# ABDOMINAL WALL ENDOMETRIOSIS: CASE REPORT

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SUMMARY – Abdominal wall endometriosis, also known as scar endometrioma, is a rare condition, in most cases occurring after previous cesarean section or pelvic surgery. The incidence of scar endometrioma is estimated to 0.03%-1.5% of all women with previous cesarean delivery. The predominant clinical picture is cyclic pain. Due to a wide range of mimicking conditions and a relative rarity, a significant delay is often observed from the onset of symptoms to proper treatment. We report on a case of a 36-year-old patient with scar endometrioma after two previous cesarean deliveries. The possible diagnostic pitfalls and treatment options are discussed.

Key words: *Endometriosis; Endometrioma; Cesarean section*

## Introduction

Endometriosis is defined as ectopic growth of endometrial gland and stroma outside the uterus, causing infertility, pelvic pain, menstrual abnormalities and dyspareunia[1]. Extrapelvic location of endometriosis is relatively rare. The presence of endometrioma, also known as scar endometrioma, in abdominal wall is a rare condition, in most cases following previous cesarean section or pelvic surgery[2]. The incidence of scar endometrioma is estimated to 0.03%-1.5% of all women with previous cesarean delivery. Its clinical diagnosis is often confused with abscess, lipoma, hematoma, sebaceous cyst, suture granuloma, hernia, lymphoma, etc[3]. The relative rarity of this condition and many diagnostic pitfalls are the main reasons for a significant delay from the onset of symptoms to accurate diagnosis and therapy. Considering the growing rate of cesarean delivery worldwide, scar endometrioma can be expected to be encountered more often; therefore, one should keep it very high on the list of the potential complications.

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## Case Report

We report on a case of a 36-year-old patient presenting with low abdominal and inguinal pain. Patient history was uneventful, with two cesarean deliveries 10 and 6 years before. During the past 3-4 years, the patient had been complaining of low abdominal and left inguinal pain irradiating to the left femoral region. The symptoms were cyclic with peak near menses. Routine laboratory analyses revealed hypochromic microcytic anemia, while other parameters were normal. Ultrasonographic examination of the pelvis revealed no pathology, while ultrasonographic examination of the left inguinal region showed inhomogeneous oval tumefaction suspect of abdominal wall hematoma. Computerized tomography (CT) revealed tumefaction of the distal part of the left muscle rectus abdominis, measuring 56x21x60 mm. Ultrasound guided biopsy was performed, with tissue elements suspect of endometrioma. Wide excision of the endometrioma was performed and tissue defect reconstructed. The postoperative period was uneventful, and continuous gestagen therapy (medroxyprogesterone acetate 20 mg daily) was administered for 6 months. At one-year follow up, there was no recurrence of endometrioma.

## Discussion

Endometriosis is reported in 15%-44% of all laparotomies or laparoscopies in women of reproductive age. The predominant locations of endometriosis are the pelvis, ovaries, Douglas pouch, uterine ligament, rectovaginal septum and cervix. Extragenital locations include rectosigmoid, appendix, and other[4]. Abdominal wall endometriosis often referred to as scar endometrioma is a rare form of extragenital endometriosis. The incidence depends on the type of the original surgery. It is estimated to 0.03% to 1.5% after cesarean section. Recently, a case of trocar site endometriosis after laparoscopic removal of ovarian endometrioma has been reported[5]. The predominant clinical picture is cyclic pain, as in our case; however, in some series, almost 50% of patients reported noncyclic pain, not related to menstrual cycle[6]. Due to the relative rarity of this condition and a wide spectrum of mimicking conditions, there is significant delay from the onset of disease to correct diagnosis. In our case, this delay lasted for at least 1 year. Other authors report on correct preoperative diagnosis in 20%-50% of cases[7,8]. The sonographic appearance of scar endometrioma is polymorphic and can be described as cystic, polycystic, mixed, or solid. The most common sonographic presentation is a subcutaneous nodule near the Pfannenstiel incision, with irregular borders, heterogeneous texture characterized by scattered internal hyperechogenic foci, peripheral hyperechogenic ring and scanty vascularity. The same authors found that the delay in diagnosis could be associated with changes in ultrasound appearance of endometrioma, making the diagnostic procedure even more challenging. On CT, endometrioma usually appears as a circumscribed solid or mixed mass, enhanced by contrast, often with hemorrhages.

Wide excision of endometrioma with 1 cm margin is considered as the treatment of choice even for recurrent lesion. In some cases, the extent of lesion leads to fascial defect after surgical removal, therefore fascial reconstruction with a polytetrafluoroethylene patch is necessary. Hormonal treatment without surgery offers only temporary relief of symptoms with recurrence after cessation of treatment.

We conclude that abdominal wall endometriosis, although a rare entity, can lead to significant morbidity and many diagnostic pitfalls. Like any other chronic disease, long-term misdiagnosis can lead to significant impairment of the quality of life, not only social and professional part, but psychosexual as well. Hence, one should consider it in all cases with unexplained pain, especially after previous cesarean delivery or history of endometriosis surgery.

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Sažetak

ENDOMETRIOZA TRBUŠNE STIJENKE: PRIKAZ SLUČAJA

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Endometrioza trbušne stijenke, poznata i kao endometrioza ožiljka, predstavlja relativno rijetku bolest koja u većini slučajeva nastaje nakon carskog reza ili druge ginekološke operacije. Pojavnost endometrioze trbušne stijenke procjenjuje se na 0.03%-1.5% žena s prethodnim carskim rezom. Dominantni simptom je ciklička bol. S obzirom na široku diferencijalnu dijagnozu i relativno rijetko pojavljivanje često se kasni u postavljanju točne dijagnoze. U radu se prikazuje slučaj 36-godišnje bolesnice s endometriozom trbušne stijenke nakon 2 prethodna carska reza. Raspravljene su dijagnostičke dileme i terapijske mogućnosti.

Ključne riječi: *Endometrioza; Endometriom; Carski rez*