

ENDOMETRIOSIS OF THE ABDOMINAL SCAR

(A Case Report)

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Endometriosis of the abdominal scar though rare, is an important clinical entity. We report 2 cases of scar endometriosis which were detected in 1 year period.

Case 1

Mrs. N. K. Aged 32 years came with H/O lump in abdominal scar and pain in it during menstruation following abdominal hysterotomy with sterilization done in July 1975.

Initially she noticed a small nodule. Later on it increased in size and started giving pain during menstruation. Her menstrual history was normal. She had 4 F.T.N.D.s at same hospital and 2 years back she underwent hysterotomy with sterilization. Her immediate post-operative period was uneventful and later on for 1½ years she was absolutely healthy. Then she noticed a tiny nodule to which she did not pay any attention.

Her general condition was fair. Systemic examination did not reveal any abnormality. On abdominal examination there was a subumbilical median scar about 4". There were 3 nodules of ½ cm. x ½ cm. size on the scar, not tender, not fixed to skin, but fixed to underlying structures. On deep palpation the lump was found extraperitoneal, vaginal examination showed no other abnormality. All routine investigations were within normal limit, Diagnosis of scar-endometriosis was made.

Patient was kept on conservative line of

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treatment and was given oral progestogen for 6 months cyclically, but this treatment did not give her relief. Therefore surgical removal was decided. Patient was operated on 20-3-78. Under spinal anaesthesia abdomen was palpated and 3 to 4 nodules were felt along the scar. Mass was of 3" x 2½" size, was invading the deeper layers of abdominal wall. On right side 1" x ½" bluish nodule was present and again 2 small nodules of 1 cm. size were present in lower side of scar. All nodules were excised after proper haemostasis. Inspection of uterus and tubes did not show evidence of endometriosis. Abdomen was closed in layers. The patient made an uneventful recovery. Histological sections show collagen and fatty tissue with islets of endometrial glands.

Case 2

Mrs. S. G. 30 years old, came with a small nodule in abdominal scar of the size of an almond which used to become painful during menstruation following abdominal hysterotomy with sterilization done in July 1976. Her menstrual history was normal.

On examination her general condition was good. Systemic examination did not reveal any abnormality. There was a small 1 cm. x 1 cm. nodule on the lower edge of the scar. It was tender when examined during menstruation. Pelvic examination did not reveal any abnormality. The routine investigations were within normal limits. The diagnosis was confirmed by history and by examining the nodule during menstruation.

Patient was kept on conservative line of treatment cyclic oral progestogen, for 3 months.

After 3 months when patient came for follow up the nodule had regressed to half its size and therefore again cyclical treatment of oral progestogen was advocated.

oral progestogen for sufficient period of time.

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Comments

The object of presenting these cases is to show that surgical treatment was indicated in the first case in spite of trying