AKADEMİK ACİL TIP DERGİSİ

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Endometriosis of the Abdominal Wall; Report of a Case

Karın Duvarında Endometriosis; Vaka Sunumu

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Abstract

Endometriosis is characterized by the presence of histological normal endometrial tissue outside the uterine cavity. It occurs in up to 15% of menstruating women and often goes undetected. Some cases of soft tissue involvement have been reported, particularly in the skin and subjacent tissues of surgical scars. We came cross a 42-years old patient with a 3x3cm mass under nearly 3 cm inferior of umbilicus. Incisional or "scar" endometriosis often occurs in the absence of the more typical pelvic involvement. Although definitive diagnosis still requires biopsy, the patient's cyclic symptoms and history of previous uterine surgery, should suggest the correct diagnosis. But, in cases like ours cyclic symptoms will not be available.

Keywords: Endometriosis, Scar, Skin

Özet

Endometriosis histolojik olarak normal endometrial dokunun rahim içi boşluğun dışında bulunması ile karakterizedir. Adet gören kadınların %15'inde görülür ve genellikle tespit edilemez. Özellikle cerrahi skar dokularında ve ciltte olmak üzere bazı yumuşak doku tutulumları rapor edilmiştir. Biz göbeğin yaklaşık 3 cm altında 3x3 cm kitlesi olan 42 yaşında bir kadın hastaya rastladık. İnsizyonel ya da "skar" endometriosisi genellikle tipik pelvik tutulum olmaksızın izlenir. Kesin tanı halen biyopsi gerektirmekle birlikte hastanın döngüsel şikayetleri ve eski rahim ameliyatı hikayesi tanıya götürebilir. Ancak, bizim olgumuz gibi olgularda döngüsel semptomlar bulunmayabilir.

Anahtar kelimeler: Cilt, Endometriosis, Skar

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INTRODUCTION

Endometriosis is characterized by the presence of histological normal endometrial tissue outside the uterine cavity. It occurs in up to 15% of menstruating women and often goes undetected1. Most frequently endometriosis occurs within the pelvis. Extrapelvic endometriosis is less common, but can involve nearly every organ. Some cases of soft tissue involvement have been reported, particularly in the skin and subjacent tissues of surgical scars. The diagnosis of endometriosis is usually established by a biopsy.

CASE REPORT

We came cross a 42-year old woman who had a history of 2 caesarian sections (12 and 10 years ago) and total abdominal hysterectomy with bilateral salphingooopherectomy (TAH + BSO) (3 years ago). She was referred to our clinic with a two year history of painful mass in abdominal wall. A 3x3 cm mass was detected at nearly 3 cm inferior of umbilicus *(Figure.1)*. It was resected under local anesthesia. The histopathological examination was reported as endometriosis. No other area of endometriosis was detected in diagnostic laparoscopy.

DISCUSSION

The frequency of endometriosis in and around the surgical scar from cesarean section is from 0.03%-0.04% to 0.8% in some reports[2]. The pooled mean age is reported as 31.4 years[3]. It is also reported that 96% of the cases were presented with a mass, 87% were presented with pain, and 57% presented with cyclic symptoms. Abdominal wall endometriosis was associated with a caesarian scar or hysterectomy in 57% and 11% of cases, respectively. The mean interval between the index surgery and presentation was reported as 3.6 years[3]. Recurrence rate after resection was reported as 4.3%3. Surgical treatment appears to result in a cure more than 95% of the time[3].

It is difficult to be diagnosed, in spite of the typical symptoms: aching swelling in the area of the surgical scar, which is influenced by the phases of menstruation. The mechanism of endometriosis occurring in the cesarean scar is felt to be secondary to iatrogenic transplantation of endometrium or extrauterine decidual tissue into the incision during the cesarean section. Sonography and fine-needle biopsy can be used, but it is usually diagnosed through the surgical treatment. Histological diagnosis can also be a matter of some difficulty, as sometimes it is necessary to differentiate from adenocarcinoma, pseudomyxoma peritonei and metastatic carcinoma. The treatment is surgical. The excision of tumescence, easy usually, it is the only means to obtain the definitive recovery. The medical therapy postoperative is adjuvant in the treatment of unrecognized pelvic centers of endometriosis. Within the abdominal wall, most cases involve the skin and subcutaneous tissues of surgical scars or the umbilicus. It is hypothesized that tissue fragments, transported by surgical instruments, are deposited within the wound and proliferate. Steck and Helwig4 reported 82 cases of cutaneous endometriosis, with 56 arising within the skin of surgical scars and another 21 within the "physiologic" scar of the umbilicus. Of the 56 surgical scars, 26 were from cesarean sections. Scott and TeLinde[5], in a study of 516 surgically proved cases of endometriosis, showed a combined prevalence of 1.6% for incisional and umbilical involvement. Of the four patients with incisional endometriosis, two had incisions from cesarean sections and two had had surgery for pyosalpinx and tuboovarian abscess. Abdominal wall endometrial implants occurring at the site of needle passage for amniocentesis also have been reported. None of these cases showed any continuity of the abdominal wall lesion with TAH + BSO as in our patient. Incisional or "scar" endometriosis often occurs in the absence of the more typical pelvic involvement. It is reported that preoperative diagnostic imaging like ultrasonography or magnetic resonance are suitable[6]. Although definitive diagnosis still requires biopsy, the patient's cyclic symptoms and history of previous uterine surgery, should suggest the correct diagnosis. But, in cases like ours cyclic symptoms will not be available. In these cases, patient's history of caesarian or hysterectomy and diagnostic imaging like ultrasonography or magnetic resonance will be helpful.

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