CASE REPORT

ENDOMETRIOSIS IN CAESARIAN SECTION SCAR

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ABSTRACT

Endometriosis is a very common benign gynecological condition. It is the presence of functional endometrial tissue outside the uterine cavity. Though it can involve most parts of the body, scar endometriosis is an infrequent condition. The wide array of clinical presentations makes it difficult to diagnose preoperatively. Here, we report two cases of caesarian section endometriosis. One presented as a painful swelling and the other as an area of induration in the scar. Only one of the patients had been on medical treatment with Danazol. Despite that both patients remained symptom free after excision of their lesions.

Keywords: Endometriosis, Caesarian section, Danazol, excision, scar.

INTRODUCTION

It has been known and described since early 1900's that endometrial tissue can present outside the uterine cavity.[1] External endometriosis is the presence of uterine mucosa (glands and stroma) outside the uterus. The most common location is within the pelvis and has been reported to occur in as many as 44% of women undergoing laparoscopy for non gynecological symptoms.[2] Extra pelvic endometriosis is not only uncommon but also difficult to diagnose. The various sites for extra pelvic endometriosis are bladder, kidney, bowel, omentum, lymph nodes, lungs, pleura, extremities, umbilicus, hernial sacs and abdominal wall.[3] The presence of endometriomas within cesarean section scars have been documented in the gynecologic literature since 1956.[1] Keflaski *et al* reviewed pathology reports of hysterectomy specimens for seven years and only found two cases of caesarian section scar endometriosis.[4]

Here, we report two cases of caesarian section scar endometriosis. One presented as a hard nodule and the other as an area of indurations. The purpose of this paper is to highlight the different clinical presentations, scar endometriosis can present with and variable response of patients to medical treatment.

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CASE REPORT 1

A 26 year old female presented with complain of swelling in caesarian section scar for a period of one year associated with pain. The patient had underwent an uneventful caesarian section delivery one year back. At the time of removal of stitches, she noticed a swelling in the right side of the scar. The swelling gradually increased in size and became painful. Pain was burning in nature and more marked during menstrual cycles and relieved by taking analgesics. She reported a completely normal past gynecological history.

On examination a swelling was noticed on the right side of the scar. It was 4x5 cm in size, tender, oval in shape and firm to hard in consistency. A cough impulse was positive. Initial diagnosis of incisional hernia was made.

Ultrasound abdomen and pelvis showed normal pelvic

and have been managed successfully with re-excision.[1] In this case series, one of the patients was started on post operative Danazol due to extensive involvement of excised tissue with endometriosis. In the other patient, mild to moderate endometriosis was found only in one segment of resected tissue and so post operative Danazol was not considered necessary. Both patients showed an immediate response to surgery in terms of relief from pain and return no normal activities within a few days post operatively.

To conclude scar endometriosis should be suspected in all females of reproductive age with a history of a painful lump or induration in scar of caesarian section and a change in intensity of pain with menstruation. Imaging studies like Ultrasound, CT scan and MRI might help but the final diagnosis and standard treatment rests on excision of the effected area. Response to medical treatment is variable in different patients. Patient should be kept in follow up as recurrence can not be ruled out.

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