SCAR ENDOMETRIOSIS

(A Case Report)

by

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Scar endometriosis is one of the types of endometriosis externa in which a portion of the scar undergoes cyclical changes as in the uterine endometrium, due to ectopic growth of endometrium. It is many a times associated with pelvic endometriosis. The exact histogenesis is not quite well known and thus various theories have been put forward to explain it. A case of scar endometriosis following upper segment caesarean section is reported here due to its infrequent occurrence.

CASE REPORT

Mrs. S.D., aged 40 years presented herself with the complaints of cyclical bleeding during menstruation from the umbilicus and a nodule in the lower abdomen for the last 5 years. Her menstrual cycles were regular and she had no dysmenorrhoea. She had her last menstruation 3 days earlier. She was para 4 with 3 normal deliveries. Upper segment caesarean section was done at a village in the 4th pregnancy for hand prolapse. Bilateral salpingectomy was also done simultaneously. Chest and C.V.S. were found to be normal.

On abdominal examination there was a median scar extending from symphysis pubis to 2.5 cms above the umbilicus passing through it. There was an oval swelling at the lower end of the scar measuring 2.5 cms x 2 cms, soft in consistency with bluish discolouration at places and oozing blood (Fig. 1). At the umbilicus there were 3 small nodules oozing blood. The surrounding skin of umbilicus and the lower swelling was blood stained. This oozing of blood started alongwith the menstrual flow 3 days earlier. On interrogation she told about the feeling of tenseness at these two points in the premenstrual period which gets releived by menstrual flow. Liver and spleen were not enlarged.

Vaginal examination revealed the pelvic organs in normal position with normal size and mobility. There was brownish menstrual discharge. Rectal examination did not reveal any abnormality. Provisional diagnosis of scar endometriosis was made.

The routine examination of urine, stool and blood were found to be normal except for the low haemoglobin which was 9.5 gms%. Since she had no dysmenorrhoea and the pelvic organs were felt normal it was decided to do simple excision only.

The nodules at the two places were excised along with a margin of healthy skin. Fortunately the endometriotic infiltration was confined to skin and fascia only. Haemostasis was secured and the skin was stitched. On histological examination the diagnosis of scar endometriosis was confirmed. Microscopic examination of the tissue revealed several islands of endometrial elements—glands and stroma exhibiting non-secretary activity. (Fig. 2). Dicrysticin and analgesics were given in the postoperative period. The stitches were removed on the 8th postoperative day and the union was found to be satisfactory except for at one point in the umbilical area which healed by granulation tissue in due course.

She came for a follow up after 2 months and was found quite normal. She had menstruated twice postoperatively but the scar remained dry.

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Discussion

Implantation of the endometrium at the laparotomy scar is a typical example of endometriosis externa. This ectopic endometriotic tissue functions cyclically as the uterine endometrium. The area affected becomes bluish and tense in the premenstrual phase. In some cases when the endometrium gets embedded quite superficial in the skin, menstrual discharge is let out cyclically as was in the present case. Cyclical bleeding from the laparotomy scar during menstruation is a typical history in scar endometriosis. Mayer (1903) was the first person to report a case of scar endometriosis. Greenhill (1942) had a good collection of 390 cases of scar endometriosis out of which 49 were after hysterotomy and 113 were after ventrifixation. Sinha and Sinha (1977) have reported 2 cases of scar endometriosis following hysterotomy and caesarean section. The present case was after upper segment caesarean section. Many a times pelvic endometriosis and endometriosis externa are associated which calls for exploratory laparotomy. In the present case there was no evidence of pelvic endometriosis clinically, hence excision was done.

Scar endometriosis can be explained by the direct implantation of endometrium in the incisional area. This is only possible when the uterine cavity is opened, thus it's high incidence following hysterotomy and caesarean section. Oral progestogenes have very little role in the treatment of scar endometriosis as is the experience of Sinha and Sinha.

Summary

A case of scar endometriosis following upper segment caesarean section has been reported. Typical features were present.

References

1. Greenhill, J. P.: Am. J. Obst. & Gynec. 44: 470, 1942.
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3. Sinha, A. and Sinha, S.: J. Obst. & Gynec. India. 27: 457, 1977.

See Figs. on Art Paper XII