

## SCAR ENDOMETRIOSIS

### (Two Case Reports)

by

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Scar endometriosis following pelvic surgery is thought to be rare, but frequency is probably much greater than one would suspect. It is many a times associated with pelvic endometriosis. Exact histogenesis is not clear. Two cases are reported.

#### Case 1

Patient K. P., 23 years old female was admitted at M.G.I.M.S., on 12-7-80 for pain and swelling at the upper end of MTP with tubal ligation scar since 1 year, fever off and on 6 months and excessive menstruation 6 months. She had 2 live children and 3rd was MTP (hysterotomy) with tubal ligation 1½ years, back. Previous cycles were regular with average flow. Since 6 months she was having excessive flow LMP 10 days back. On examination she was pale. A swelling, about ½" x 1½" in diameter was present at the upper end of midline sub-umbilical scar. Tenderness was present. Vaginal examination uterus was anteverted and of normal size. Fornices were clear. Excision

of nodule was done under general anaesthesia. Histopathology confirmed the diagnosis of endometriosis.

#### Case 2

Patient K. T., 30 years old female was admitted at M.G.I.M.S., Sevagram on 9-3-81 for pain in the abdomen and a nodule at the upper end of hysterotomy scar. Tubal ligation was done 30 months back after hysterotomy. Nodule used to become tender off and on and then tenderness used to subside by itself. Patient had neither observed any relation of the nodule becoming tender during menstruation nor there was any history of bleeding from the nodule, but pain used to be periodic. Menstrual cycles were 3-4/30 days, regular with average flow with spasmodic dysmenorrhoea. On examination—there was pallor. A firm nodule mass about 1" x 1" was present below the upper end of scar, appeared to be attached to scar having restricted mobility. On vaginal examination uterus A/v N/s. firm mobile fixances clear. Excision of nodule was done on 10-3-81 under spinal anaesthesia. Histopathological report confirmed the diagnosis of scar endometriosis.

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