

ENDOMETRIOSIS IN HYSTEROTOMY SCAR

(A Case Report)

by

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A case of endometriosis in abdominal hysterotomy scar is reported from Zanana Hospital attached to R.N.T. Medical College, Udaipur. Endometriosis of laparotomy scars has given rise to much discussion, the chief point of discussion has been about the histogenesis, there being two chief view points. According to one, the endometrial nodules are the result of implantation of endometrial tissue at the time of operation, although others believe that here too the doctrine of ^ocoelomic metaplasia must be involved (Novak and Woodruff, 1974).

CASE REPORT

Mrs. L., aged 30 years was admitted in Zanana Hospital, Udaipur on 18-5-1978 with the complaints of swelling in the abdominal scar commencing from 3 months after operation which used to increase in size and become more tender during menstruation.

Past History

Patient had abdominal hysterotomy and sterilization on 20-1-1978. Three months later on she developed a swelling in the lower third of

the scar for which she took antiinflammatory drugs but had no relief.

Menstrual History

Cycle 6/28 day flow normal. Before admission she was having congestive dysmenorrhoea and also noticed the increase in the lump and pain at the site of scar.

Obstetric History

Para 6, last delivery was 6 years back. Abdominal hysterotomy and sterilization was done on 20-1-1978.

General Examination

Patient was fairly built, not anaemic. Pulse 86/minute, B.P. 110/70 mm of Hg., Respiratory and cardiovascular systems were normal.

Local Examination

There was a nodular swelling of about 1" diameter in the lower third of abdominal scar. The swelling was firm in consistency. It was not mobile from side to side from above downwards and was slightly tender.

Per Speculum

Cervix was eroded all around the os. Cervix was pointing backwards, uterus was anteverted ante flexed, parous in size, and mobile, Fornices free.

Operation

On 19-5-1978 excision of the nodular swelling was done under anaesthesia. The nodule

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was separated with difficulty from the rectus sheath. The postoperative period was uneventful and patient was discharged on 6-6-1978. Histopathological examination of the nodule showed endometriosis of abdominal scar (Fig. 1).

Discussion

Endometriosis in laparotomy scar is not rare. It chiefly follows salpingectomy or tubal sterilization or operations in which the cavity of the uterus has been opened such as myomectomy, abdominal hysterotomy or caesarean section (Browne and McClure Browne, 1964).

As with umbilical endometriosis, scar endometriosis swell at the time of menstruation with increased pain and tenderness. In the present case endometriosis occurred as early as 3 months after abdominal hysterotomy. Browne and McClure

Browne, (1964) reported that endometriosis may appear as early as 2 years or as long as 17 years after the operation and it always occurs in the part of the scar below the level of the umbilicus. Here also the scar was subumbilical. In this case the swelling was nodular and was fixed to the rectus sheath. The swelling used to swell during menstruation and was more painful at that time.

Summary

A case of endometriosis of abdominal hysterotomy scar is reported which had a very quick onset.

References

1. Browne, F. J. and McClure Browne, J. C.: Postgraduate Obstetrics and Gynaecology, 3rd Edition, London, 1964, Butterworths, pp. 268-269.

See Fig. on Art Paper III