

## SCAR ENDOMETRIOSIS

### (A Case Report)

by

G. SAKUNTHALA,\* M.D., D.G.O.

A. RAMAMURTHY,\*\* M.B.,B.S.

and

S. RENGANATHAN\*\*\*

Eight cases of scar endometriosis following abdominal hysterotomy with sterilisation are diagnosed during the period of last 2 years. Among the 8 cases, 3 cases have been described in details. In all 8 cases, the diagnosis of scar endometriosis is confirmed by histopathological examination.

#### Case 1

Mrs. Kamala, aged 35 years, came for pain and a small swelling during menstruation, over the previous scar in the lower abdomen, for the last one year. The patient had hysterotomy and ligation of the tubes on 17-10-1974 at R.M. Hospital, Thanjavur. The lump was very tiny in the beginning and gradually increased to the present size. The patient described that, this lump became more tense and tender during her menstrual period, but it remained tender on palpation, throughout the month. Her menstrual cycles were regular and she had no dysmenorrhoea. She was, para 4 with normal deliveries.

On examination, the nodule was seen on the right end of transverse scar, measuring one inch in diameter, tender, The surrounding skin was healthy but adherent to the swelling in

one place. The lump increased during the menstruation. The liver and spleen were not enlarged.

Vaginal examination revealed pelvic organs in normal position, with normal size and mobility. Rectal examination did not reveal any abnormality. Provisional diagnosis of scar endometriosis was made.

The routine examination of urine, blood and stool were found to be normal. Since she had no dysmenorrhoea and the pelvic organs felt normal, it was decided for simple excision only.

In the beginning, the patient was reluctant to undergo surgical treatment, hence a course of medical treatment with analgesics and oral progestogens were given for 6 months. As there was no relief from the pain, and there was no evidence of decrease in the size of the nodule, she agreed to get operated.

She was operated on 24-6-79 and the nodule was excised. It was superficial to anterior rectus sheath.

Histopathological report showed the evidence of scar endometriosis. Since her operation, the patient is having regular menstruation without discomfort, and she is happy to get relief from her pain.

#### Case 2

Mrs. T., aged 23 years, was seen with the history of 2 lumps in the abdominal wall scar following medical termination of pregnancy by hysterotomy along with sterilisation done in March, 1976 in our Hospital. The patient described that lumps became more tense and tender during her menstrual period. Her men-

\*Associate Professor of Obstetrics and Gynaecology.

\*\*Special Trainee.

\*\*\*House-Surgeon.

Thanjavur Medical College, Thanjavur, Tamil Nadu.

Accepted for publication on 28-8-80.

strual history was normal. She had Two full term normal deliveries at home.

On abdominal examination, there was suprapubic transverse scar about 3" in length. Two lumps measuring approximately about 2" x 1" in size were palpable in the middle of the scar. There was no discolouration of the overlying skin. They were firm in consistency, and slight tenderness was present. On deep palpation, the whole mass was found to be extraperitoneal. Pelvic examination showed no other abnormalities.

All routine investigations were normal. A diagnosis of scar endometriosis was made, on the basis of history. She was operated on 3-9-79 and the nodules were excised with the previous scar. They were superficial to parietal peritoneum. The abdominal cavity explored, there was no evidence of visible endometriosis in the abdomen and pelvis. The abdominal wall was closed in layers. The patient made an uneventful recovery and was discharged on 10th post-operative day with the advice to report during her menstrual period. In further follow up, she is free of symptoms.

The section showed several islets of endometrial tissue-scar endometriosis.

### Case 3

Mrs. R., 33 years old, hospitalized on 15-11-79 for painful swelling over the right end of suprapubic transverse scar of one year duration.

She underwent abdominal hysterotomy with sterilisation, 4 years back. Three years after the operation she developed a small swelling over the right end of the scar, which becomes tense and tender during periods. Menstrual cycles normal.

General examination revealed nil particular. Examination of abdomen revealed a swelling of 1" in diameter at the right end of the scar, tender and firm in consistency. Other systems normal. Bimanual and rectal examination revealed no abnormalities.

A provisional diagnosis of scar endometriosis made, based on history.

She was operated and the swelling was excised with the previous scar. The endometriotic nodule was adherent to the rectus sheath. The nodule was submitted for Histo Pathological examination, which confirmed, the diagnosis.