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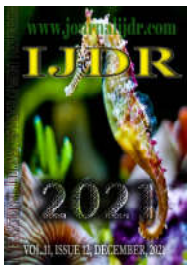

RESEARCH ARTICLE OPEN ACCESS

SCAR ENDOMETRIOSIS AT SITE OF CESAREAN SECTION AND UMBILICUS

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ABSTRACT

Scar endometriosis is a rare condition. We report a case of scar endometriosis occurring at the site of an old cesarean section scar and umbilicus. **Case report:** A 40-year-old multiparous woman complained of painful sensation during menstruation for 2 years that occurred at the site of her midline cesarean section surgical scar. Blood discharge with pain and redness at umbilical and scar wound site for 3 months. On examination, there was a firm hyperpigmented nodule measuring 3 x 3 cm in size at the upper site of the midline scar. In view of the possibility of scar endometriosis, the mass was widely excised. Pathologic findings were compatible with scar endometriosis. Postoperatively, tab dinogest (2mg) once daily was prescribed to prevent recurrence. **Conclusion:** A surgical scar becoming painful and swollen during menstruation is the classic symptom of scar endometriosis. Causes include iatrogenic transplantation of endometrium to the surgical wound. Surgical excision is the main treatment. Postoperative GnRH-agonist or danazol or dinogest may be prescribed to patients with scar endometriosis.

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INTRODUCTION

Endometriosis was first described by Rokitansky in 1860 and was defined as the presence and proliferation of the endometrial tissue outside the uterine cavity (1). Scar endometriosis is a rare disease with incidence of 0.03-0.6% of all endometriosis cases (3). The symptoms are nonspecific, typically involving abdominal wall pain at the incision site at the time of menstruation (4). The diagnosis is frequently made only after excision of the diseased tissue. Scar endometriosis are believed to be the result of direct inoculation of the abdominal fascia or subcutaneous tissue with endometrial cells during surgical intervention and subsequently stimulated by estrogen to produce endometriomas. (9) In clinical practice, its occurrence has been well documented in incision of any type where there has been possible contact with endometrial tissue including episiotomy, hysterotomy, ectopic pregnancy, laparoscopy, tubal ligation and cesarean section (6). Time interval between operation and presentation has varied from 3 months to 10 years.(2) This is the case report of abdominal wall and scar endometriosis following caesarian section. This report discusses and evaluates the incidence, pathogenesis, course, diagnosis, treatment and prevention of this condition.

Case Presentation: A 40 year Indian woman was seen in consultation for painful scar.

She was an otherwise healthy woman with no significant medical history. Her surgical history included an uncomplicated but midline caesarian section 13 years back.She complained of increasing pain and tenderness at upper end of the midline LSCS scar site and umbilical region for 2 years.Swelling with redness on scar for 9 months and cyclical blood discharge with pain from umbilical and scar wound site for 3-4 months. Physical examination revealed a well healed cesarian scar with a 3 X 3cm nonmobile, firm, tender, nodular, hyperpigmented area at its upper site of midline scar and at umbilicus area (Fig 1). Exquisite point tenderness to palpation over the nodular area was noted. A preliminary diagnosis of scar endometriosis was made. Ultrasound of abdomen was performed and revealed a bright triangular heteroechoic mass of about 32x21mm seen in anterior abdominal wall subcutaneous fat plan in infraumbilical region underneath scar site? Scar endometriosis (Fig 2,3). Decision was taken for wide local excision of abdominal wall lump under general anesthesia.

Intraoperative: The lump was 3x3 cm, firm at the center of the rectusabdominis muscles and overlying sheath. Extensive fibrosis of the scar of the fascia was noted. The scar was completely widely excide with the nodular portion with clear margin (fig 4) and the specimen was sent to the pathology the final report reveled " dermal fibrosis with endometrioses" showing fibro adipose tissues with interspread glands & stroma of Endometriosis.

