed that hormonal suppression is only partially effective and surgical excision of the scar is the definitive treatment.

4. Conclusion

Scar endometriosis is a rare and often elusive diagnosis that can lead to both patient and physician frustration. One should maintain a high level of suspicion in any woman presenting with pain at an incisional site, most commonly following pelvic surgery. A thorough history and physical examination should always be performed, and every surgeon should consider this entity in their differential diagnosis.

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