

ENDOMETRIOSIS ON PREVIOUS SCAR FOLLOWING DELIVERY WITH EPISIOTOMY AND HYSTEROTOMY WITH LIGATION

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Cases of endometriosis on scars have been reported, specially on the abdominal scars, following caesarean section and tubal ligation (Misra and Nanda, 1981). Incidence of this lesion is 0.2% and 0.8% in vulva and abdominal scars respectively (Telind V Edition). Origin of such a lesion is still controversial and few cases with such lesion have been reported (Murty, 1978).

CASE REPORT

Mrs. H. K., Hindu female aged 34 years came to M.L.B. Medical College Hospital, Jhansi in November 1981 for pain and swelling on the perineum and blood stained discharge from the swelling at times, during menstruation for the last 10 years. She was a fourth para, last delivery 10 years back. In the first 2 deliveries with episiotomy was done in the hospital and last 2 home deliveries without any tear. She took treatment for these complaints by private practitioners but was not relieved of the symptoms. There was no history of delayed healing of wound i.e. gaped episiotomy or resuturing of it.

On local examination, a blue enlarged tender cystic nodule about 1.5 cm. in diameter was seen.

Excision of the nodule was done and biopsy report was several dilated endometrial glands with a little stroma and R.B.C. segregated at places lying in a fibrocollagenous stroma in the subcutaneous tissue. The glands showed a variation in their lining from flattened and low cuboidal epithelium to columnar epithelium. Round cell infiltration and macrophages containing haemosiderin were seen at places.

Case 2

Mrs. A. R. aged 35 years P 4 + 1 last abortion 1 year back (which was hysterotomy with ligation) was admitted for pain and swelling in the lower 2 stitches before periods which used to subside after periods for last 6 months.

On examination a bluish tender, firm indurated nodule about 3 cm. x 2 cm. size in the premenstrual phase was seen. It was subjected to excision and biopsy and was found to contain endometrial tissue lying in fibrocollagenous stroma in other subcutaneous tissue. Endometrial glands were of all sizes, few enlarged and few small with a lining of low cuboidal or columnar epithelium, surrounding these glands at places were round cells, RBCs macrophages containing haemosiderin. Stroma was seen only in very scanty amount at one place only.

Discussion

In the above 2 cases lesion was in the subcutaneous tissue but stromal tissue was in variable amounts in them, being more

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and surrounding endometrial glands in the first and very scanty in the second. The glands also showed variation in size, lining and secretory activity. Round cell infiltration R.B.C. collection at places and macrophages containing haemosiderin were features common in both the cases.

References

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