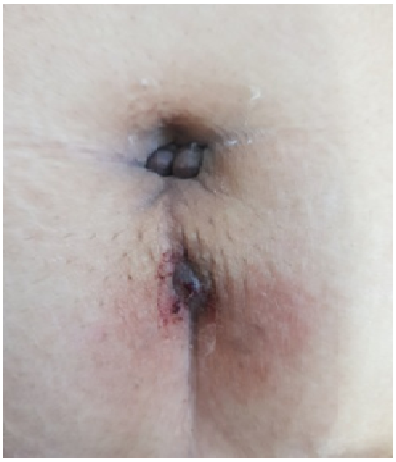

Figure 1.

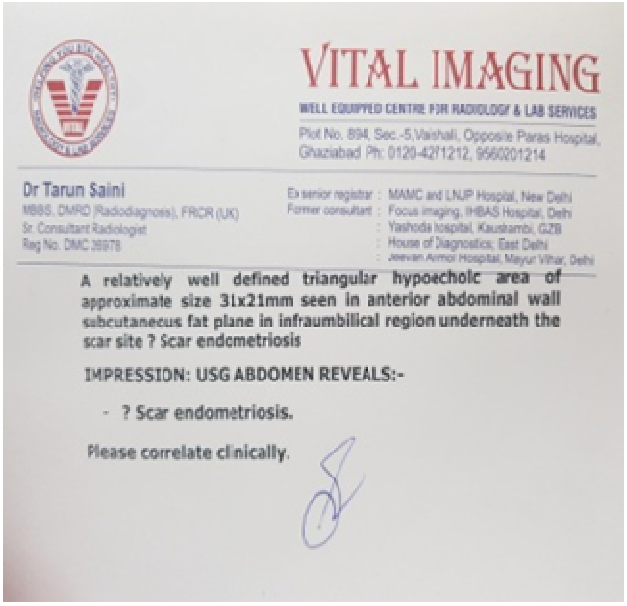

Figure 2.

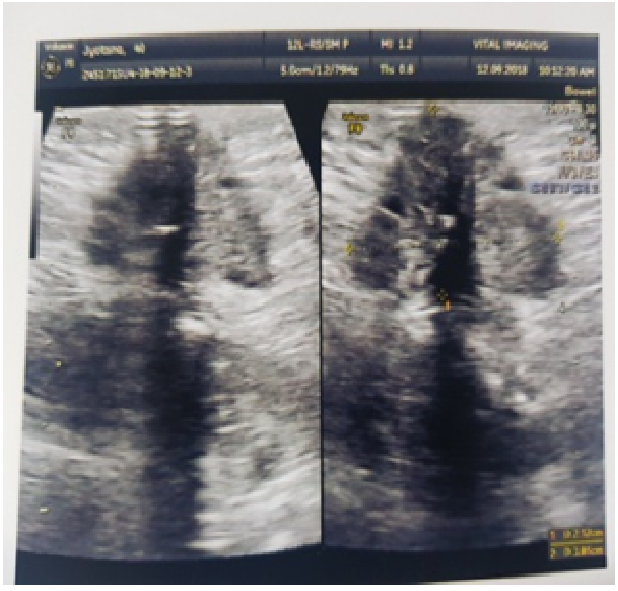

Figure 3.

Postoperative: Postoperative course was uneventful. Her pain subsided and she was prescribed Tab dinogest 2mg one daily to prevent recurrence.

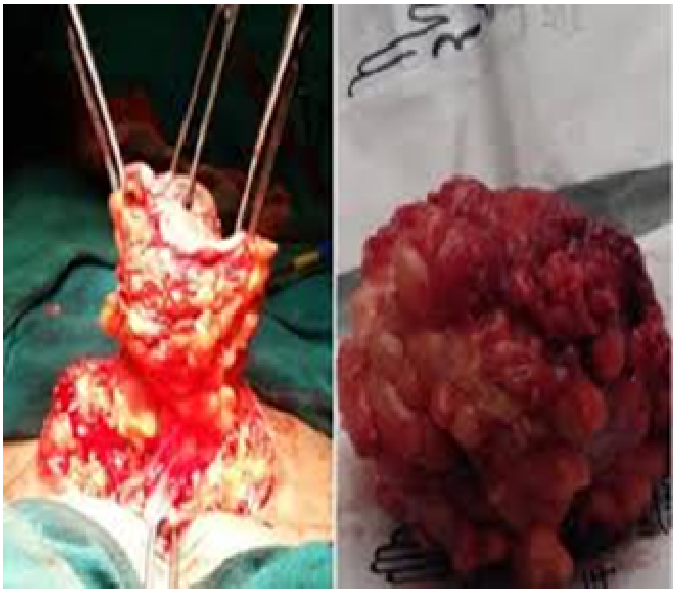

Figure 4.

