

ENDOMETRIOSIS OF RECTUS ABDOMINIS MUSCLE

(A Case Report)

by

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Introduction

An interesting case of endometriosis of rectus abdominis muscle is being presented.

CASE REPORT

A female aged 35 years came to the O.P.D. of Nowrosjee Wadia Maternity Hospital on 27th August 1978 for pain in abdomen for 4 years, more during menses, especially 2 days before and even lasts for few days after menses. She also gave history of a lump in the right side of abdomen since about 4 years which becomes significantly painful during her periods. Her periods which were regular, moderate, painless previously had become increasingly painful for the last 4 years, with especially pain in the region of the lump on right side of abdomen.

She had 5 F.T.N.D. Her last delivery was 7 years ago at which time puerperal sterilization was performed.

General examination of the patient did not reveal anything abnormal.

On abdominal examination a lump was felt in the right iliac fossa about three inches from the midline. The lump was 1" in diameter, circular in shape, tender, non-pulsatile and firm to feel. There was no impulse on coughing. On head raising test the lump was found to be lying in the anterior abdominal wall. It was suspected that the mass may be in connection with the rectus muscle or anterior rectus sheath.

Speculum examination did not reveal anything abnormal.

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On vaginal examination the cervix was downwards and backwards, irregular, firm, mobile and normal in size. Uterus was anteverted and anteflexed, smooth, firm, mobile and slightly bulky. Both the fornices were clear.

Pre-operative diagnosis was endometriosis in the abdominal wall.

Under spinal anaesthesia a transverse incision about 2" long was made on the swelling. The swelling, about 1" diameter, was found to be adherent to the undersurface of the sheath and was arising from the belly of the rectus muscle. It was separated from the under surface of the sheath. Part of the muscle surrounding the swelling had to be excised to completely remove the swelling. The gap in the muscle was approximated with a few interrupted catgut stitches. Abdominal wall was closed in layers.

Post operative period of the patient was uneventful.

Histopathology of the excised specimen showed islets of endometrial tissue with glands and stroma, surrounded by muscle tissue. The glands were in proliferative phase (Figs. 1 and 2).

Patient was discharged on the 5th day after removal of skin stitches. Six monthly follow up revealed that the patient was absolutely free of symptoms.

Discussion

Typical history given by the patient and findings on examination were so characteristic of endometriosis that it was diagnosed pre-operatively. Histopathology of the specimen confirmed endometriosis.

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See Fig. on Art Paper V