

# Scar Endometriosis: A Rare Case Presentation

Dr. Tanvi Vaghela<sup>1</sup>, Dr. Veena Aseeja<sup>2</sup>, Dr. Harjinder Singh<sup>3</sup>

<sup>1</sup>PG Resident

Guide, Professor, OBGY

<sup>2</sup>Associate Professor, OBGY

**Abstract:** *This case report presents a rare instance of scar endometriosis in a 25 - year - old woman two and a half years post - cesarean section. The patient experienced cyclical abdominal pain, swelling, and tenderness near the scar site, symptoms aggravated during menstruation. Diagnosis was confirmed via USG and histopathological examination, leading to successful treatment through wide local excision. This report emphasizes the importance of early diagnosis and effective management of scar endometriosis to alleviate patient suffering.*

**Keywords:** scar endometriosis, cesarean section, histopathology, rare case, abdominal pain

## 1. Introduction

Endometriosis is defined as functioning endometrium outside the uterine cavity and is found in 8 - 15 % of all menstruating women [1]. It generally occurs in the pelvic sites such as the ovaries, posterior cul - de - sac, uterine ligaments, pelvic peritoneum, bowel, and rectovaginal septum. Extra pelvic endometriosis can be found in unusual places like in the nervous system, thorax, urinary tract, gastrointestinal tract, and in cutaneous tissues, its most frequent site is the abdominal wall [2]. The reported incidence after mid trimester abortion is about 1% and after cesarean sections ranging from 0.03% - 0.45% [3]. Ectopic pregnancies, salpingostomy puerperal sterilization, laparoscopy, amniocentesis, appendectomy, episiotomy, vaginal hysterectomies, and hernia repair are the other surgical factors for scar endometriosis [4].

## 2. Case Report

We present a case of 25 year old female, P1L1, with no known medical illness, underwent emergency LSCS 2.5 years ago due to fetal distress.

Post operative period was uneventful, discharged in satisfactory condition without any wound complications, 2.5 years after LSCS, patient presented with pain in right side of

abdomen over the stitch line since 4 - 5 months. The pain was cyclical, with no discharge, appeared on menses, aggravated on lifting heavy weight and relieved on cessation of menses. On examination, swelling on right side of stitch line visible with discoloration, tender on palpation.



On examination, swelling on right side of suture line visible with discoloration, tenderness on right side of suture line.

**Research Poster Presentation Design © 2019**

[www.PosterPresentations.com](http://www.PosterPresentations.com)

N. C Medical college and Hospital, Israna, Panipat



Diagnosis was revised to be Scar endometriosis. Based on USG findings: Heterogenous lesion of size approx. 15mm\*6mm at the subcutaneous plane at the right end of the scar. Likely scar endometriosis.



### Management

**Treatment:** Wide local excision was done on 30/7/22 under sedation and local anesthesia, excised tissue sent for HPE. While exploring the right angle of Pfennensteil scar, blackish and reddish tissues at multiple sites of subcutaneous plane were observed.

All abnormal tissues were excised and sent for Histo - pathological examination. Hemostasis was achieved and wound was sutured.



### Histopathology

HPE revealed foci of endometrial glands and stroma with hemorrhage and fibromuscular tissue. Impression - Consistent with endometriosis.

### 3. Discussion

Abdominal wall scar endometriosis is considered to be a rare complication of a caesarean section. Rates of scar endometriosis after a caesarean section range from 0.03 - 1.73% with an average rate of 0.50 % [4]. When a proper diagnosis cannot be achieved, scar endometriosis can be easily mixed with other surgical conditions like hematoma, neuroma, hernia, granuloma, abscess, scar tissue, neoplastic tissue, or even metastatic carcinoma. Often, the diagnosis of endometriosis is not suggested until after histology has been performed.

Correct preoperative diagnosis is achieved in 20% to 50% of these patients [6].

### 4. Conclusion

Endometriosis is a painful condition, scar endometriosis is even more painful condition and hence early diagnosis and treatment.

### References

- [1] Albrecht LE, Tron V, Rivers JK (1995) Cutaneous endometriosis. *Int J Dermatol* 34: 261 - 262.
- [2] K. J. Jubanyik and F. Committee, "Extrapelvic endometriosis., "Obstetrics and Gynecology Clinics of North America, vol.24, no.2, pp.411 - 440, 1997.
- [3] Y. Wolf, R. Haddad, N. Werbin, Y. Skornick, and O. Kaplan, "Endometriosis in abdominal scars: a diagnostic pitfall, " *American Surgeon*, vol.62, no.12, pp.1042 - 1044, 1996.
- [4] B. M. E Adriaanse, R Natte, and B. W. J. Hellebrekers, "Scar Endometriosis after a caesarean section: a perhaps underestimated complication," vol 4: 1 - 6
- [5] B. M. E Adriaanse, R Natte, and B. W. J. Hellebrekers, "Scar Endometriosis after a caesarean section: a perhaps underestimated complication," vol 4: 1 - 6.
- [6] Cihangir Uzunçakmak, Ahmet Güldağ, Hasene Özçam, and Kemal Dinç, "Scar Endometriosis: A Case Report of This Uncommon Entity and Review of the Literature," *Case Reports in Obstetrics and Gynecology* Volume 2013, Article ID 386783, 4 pages.