

Abdominal Wall Scar Endometrioma: An Uncommon Cause of Painful Scar

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Abstract

Endometriosis is a condition in which the tissue that normally lines the endometrium of uterine cavity grows outside the uterus. It is often painful condition and commonly involves ovaries, pelvic peritoneum and urinary system. Scar endometriosis is rare disorder which often needs histopathological correlation for diagnosis. It is caused by implantation of endometrial stem cells at the surgical site at the time of surgery. It is often seen after various gynecological and obstetrical procedures and can be located at the skin, subcutaneous tissue and rectus abdominis muscle or in the uterine myometrium.

A 39 years old lady with H/O lump in left lower abdomen associated with pain at the site of previous caesarean section for the last one year, Referred for CT at Radiology department of Civil Hospital Karachi. Histopathology confirmed CT findings.

Key Words: Abdominal wall, Endometriosis, Endometrioma, Scar.

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Introduction

Presence of functioning endometrial tissue outside the uterus is called endometriosis, occurring in about 15% of menstruating women, commonly located in the pelvis and rarely at the unusual site including cesarean section scar.¹ The patient may complain of gradually growing abdominal mass at the site of cesarean section scar often associated with cyclical and non-cyclical pain. Symptoms of endometriosis may resemble abdominal wall lesions including soft tissue tumor, granuloma, hematoma and incisional hernia.² Ultrasound, CT scan and MRI are used to describe endometriotic lesion or provide the evidence of alternate diagnosis,³ but biopsy is required for definite diagnosis.⁴

We are reporting the case of scar endometriosis presented to us with a mass at the site of cesarean section scar associated with focal abdominal pain.

Case Report

A 39 years old lady gravida 0, para 3, who underwent three cesarean section in last six years,

referred to Radiology Department Civil Hospital Karachi for contrast-enhanced Ct scan of pelvis from the surgical unit. She had a complaint of a palpable lump in left lower abdomen at the previous cesarean section site on with constant focal abdominal pain not associated with fever and discharge, for last one year. On clinical examination, lump was firm, tender with hyperpigmentation of overlying skin. Initially, the diagnosis of hematoma and suture granuloma was made as a patient gave the history of non-cyclical focal abdominal pain. Her routine laboratory findings were normal. She had a regular normal menstrual cycle and no previous history of endometriosis. Patient was managed conservatively but symptoms did not resolve. She was referred to Radiological Department for ultrasound of abdominal wall lump, which showed irregular, hypoechoic mass, heterogeneous echotexture with low level internal echoes and positive flow on color Doppler. It was measuring 3.1x2.2 cm. The possibility of endometrioma was raised on ultrasound and patient

went to CT suite for contrast enhanced CT scan to evaluate the extent of mass. CT scan showed well defined heterogeneously enhancing solid lesion in left rectus abdominis muscle in the lower anterior abdominal wall along previous surgical scar with fat streakiness in the surrounding tissue (Fig 1). Excisional Biopsy was performed which confirmed the diagnosis of scar endometrioma.

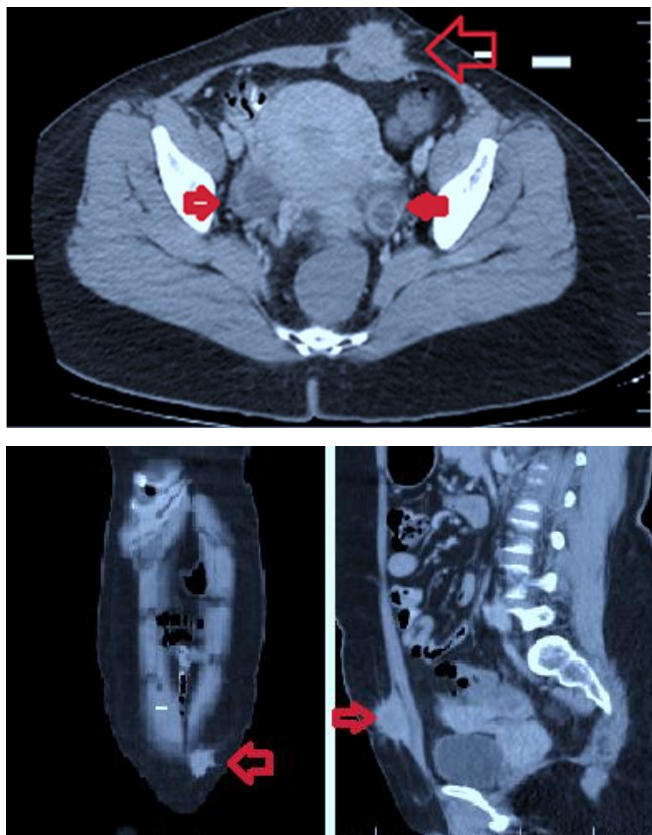


Figure 1. CT scan axial, coronal and sagittal section demonstrates abdominal wall endometrioma with streakiness in surrounding tissue with normal both ovaries (small arrows).

Discussion

Presence of histologically normal endometrial tissue outside the uterus usually within the pelvic cavity is called endometriosis.⁵ The abdominal wall is the common extrapelvic site for endometriosis that involves skin, subcutaneous tissue and very rarely in rectus abdominis muscle (as in our case) due to iatrogenic transfer of endometrial cells into surgical site.⁶ the incidence is about 0.03% to 1.08% of scar following any abdominal and pelvic surgical procedures.⁷ The clinical spectrum of the condition is very diverse. Women present with lump at the site of

previous surgical incision, abdominal or pelvic pain occurs typically at the time of menstruation, between menstruation or patient may be completely asymptomatic.³ The condition is often mistaken for suture granuloma, incisional hernia, soft tissue tumor, hematoma and abscess.² Sonographic appearance of scar endometriosis showed solid hypoechoic lesion in the abdominal wall with positive flow on color Doppler and may contain cystic areas. Contrast enhanced CT scan shows solid mass in the abdominal wall with heterogeneous post contrast enhancement. CT scan is done to see the extent of disease preoperatively.¹ Radiological findings are nonspecific and histopathological examination is required for confirmation of the diagnosis.⁵ Hormonal suppression and surgical excision both are included in the management of scar endometriosis, however surgical excision is proved to be definite treatment.⁸

Conclusion

Abdominal wall endometriosis is rare cause of painful scar seen in patients with previous pelvic surgeries. It is often mistaken clinically for other abdominal wall lesions, therefore Radiological evaluation along with histopathological correlation is mandatory

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