

ENDOMETRIOSIS ON ABDOMINAL SCAR FOLLOWING CAESAREAN SECTION AND TUBAL LIGATION

by

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Introduction

Growth of aberrant endometrial tissue on laparotomy scars is a well recognised entity and histogenesis of such lesions is debatable. Although scar endometrium is not a very uncommon lesion there are not many reports on this subject in Indian Literature (Murty, 1978). Two cases are reported below:

CASE 1

Mrs. B. P., Hindu female aged 30 years presented in VSS Medical College Hospital, Burla in February 1979 with a nodule on the abdominal scar of 8 months' duration which used to be slightly enlarged and tender during each menstrual cycle. She had 2 full term pregnancies with normal delivery and 1 abortion. Placenta previa was diagnosed during 4th pregnancy for which a lower segment caesarean section was done 4 years back with uneventful recovery. General examination revealed the patient to be of average built with slight anaemia. On local examination a sessile nodule was found measuring 1 cm in diameter situated in the midline about 1" above the level of symphysis pubis at the lower end of the abdominal scar. The nodule was cystic, bluish in colour, slightly tender and fixed to the scar tissue. The nodule was excised and subjected for biopsy.

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The section showed numerous islets of endometrial tissue in a dense fibrocollagenous stroma. The line of demarkation between the endometrial tissue and fibrocollagenous stroma was fairly sharp. The isolated patches of endometrial tissue consist of glands with variable amount of stroma. Some glands were moderately dilated. Majority of the glands were lined by flattened or low cuboid epithelium and few by columnar epithelium. There was no evidence of secretory activity. There was sparse round cell infiltration which remained restricted to the stromal tissue only. Extravasation of red cells were seen in certain parts of the stroma. A few haemosiderin containing macrophages and small collections of histocytes with foamy cytoplasm were seen in the stroma. (Fig. 1)

CASE 2:

Mrs. M. D. aged 25 years was admitted for a tender nodule over the lower abdominal scar of 4 months duration. She was operated for tubal ligation 2 years back. The nodule was 1.5 cm in diameter. The nodule was sessile, bluish in colour, and used to be painful during menstruation.

Section from excisional biopsy revealed presence of several endometrial glands in a fibrofatty collagenous stroma, in the subcutaneous tissue. The dermis was free and the overlying epidermis was normal.

The endometrial glands were mostly lined by low cuboidal or flattened epithelium. Some glands were moderately dilated. There was no evidence of secretory activity. The endometrial stroma was very scanty and was only found near some of the glands. None of the glands was completely surrounded by endometrial stroma. At places stromal tissue was found to be infiltrating the subcutaneous fat.

There was a sparse round cell infiltration and a few haemosiderin containing macrophages were seen.

Discussion

In both patients reported in the present communication the lesions were located in the subcutaneous tissue rather away from the dermis. In case 2 the subcutaneous fat was infiltrated by the ectopic endometrial tissue. Adequate amount of stromal tissue was found in case 1 almost surrounding the glands contrary to findings reported by (Steck and Helwig, 1965). However, in the other patient the stroma was scanty and did not surround any of the endometrial glands completely.

The endometrial glands were lined mostly by flattened or low cuboidal epithelium. Round cell infiltration was prominent, feature in case 2. Collagenous fibrous tissue, haemosiderin containing phagocytes, histiocytic infiltrate and areas of myxoid appearance was observed in varying extent in both specimens. Foreign body giant cell reaction was not observed in any of the cases. Such

lesions have been reported by Nora, Meyer and Carbonera (1959) in abdominal scar endometriosis and they attribute presence of cotton threads around which such lesions develop.

Summary

Two cases of scar endometriosis one following caesarean section and other after tubal ligation is reported. The histological features of the lesions have been discussed. Endometriosis arising from other sites of the body, reported in the literature have been described. The pathogenesis of endometriosis has been briefly discussed.

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See Fig. on Art Paper V