

Scar Endometriosis - A Rare Case Report in 23 Years Old Female

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Abstract: Scar Endometriosis an uncommon condition is described by cyclic abdominal wall pain in the previous LSCS (Lower Segment Caesarean Section) scar site. Imaging test perform to diagnose scar endometriosis may include CT scan, MRI, USG. In this case, the patient was presented with complaints of abdominal pain at scar region since 2 years. Exploration Laparoscopic Adhesiolysis with scar endometriosis excision was planned and performed on suspected mass. The operation was uneventful. Post surgery the patient was completely asymptomatic and hence QoL (Quality of Life) of patient was improved.

Keywords: Scar Endometriosis, abdominal wall pain, LSCS, QoL.

1. Introduction

The term endometriosis was first expressed in the year 1860 by Karl Von Rokitansky.^[1] Endometriosis is a functional and morphological endometrial tissue appearing outside the uterine cavity. Scar endometriosis is an uncommon condition typically characterised by abdominal wall pain during menstruation at the site of incision. The estimated incidence rate of scar endometriosis reported is 0.03% to 0.15%.^[2]

The gynaecological and obstetrical surgeries including caesarean-section, other laproscopic procedures that needs needle tract amniocenteses, manipulation of uterine cavity or perineal episiotomies can cause the development of scar endometriosis.^[3]

The symptoms for scar endometriosis are non-specific including cyclic abdominal pain, swelling, palpable subcutaneous painful lump and brownish discharge at the scar region after surgery.^[3,4,5]

The diagnosis of scar endometriosis is challenging and is often misdiagnosed. Various diagnostic tools may include CT- scan, MRI that aids in determining the extent of disease, USG that is performed pre-operatively may be applicable for the diagnosis and assessment of invasion into the subjacent anatomical planes.^[3,5]

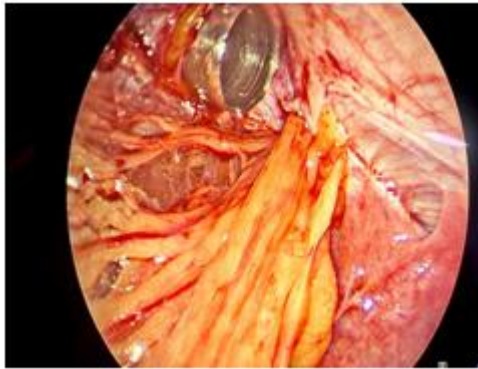
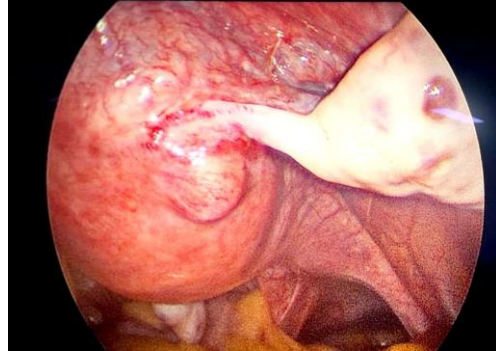
Scar endometriosis can be managed by both hormonal suppression therapy (such as oral contraceptives) which seems to be partially effective and surgical procedure (excision) is believe to be a precise treatment. A women presented with an abdominal pain at incision region following caesarean births should maintain a high level of suspicion.^[2,6]

2. Case Presentation

A 23 year old women presented with complaints of pain and discomfort at the previous LSCS (Lower Segment Caesarean Section) scar region. The patients chief complaints was intense pain during menstruation which is affecting her daily routine. Along with the pain, patient also expressed concern about her inability to conceive. She is P1L1 delivered by emergency LSCS in view of cephalopelvic disproportion (CPD) in 2017.

Physical examination revealed a puckered pfannensteil scar, associated with a mass that is tender on touch and is firm in consistency measuring 8x6 cm in size just above the scar. On per vaginal examination the cervix is pulled upwards and restricted mobility is noticed in the uterus.

On examination, severe suprapubic tenderness was observed, and a preliminary diagnosis of scar endometriosis was made clinically. For confirmation of the same, patient was advised to undergo an MRI pelvis which demonstrate a large T2W and STIR heterogeneously hyper intense and T1W hypo intense lesion with restricted diffusion seen in the anterior abdominal wall at the site of scar, measuring 8.2x3.8x2.8 cm (TRxAPxCC) and found adhered to the anterior wall of uterus. The uterus is elongated, both fundus and ovaries (normal in size) is seen adhered to the anterior abdominal wall. Exploration Laparoscopy Adhesiolysis with scar endometriosis excision was planned.



Above figures shows plasted uterus and ovaries to the abdominal wall

3. Discussion

Scar endometriosis is a rare condition, that presents in women who have undergone previous abdominal or pelvic procedures. The incidence of scar endometriosis is 0.03% to 0.15% of all cases of endometriosis.

Exploration Laparoscopy Adhesiolysis with scar endometriosis excision was planned and done on suspected mass. It was surprising to see that uterus with ovaries and fallopian tubes were completely adhered to the rectus abdominis muscle with distorted anatomy. Scar endometriosis which was extending upto the rectus sheath and above from the lower uterine segment of the uterus, then decided to explore previous abdominal scar. A huge mass (approximately measuring 10x9 cm) of scar endometriosis was excised.



Excised scar endometriosis

Post wide excision, loss of rectus abdominis muscle and rectus sheath was observed. The uterus and ovaries were set free from abdominal wall. Reconstruction was done with muscle flap and further reinforcement was done with mesh repair. The final report revealed with HPE report confirms scar endometriosis.

4. Conclusion

We reported a case of 23 year old female presented with complaints of pain in abdomen left hypogastric region at scar site since 2 years. Laparoscopy Adhesiolysis with scar endometriosis excision was planned and performed. The patient responded well to the operation and was discharged with good abdominal wall support. Three months of anti-progestin medication were given and her subsequent periods showed complete reduction in pain. The patient was absolutely asymptomatic.

The most accepted theory is the iatrogenic transplantation of endometrial implants to the wounds during an abdominal or pelvic surgery, management includes only surgical excision followed by hormonal suppression.

Consent:

The informed and written consent was taken from the patient for the publication of this case report.

Conflict of Interest:

Case is collected in August 2022 by Dr.Anusha Reddy B et.al. This is an open access case report and the author has no conflict of interest to declare. We clarify that the submission is original work and it is not under review at any other publication.

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