Pathophysiology: The proposed theories of endometriosis formation are:

- Retrograde spread of collection of endometrial cells during menstruation.
- Blood, lymphatic or iatrogenic spread.
- Metaplasia of the pelvis peritoneal cells.
- Immune system dysfunction and autoantibody formation.

Patholog: Endometriosis is defined by occurrence of endometrial-like epithelium and stroma outside the uterine cavity in female of reproductive age. Grossly, endometriosis may present as small, dark red, black or bluish cysts or nodules on the surface of peritoneal, and pelvis organs. Histologically, endometriosis is characterized by the ectopic presence of endometrial – like glands, spindled endometrial stroma and hemosiderin deposition either within the macrophages or in the stroma (causing hyper pigmentation at site).

Differential Diagnosis: Scar endometriosis is rare and difficult to diagnosis. It is often misdiagnosed, as stitch granuloma, inguinal hernia, desmoids tumor, neuroma. Sarcoma, lymphoma, or primary and metastatic cancer.

Diagnosis: A high index of suspicion is recommended when a woman is presented with a post operative abdominal lump. Good surgical and gynecological histories, as well as a thorough examination with appropriate imaging techniques (ultrasound CT or MRI) usually lead to the correct diagnosis.CT usually shows a solid well – circumscribed mass whereas MRI may be more helpful when the lesion is small because of its high spatial resolution furthermore it is better than CT scan in detecting the planes between muscles and abdominal subcutaneous tissue.

Management: The treatment of choice is always total wide excision of the lesion which the diagnostic and therapeutic at the same time. Medical treatment with the use of progestogens, oral contraceptive pills, gonadotrophinagonists (leuprolide acetate), danazol and dinogest is not effective and gives only partial relief in symptoms and does not ablate the lesion. Moreover due to side effects such a amenorrhea, weight gain, hirsutism, and acne, compliance is unlikely. Malignant change of endometriosis in cesarean scar in rare (5). Long-standing recurrent scar endometriosis could undergo malignant changes in 4% of cases in scars after laparotomy (5). Follow up of endometriosis patient is important because of the chances of recurrence, which may require re- excision. In case of continual recurrence, possibility of malignancy should be ruled out. Hence good technique and proper care during cesarean section may help in preventing endometriosis.

DISCUSSION

Scar endometriosis is a rare entity (0.03% to 0.6% of all cases of endometriosis), present in woman who have undergone a previous abdominal or pelvic operation (1). The most generally accepted theory is the iatrogenic transplantation of endometrial implants to the wounds edge during an abdominal or pelvic surgery (8). The various sites for extra pelvis endometriosis are bladder, kidney, bowel, omentum, lymph nodes, lungs, pleura, extremities, umbilicus, hernia sacs, and abdominal wall (7,10). Cyclical changes in the intensity of pain and size of the endometrial Implants during menstruation are usually characteristic of classical endometriosis (4). Managements include both surgical excision and hormonal suppression (9). Oral contraceptives, progesterone and androgenic agents have been tried (5). It is believed that hormonal suppression is only partially effective and surgical excision of the scar is the definitive treatment (9).

CONCLUSION

A surgical scar becoming painful and swollen during menstruation is the classic symptom of scar endometriosis. Causes include iatrogenic transplantation of endometrium to the surgical wound. Surgical excision is the main treatment. Postoperative GnRH-agonist or danazol or dinogest may be prescribed to patients with scar endometriosis.

Conflict of Interest: The authors had no conflicts of interest to declare and mentioned ethical adherence.

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