SCAR ENDOMETRIOSIS

(Two Case Reports)

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Scar endometriosis is a rare clinical entity in which functioning endometrial tissue is present in the region of the scar. The patients in which the uterine cavity is opened during the operative procedure form a sizable fraction of these cases. The first case of scar endometriosis was reported by Meyer in 1903. The 2 cases presented here fulfill the clinical and histological criteria for the diagnosis of scar endometriosis.

Case 1

Smt. C. K., 32 year old hindu female was admitted with complaints of a nodule in a post hysterotomy scar which used to enlarge and become extremely painful during the menses for the last 9 months. She had undergone hysterotomy with ligation 3 years back. Her menstrual history was normal and she had seven full term normal deliveries at home. On general and systemic examination, there was nothing abnormal. On abdominal examination there was a nodule of about 1½" x 1" in size in the middle of the scar. It was firm in consistency and tender on palpation. On deep palpation it was found to be extraperitoneal.

Pelvic examination did not reveal any abnormality. A diagnosis of scar endometriosis was made on the basis of the typical history. All routine investigations were normal. Excision of the nodule by an elliptical incision with a wide margin of tissues all around the nodule was done. Her post operative period was uneventful. The nodule following excision was sent for a histopathological examination which revealed presence of active endometrium in between the scar tissue. The diagnosis of scar endometriosis was confirmed. (Fig. 1).

Case 2

Smt. R. D., 35 year old hindu female was admitted with complaints of painful nodular swellings in the abdominal scar. She had constant dull pain in the region of the nodules but she stressed that the pain and the size of the swellings increased immensely during the menses. She was operated for hysterotomy with ligation 2 years back. This patient had previously received anti inflammatory treatment without any relief of the symptoms.

Her menstrual history was normal. She had 6 full term normal deliveries and 1 abortion. General and systemic examinations did not reveal any abnormality. On examination of the abdominal scar, 2 nodules were present. One nodule was ½" x ½" and the second was about 1" x ¾". They were firm in consistency, slightly tender on palpation and were extraperitoneal. The lower nodule was extending slightly on to the right side from the region of the scar. Vaginal examination did not reveal any abnormality. Her routine laboratory investigations were within normal limits. A clinical diagnosis of scar endometriosis was made and the patient was treated by a generous excision of both the nodules. Histopathological report confirmed the diagnosis.

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Accepted for publication on 14-9-78.

Discussion

Presence of functioning endometrial tissue in the operative scars can be explained as a result of direct implantation of the endometrium following opening of the uterine cavity. In both the present cases hysterotomy and ligation was done 3 and 2 years back respectively. The time interval between the operation and the appearance of symptoms due to scar endometriosis varies greatly. Nora *et al,* (1956) reported the appearance of symptoms within one year in one third of the cases. The average interval in the series from Mayo clinic was 4.2 years. In the first case reported here the symptoms developed after 2 years while in the second case the symptoms appeared just after 11 months.

The most common clinical feature in such cases is a palpable nodule in the region of the scar which becomes tender and painful during the periods. In 15% of the cases there may be a noticeable increase in the size of the nodule and in a minor percentage of the cases there may be a complain of a blood stained discharge from this area. Both the cases reported here had common symptoms of a painful nodular swelling in the lower part of the scar which significantly increased in size during the menses. Tenderness and dull pain was a constant feature. However, the immense increase in pain in the nodule during menses was a primary symptom which brought them to the hospital.

Both the cases reported here were treated by generous surgical excision. Primary surgical treatment in such cases gives immediate relief to the patient. Sinha *et al,* (1977) have advocated the beneficial effect of removal of the functioning corpus luteum if present at the time of hysterotomy, though the clinical experience on routine removal of corpus luteum is so far limited.

References

1. Nora, E., Sr. Mayer, K. A. and Carbonera, P.: Am. J. Obstet. & Gynec. 71: 876, 1956.
2. Sinha, A., Sinha, S.: J. Obstet. & Gynec. India. 27: 457, 1977.

See Fig. on Art Paper V